



Cohort 2024-2026

RadTech Program

Jayson Alba

Los Angeles City College

Binder Competency Forms



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*Need student to sign acknowledgment form

**Must be in student binders (aside from *policy forms)

Extremely important

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Section 1

Policies / Important Documents

Los Angeles City College
Radiologic Technology Department
Student Manual Acknowledgement Form

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

Student's name (printed): _____

Student's signature: _____

Student's ID: _____

Date: _____

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

¹LACC Clinical Obligations & Grading System

Attendance Requirement

The Radiology program has a Monday through Friday clinical schedule during the summer, fall, winter, and spring semesters from 5:00am to 7:00pm. Students are required to be in class and submit all required assignments during the semester. As part of their clinical training students may be assigned weekend and evening shifts to provide a complete clinical education.

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

All attendance policies including tardy will be in effect during the clinical training. Any student who reports to their clinical training site after their scheduled start time (including breaks and lunches) will be considered tardy. Leaving your clinical site earlier than your shift ends, will count towards a tardy. Three tardy will be considered the equivalent of one hour of absence. Whenever absences in hours exceed the number of hours the class meets per week, the student may be excluded from class/clinic by the instructor.

All RT students in clinical training will be required to complete daily clock in and clock out on their monthly timesheets.

A student who misses a clinical rotation must complete the absence form found on our college website, in the [additional links](#). In addition, the student must email the department they are assigned to notify the lead technologist of their absence, and cc the clinical coordinators.

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

Makeup Time Policy/ Clinical Make Up Hours

Please refer to the Student's Clinical Make Up Hours policy for more details.

- JRCERT defines the operational hours of traditional programs as:
Monday – Friday 5:00am (0500 HRS) – 7:00pm (1900 HRS)
- JRCERT limits clinical assignments for students to NOT be more than 10 hours per day
- JRCERT limits the total didactic and clinical involvement to no more than 40 hours per week

It is understood, that you are aware that this is **voluntary** to do **more than the 40 hours**.

No makeup time will be permitted during holidays or when LACC is closed due to liability constraints and JRCERT policy.

Competency Forms and Sign-off Procedure

1. All competency forms must be signed off by a qualified Radiologic Technologist. A **qualified Radiologic Technologist/Clinical Instructor**: has ARRT & CRT credentials, a minimum of two years full time work experience, and must be a staff employee of the clinical site. No Registry Technologists can sign students off on their competencies.
2. Prior to requesting a “Competency Examination Sign-off” the **student must** complete the 3 levels of competency. Student’s progress through each of the levels at different time intervals, but all students must participate in the three levels prior to requesting a competency sign off.
3. Students are unable to obtain any “Competency Examination Sign Offs” until the summer semester. Students enrolled in RT 260 are not permitted to have any “Competency Examination Sign Offs” rather this time should be dedicated to observing and assisting at the clinical internship sites.

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

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

Three Proficiency Levels

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

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

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

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

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

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

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

Semester	Mandatory Competencies Required	Elective Competencies Required	Total Required Competencies Per Semester
summer	7	4	11
fall	15	4	19
winter	6	3	9
spring	8	4	12
End of Spring	36 Mandatory	15 Electives	51

A total of **51 competencies** are required to satisfy the Los Angeles City College Clinical Internship guidelines. (**36 mandatory, 15 electives**, including the 10 mandatory general patient care activities).

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

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

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

Overall Clinical Grading System for 1st and 2nd year students

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

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

RT 260 Clinical Performance: RT 260 Competency Evaluation Forms	60% of grade
Participation “Monthly Participation (Attendance) and Evaluation Forms”	15% of grade
Assignments, Homework, Surveys (CTE Surveys, Evaluation of Clinical Instructor Survey, Evaluation of Didactic Instructor Survey)	25% of grade

RT 260 Competency Evaluation Forms

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

RT 260 Assignments, Homework, Surveys

Students will be required to complete all assignments specifically, homework and program evaluation surveys. Other assignments will be discussed accordingly. **Students will be required to complete daily logs of work activity. The clinical coordinator(s) will review logs during your clinical education class.**

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

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

RT 280, 281, 282, 283 Clinical Performance/Progress	70% of grade
Participation	5% of grade
Examinations	20% of grade
Assignments, Homework, CTE Surveys	5% of grade

RT full time clinical students must perform each competency with an **85%** competency level. Those who do not will be counseled and reassigned to the area until the desired competency level is achieved or it is determined by the hospital staff, clinical instructor and program director that the student has failed this aspect of their training and is not capable of working in a hospital environment.

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

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

Didactic Requirements while in Clinical Training:

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

Assignments, Homework, Surveys

- Students will be required to complete all assignments, CTE surveys and program evaluation surveys.
- Completion of *Procedure Tracking Log*

Instadose Badge Readings

Requirement for all cohort students: 1st of every month upload Instadose Badge to read exposure results

Clocking In & Out of Clinic

All clinical students (280, 281, 282, and 283) will be required to Clock in/out for clinical hours via a monthly timesheet. Students will undergo an orientation on how to properly clock in and out each day. Any falsification of clocking in/out shall lead to immediate dismissal from the Radiologic Technology program.

Radiation Safety Rules for Campus Laboratory Classes and Clinical Education Centers

The following rules have been established for your protection against ionizing radiation during Campus Laboratory Classes and at the Clinical Education Centers. These rules are mandatory and must be followed without exception.

1. A Radiation Dosimeter OSL and Instadose USB Badge, properly oriented, placed on left side, collar level, and must be worn at all times. If protective aprons are used, the OSL badge and Instadose USB Badge must be worn outside the apron so that any radiation reaching any part of the body will be recorded.
2. Except for three specific situations, you may not remain in a radiographic room any time during activation of the tube (when x-rays are being generated). The three exceptions are surgery, portables, and fluoroscopic work, discussed below.
3. You must not hold or support a patient during exposure, nor will you hold or support a cassette during exposure, except in an emergency. If such an emergency arises, you must wear a protective apron and gloves.
4. During activation of the tube, you must not be in a direct line with either tube or patient. You must not observe the patient during exposure from an adjacent room or hall unless through a protective window. You must not “peek” around a door nor through a crack between door and wall.
5. During an exposure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron, and even though a lead shield is interposed between the tube and yourself. The tube must in all cases be pointing away from your body.
6. Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as “patients” for test exposures or experimentation.

7. If during fluoroscopic procedures you remain in the radiographic room the following will prevail:
 - a. A lead apron must be worn at all times or you must remain behind a lead protective screen.
 - b. The OSL badge will be worn as noted above.
 - c. You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.
 8. Do not, during the observation period (R.T. 260), actually make exposures on patients. You may assist in helping patients onto tables, etc., but only under direct supervision of a staff technologist.
 9. With permission of the technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed.
 10. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail:
 - a. A lead apron will be worn.
 - b. A OSL badge will be worn (see #1 above).
 - c. Stand as far from the patient and tube as possible.
 - d. Stand so that the central ray is pointing away from your body.
 - e. Observe all regulations, which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. (The technologist will provide details).
 11. All students must perform all medical imaging procedures under the direct supervision of a qualified practitioner until a radiography student achieves competency. The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image.
 12. All students must perform all medical imaging procedures under the indirect supervision of a qualified practitioner after a radiography student achieves competency. The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.
 13. Repeat radiographic examinations: All radiologic technology students, regardless of the student's level of competency and in support of professional responsibility for provision of quality patient care and radiation protection, **NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.**
 14. **FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR DISCIPLINARY ACTION. CONTINUED ABUSE WILL RESULT IN TERMINATION FROM THE PROGRAM.**
- The ALARA concept imposes lower operational dose limits that are even more restrictive than the maximum legal dose limits shown in table below.
 - This ensures safe annual doses for radiation workers.
 - **What are the ALARA Investigation Levels?**
 There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter. If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.
 - See Addendum to Radiation Safety Policies and Procedures

Radiation Protection Program – Policies and Procedures

A. Procedure

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

B. Policy

1. Regarding dosimetry badges and reports while enrolled in the program:

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

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

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

- i. Past dosimetry badge reports are filed indefinitely in the RSO/program director's office.
- j. Upon graduation, students will receive one free copy of his/her termination dosimetry report. *Copy and file this final dosimetry report for future reference.

- k. Instadose is the schools dosimetry provider. Student radiation exposures are monitored monthly throughout the program and are maintained by the College as part of the student's permanent file.
- 2. When an X-ray exposure is about to be made, you **MUST**:
 - a. Leave the room, or
 - b. Get behind the lead shield, or
 - c. Be otherwise suitably protected for surgery, portable and fluoroscopic work.
- 3. Specifically, you must not hold or support a patient or test phantom, nor hold or support an imaging receptor during an exposure.
- 4. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT "peek" around a door nor through a crack between door and wall.
- 5. When sitting to rest in the hall do not sit in direct line with the tube or radiographic table even if it is not being used.
- 6. During an exposure or procedure do not place yourself in direct line to the primary beam, even though you are wearing a lead apron.
- 7. Under no circumstances will you permit yourself or any other human being to serve as "patients" for test exposures or experimentation.
- 8. If, during fluoroscopic procedures, you remain in the radiographic room the following will prevail:
 - a. A lead apron (preferably 0.5 mm lead equivalent) must be worn at all times or you must remain behind an adequate lead protective screen and not in visible line with either tube, patient or the x-ray phantom
 - b. The badges must be worn outside lead apron, left side at collar level.
- 9. **Do not, during the observation periods, actually make exposures** on patients.
You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.

The Radiation Exposure Report/Questionnaire is available in the LACC Radiology Student Manual.

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

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

Addendum for High Exposure

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

Dosimeter	ALARA Level I	ALARA Level II	ALARA Level III
Whole Body (Monthly)	100mrem (1 mSv)	300mrem (3 mSv)	500mrem (5 mSv)
Whole Body (Quarterly)	300mrem (3 mSv)	900mrem (9 mSv)	1,500mrem (15 mSv)
Extremity (Monthly)	1,000mrem (10 mSv)	1,000mrem (10 mSv)	5,000mrem (50 mSv)
Extremity(Quarterly)	300mrem (3 mSv)	3,000mrem (30 mSv)	15,000mrem (15 mSv)
Declared Pregnant Worker (Monthly)	20mrem (0.2 mSv)	40mrem (0.4 mSv)	50mrem (0.5 mSv)
ALARA I	Radiation Safety Officer Notified. Report Kept on File.		
ALARA II	Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)		
ALARA III	Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)		
	RSO performs a Review of a Worker Exposure Conditions and Procedures		

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

Student Name: _____ Date: _____

Student Signature: _____

LACC Radiologic Technology Program Director's Signature: _____

Date: _____

LACC Radiologic Technology Clinical Coordinator's Signature: _____

Date: _____

LACC Radiologic Technology Clinical Coordinator's Signature: _____

Date: _____



Los Angeles City College
Department of Radiologic Technology

Policies and Procedures Manual
for Radiologic Technology Program Students

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Los Angeles City College Radiologic Technology Program

Introduction

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

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

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

Mission Statement

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

Vision Statement

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

Core Values

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

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

Program Goals and Student Learning Outcomes

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

Student Learning Outcomes:

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

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

Student Learning Outcomes:

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

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

Student Learning Outcomes:

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

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

Student Learning Outcomes:

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

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

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

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

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

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

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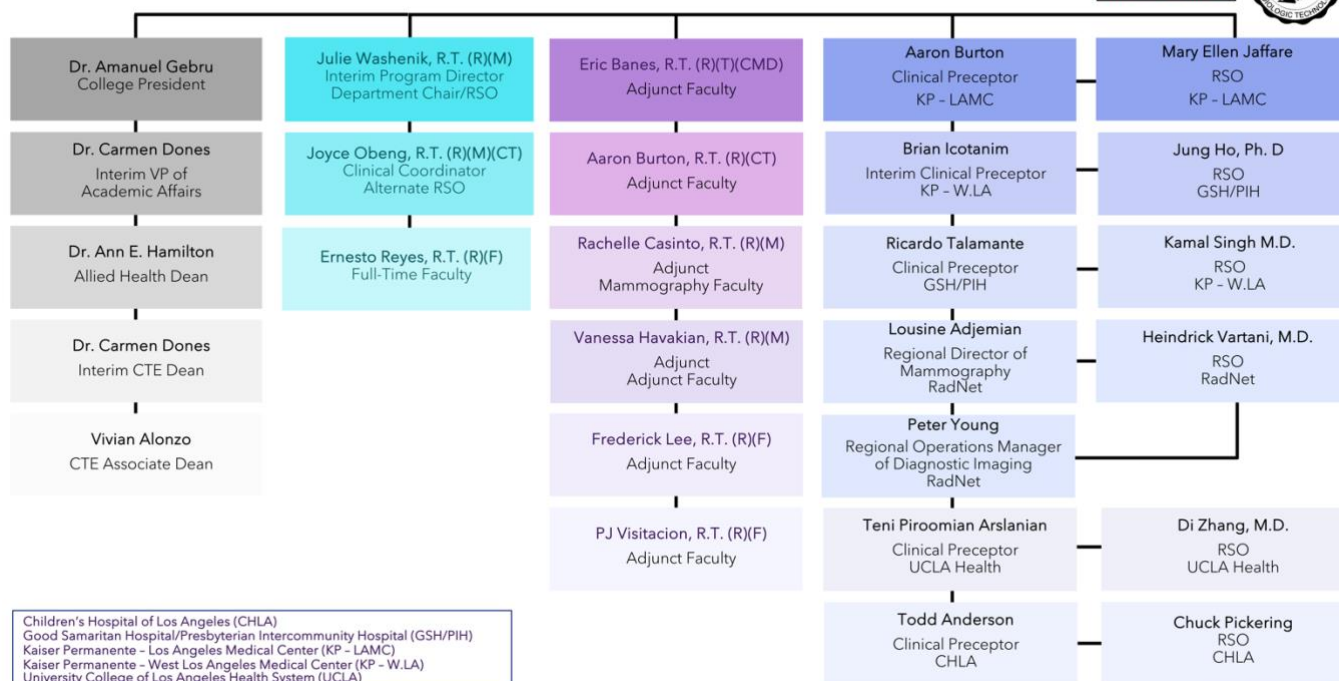
Darren Grosch, Associate Dean of the International Student Program

Juan Alvarez, Dean of Student Services, Retention

Shaena Engle, Public Relations Manager

Kahlil Harrington, Director of Facilities

Los Angeles City College's RT Organizational Chart



Children's Hospital of Los Angeles (CHLA)
Good Samaritan Hospital/Presbyterian Intercommunity Hospital (GSH/PIH)
Kaiser Permanente - Los Angeles Medical Center (KP - LAMC)
Kaiser Permanente - West Los Angeles Medical Center (KP - WLA)
University College of Los Angeles Health System (UCLA)

rev. August 2024 (JW)

Julie Washenik, R.T.(R)(F)(M), CRT, MHA Associate Professor Rad Tech Department Chair Acting Program Director Radiation Safety Officer (RSO) washenja@laccd.edu (323) 953-4000; 2941	Joyce Obeng, R.T.(R)(F)(M)(CIIP)(CT), CRT, MSHI Adjunct Instructor Clinical Coordinator Alternate RSO obengjb@laccd.edu (323) 953-4000; 2942
Ernesto Reyes, R.T.(R)(T), CRT Full Time Instructor reyese7@laccd.edu (323) 953-4000; 2943	Eric Banes, R.T.(R)(T), CRT, (CMD) Adjunct Instructor Medical Dosimeter (KP-LAMC) baneser@laccd.edu (323) 953-4000; 2940
Aaron Burton, R.T.(R)(F), CRT Adjunct Instructor Supervisor; Clinical Preceptor (KP-LAMC) burtonam@laccd.edu (323) 953-4000; 2940	Rachelle Casinto R.T.(R)(F)(M), CRT Adjunct Instructor – Mammography Mammographer Lead – (KP-LAMC) casintr@laccd.edu (323) 953-4000; 2940
Vanessa Havakian, R.T.(R)(F)(M), CRT Adjunct Instructor Rad Tech (Henry Mayo Newhall Hospital) havakiv@laccd.edu (323) 953-4000; 2940	Dr. Fredrick Lee, R.T.(R)(F), CRT, MBA, MPA, CRA, FACHE Adjunct Instructor Regional Assistant Director of Imaging (Kaiser Permanente-SoCal) Certified Positive Psychology Health & Wellness Coach leefd@laccd.edu (323) 953-4000; 2940

LACC Radiologic Technology Department's Clinical Education Centers

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

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

Grading System (See also Appendix III – Grading System)

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

Attendance (LACC Catalog)

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

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

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

Attendance (Clinical Sites)

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

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

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

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

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

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

Make-Up Hours Process

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

Make-Up Hours Process:

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

Notification of Absence (Didactic/Theory education)

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

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

Pregnancy Policy

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

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

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

Physical Examination

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

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

1. Physical Examination

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

2. Laboratory Tests

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

3. Immunization

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

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

4. Teeth

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

Physician Statement

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

Communicable Disease Policy

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

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

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

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

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

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

Electronic Device and Social Media Policy

Electronic Device Usage in the Clinical and Education Settings

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

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

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

LACC Department of Radiologic Technology Social Media Policy

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

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

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

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

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

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

Best Practices:

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

Post Modalities Opportunity Policy

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

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

Revised Oct. 2024 (JW, JO)

college or clinical sites:

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

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

Clinical Site Misconduct Report Procedure

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

Types of misconduct:

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

Procedures:

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

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

Prohibited Discrimination and Harassment

Policy Statement:

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

Academic Freedom:

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

Prohibited Discrimination is defined as:

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

Definition of Sexual Harassment:

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

Retaliation:

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

False Allegations:

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

Confidentiality:

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

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

Complaint Procedure General

Provisions:

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

Investigation:

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

Informal Procedure:

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

Complaint Procedure:

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

Compliance Office Report:

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

Disciplinary Action:

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

Prohibited Discrimination and Harassment (continued)

Appeals:

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

Additional Remedies:

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

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

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

Student Grievance Policy and Procedure

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

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

Student Grievance Policy and Procedure (cond.)

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

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

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

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

Dr. Saadia Lagarde Porché, Dean of Student Services

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

Email: ombudsperson@lacitycollege.edu

Incident Reporting - Emergencies

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

Liability Insurance

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

Accommodations Statement

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

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

Uniforms

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

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

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

Appearance

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

*Please refer to the Uniform Policy

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

Personal Hygiene

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

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

Change of Address

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

Food

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

Smoking

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

R.T. Facility Maintenance

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

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

Standards of Student Conduct – LACC Catalog

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

Board Rule 9803.10

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

Board Rule 9803.11

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

Board Rule 9803.12

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

Board Rule 9803.13

Unauthorized entry to or use of the College facilities.

Board Rule 9803.14

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

Board Rule 9803.15

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

Board Rule 9803.16

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

Board Rule 9803.17

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

Board Rule 9803.18

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

Board Rule 9803.19

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

Board Rule 9803.20

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

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

LACC Radiology Technology Contingency/Crisis Plan

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

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

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

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

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

Clinical changes are as follows:

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

Didactic changes are as follows:

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

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

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

Expectations from Program Leadership:

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

Background, Drug & Health Requirements

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

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

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

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

Substance Abuse Policy

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

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

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

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

Grounds for Dismissal

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

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

Reinstatement to the Program

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

RT Program Policy for Reinstatement:

Students can be reinstated if:

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

Students can reapply for reinstatement into the radiology technology program:

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

Students cannot reapply for reinstatement into the radiology technology program:

- They failed more than one course.

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

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

Procedure:

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

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

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

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

Employment

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

Counseling

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

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

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

Radiologic Technology Department – Resource Center

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

Student Representative to Advisory Board

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

Student Placement in Clinical Education Centers

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

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

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

Graduation

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

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

All Radiologic Technology students must:

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

Trajecys Competency Process

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

Trajecys Resources for Students

Register Tutorial: Trajecys [Registration](#)

Student Navigation: [Navigation](#)

Student Role: [Tutorial](#)

Competency Steps:

Please utilize the LACC Radiology Competency Form

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

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

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

Certification

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

Professional Organizations

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

American Society of Radiologic Technologists (ASRT):

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

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

California Society of Radiologic Technologists (CSRT):

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

Estimated Financial Cost

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

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

Equitable Educational Opportunity - Conflict of Interest

I. Introduction

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

II. Policy Statement

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

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

III. Purpose of Policy

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

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

IV. Definitions of Relative

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

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

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

Definition of Non-relatives:

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

V. Reporting Procedure

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

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

Student Name: _____

Name of family member / significant other: _____

Signature: _____

Date: _____

Assigned Clinical Site: _____

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Appendix I

LACC Administrative Organizational Chart

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

Appendix II

Timekeeping Policy and Student Evaluations using Trajecsys

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

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

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

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

Procedures:

The following regulations will apply:

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

Habitual Tardiness and Clocking Out Early Disciplinary Action:

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

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

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

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

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

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

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

Student & Clinical Preceptor Evaluation

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

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

Student Name: _____

Date: _____

Student Signature: _____

Date: _____

Clinical Coordinator Signature: _____

Date: _____

Director Signature: _____

Date: _____

Appendix III

Uniform Policy

Uniform Policy for Lab & Clinical Physical Appearance/Proper Attire

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

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

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

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

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

Appendix IV Grading System

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

A = 100-94%

B = 93-83%

C = 82-75%

D = 74-61%

F = 60% & below

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

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

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

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

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

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

Appendix V

Radiation Safety Rules for Campus Laboratory Classes and Clinical Centers

The following rules have been established for your protection against ionizing radiation during campus laboratory classes and at the Clinical Education Centers. These rules are mandatory and must be followed without exception.

1. A Radiation Dosimeter (OSL) is provided to each student during the entire course of their training. Monitors must be properly oriented and must be worn at all times during labs and during their training at their assigned clinical sites. If protective aprons are used, the OSL monitor must be worn outside the apron, left side, at collar level so that any radiation reaching any part of the body will be recorded.
2. Except for three specific situations, you may not remain in a radiographic room at any time during activation of the tube (when x-rays are being generated). The three exceptions are **surgery, portables, and fluoroscopic work**, which are discussed below.
3. Students must not hold image receptors during any radiographic procedure. Nor will students hold or support a patient during exposure.
4. During activation of the tube, you must not be in direct line with either the tube or the patient. You must not observe the patient during exposure from an adjacent room or hall unless through a protective window. You must not “peek” around a door or through a crack between the door and the wall.
5. During an exposure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron and even though a lead shield is interposed between the tube and yourself. The tube must, in all cases, be pointing away from your body.
6. **Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as “patients” for test exposures or experimentation.**
7. If, during fluoroscopic procedures, you remain in the radiographic room, the following will prevail:
 - A lead apron must be worn at all times, or you must remain behind a lead protective screen.
 - The OSL badge will be worn as noted above.
 - You must stand as far from the patient and tube as possible, preferably at a right angle (90°), consistent with the conduct of the examination.
8. Do not, during the observation period (RT 260), make exposures on patients. You may assist in helping patients onto tables, etc., but only under the direct supervision of a staff technologist.

9. With the permission of the technologist, you may make test exposures on inanimate objects such as phantoms. In doing so, all radiation safety rules must be followed.
10. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail:
- A lead apron will be worn.
 - A OSL badge will be worn (see #1 above).
 - Stand as far from the patient and tube as possible.
 - Stand so that the central ray is pointing away from your body.
 - Observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc.
11. **All students must perform all medical imaging procedures under the direct supervision of a qualified practitioner until a radiography student achieves competency.** The JRCERT defines direct supervision as a student being supervised by a qualified practitioner who reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image.
- Four areas that require direct supervision regardless of the level of competency:
1. Repeat x-rays
 2. Portables
 3. Fluoroscopy procedures
 4. OR surgery procedures
12. **All students must perform all medical imaging procedures under the indirect supervision of a qualified practitioner after a radiography student achieves competency.** The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.
- Per JRCERT requirement, students, Clinical Preceptors, and qualified radiologic technologists must sign the indirect & direct supervision policy by the school **annually**.
13. Repeat radiographic examinations: All radiologic technology students, regardless of the student's level of competency and in support of professional responsibility for the provision of quality patient care and radiation protection, **NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.**
14. FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR [DISCIPLINARY ACTION](#). CONTINUED ABUSE WILL RESULT IN TERMINATION FROM THE PROGRAM.

Appendix VI
Addendum for High Exposure Dose (ALARA)

Annual Radiation Exposure Limits			
Whole Body (Annual) Dose for Occupational Workers	50 mSv/yr. (5,000 mrem/ year) Stochastic Effects		
Lens of the Eye	150 mSv/yr.* (15,000 mrem/ year) Non-Stochastic Effects		
Extremities and Skin	500 mSv/yr. (50,000 mrem/year) Non-Stochastic Effects		
Fetal Entire Gestation	5 mSv/gestation (500 mrem/gestation)		
Fetal Monthly Dose Limit	0.5 mSv/month (50 mrem/month)		
General Population	1 mSv/yr. (100 mrem/year)		
Dosimeter (Monthly)	ALARA Level I 30% Limit Fraction	ALARA Level II 60% Limit Fraction	ALARA Level III 90 % Limit Fraction
Whole Body (Monthly)	1.25 mSv (125 mRem)	2.5 mSv (250 mRem)	3.75 mSv (375 mRem)
Whole Body (Quarterly)	1.25 mSv (125 mRem)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)
Extremity (Monthly)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)	11.25 mSv (1,125 mRem)
Extremity (Quarterly)	3.75 mSv (375 mRem)	11.25 mSv (1,125 mRem)	22.5 mSv (2,250 mRem)
Declared Pregnant Worker (Monthly)**	0.0125 mSv (1.25 mRem)	0.025 mSv (2.5 mRem)	0.0375 mSv (3.75 mRem)
ALARA I	Radiation Safety Officer Notified. Report kept on file.		
ALARA II	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
ALARA III	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
	RSO performs a Review of a Worker Exposure Conditions and Procedures		

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

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

What are the ALARA Investigation Levels?

There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter.

If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

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

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

For **monthly** dose readings:

ALARA Level I was based on a 30% fraction.

ALARA Level II was based on a 60% fraction.

ALARA Level III was based on a 90% fraction.

For **quarterly** dose readings:

ALARA Level I was based on a 10% fraction.

ALARA Level II was based on a 30% fraction.

ALARA Level III was based on a 60% fraction.

*Lower percentages were used based on the quarterly readings.

Calculation:

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

For example:

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

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

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

Appendix VII

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

Procedure:

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

Policy:

1. Regarding dosimetry badges and reports while enrolled in the program: No charge will be required to cover the cost of providing radiation dosimetry services for the student (including fetal badge).
 - a) An OSL dosimetry badge, properly placed, must be worn at ALL times during laboratory or clinical practice, including anytime you are completing your laboratory experiments. In other words, any time you are in a designated radiation area.
 - b) When protective aprons are used, the dosimetry badge must be placed above the apron, at collar level, left side.
 - c) It is the student's responsibility to submit the OSL radiation monitoring badge to your Clinical Coordinator or Clinical Education instructor by the 1st day of each new quarter. The student's clinical grade may be affected if he/she does not comply with this timeframe. Points will be deducted for late submissions.
 - d) The dose readings are available to students provided by Landauer's reports, and each student must adhere to FERPA privacy rules.
 - e) The most current dosimetry report will be available at the school on a quarterly basis.
 - f) Each monitored individual is responsible for reviewing his/her dosimetry report reading and documenting they have reviewed their reading by entering and initialing their reported dosimetry reading.
 - g) Immediately inform the Program Director/RSO if you lost, washed, accidentally expose, or otherwise damaged your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be completed and submitted to the Program Director. Copies of this questionnaire are located in the classroom.
 - If a dosimetry report reading exceeds the dose limits, the student will be required to complete a *Radiation Exposure Report Questionnaire* and *LACC's District Supervisor's Report of Injury* to the Program Director to ascertain what factors might have contributed to the excessive exposure. You will receive a letter of concern and a copy of the letter will be placed in your file.
 - If the "Questionnaire" does not identify any accidental radiation explanation for your excessive reading, a letter of concern will be forwarded to your Clinical Instructor/Department Manager. The student's subsequent dosimetry report will be closely monitored to ensure that the problem has been resolved. If questions arise, a full investigation will ensue.

- h) Past dosimetry badge reports are filed indefinitely in the RT file room or the RSO/Program Director's office.
 - i) Upon graduation, students will receive one free copy of his/her termination dosimetry report. Copy and file this final dosimetry report for future reference.
 - j) Landauer OSL badges are the school's dosimetry provider. Student radiation exposures are monitored quarterly throughout the program and are maintained by the College as part of the student's permanent file.
2. When an X-ray exposure is about to be made, you MUST:
 - a) Leave the room, or
 - b) Stand behind the lead shield, or
 - c) Stand at least 6' away from the source, or
 - d) Otherwise, be suitably protected for surgery, portable and fluoroscopic work.
 3. Specifically, you must not hold or support a patient or test phantom nor hold or support an imaging receptor during an exposure.
 4. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT "peek" around a door nor through a crack between the door and wall.
 5. When sitting to rest in the hall, do not sit in direct line with the tube or radiographic table, even if it is not being used.
 6. During an exposure or procedure, do not place yourself in direct line to the primary beam, even though you are wearing a lead apron.
 7. Under no circumstances will you permit yourself or any other human being to serve as "patients" for test exposures or experimentation.
 8. If, during fluoroscopic procedures, you remain in the radiographic room the following will prevail:
 - a) A lead apron (preferably 0.5 mm lead equivalent) must be worn at all times or you must remain behind an adequate lead protective screen and not in visible line with either tube, patient or the x-ray phantom.
 - b) The dosimetry badge must be worn left side, above the lead apron at collar level.
 9. Do not, during the observation periods, make exposures on patients. You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.
 10. With permission of the principal staff technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed as well as tube safety factors, etc.

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

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

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

Appendix VIII

Declaration of Pregnancy

Student Name: _____ Date: _____

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

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

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

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

Student Initials: _____

Declaration of Pregnancy Form
Voluntary Declaration of Pregnancy

Student Name: _____ LACC ID: _____
Date of Birth: _____ Phone Number: _____

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

Declarant must choose one of the following options:

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

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

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

I understand that by making this declaration:

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

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

2. Stipulation Regarding Clinical Training

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

Student Signature _____

Date_____

Program Director Signature _____

Date_____

RSO Signature_____

Date_____

Appendix IX
Revocation of Pregnancy Form
Voluntary Pregnancy Declaration Revocation Form

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

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

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

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

Student Signature _____ Date _____

Program Director Signature _____ Date _____

RSO Signature _____ Date _____

Appendix X

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

1. Why am I receiving this information?

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

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

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

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

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

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

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

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

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

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

6. Are there any risks of genetic defects?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18. Where can I get additional information?

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

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

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

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



MAGNETIC RESONANCE IMAGING (MRI) AND FERROMAGNETIC SAFETY POLICY

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

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

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

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

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

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

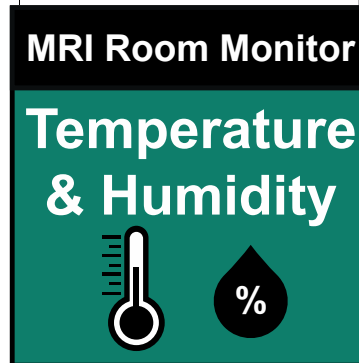
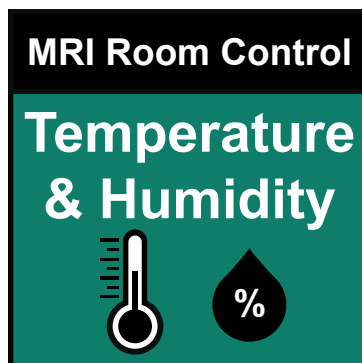
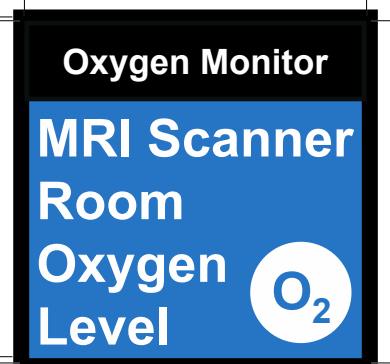
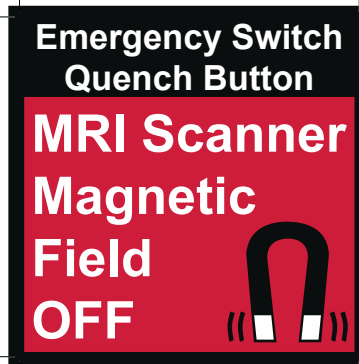
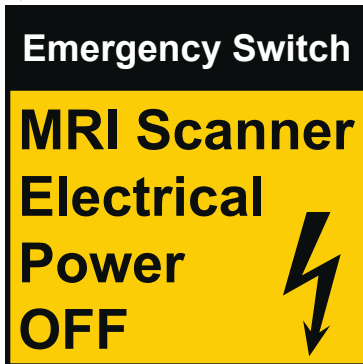
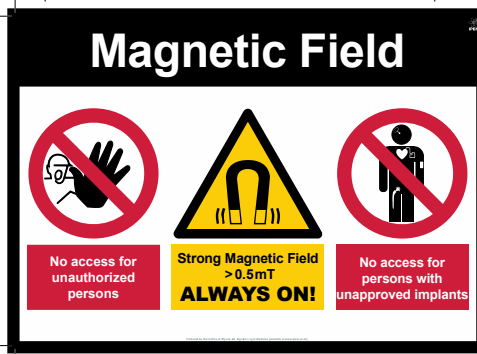
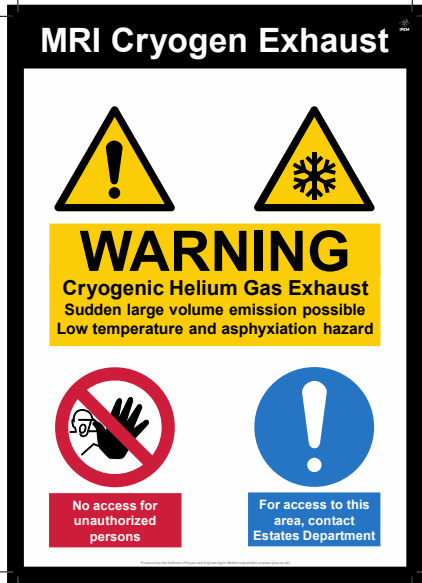
- Intrauterine devices (IUDs)
- Gastric bypass devices (lap bands)
- Most cerebrospinal fluid (CSF) shunts.

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

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

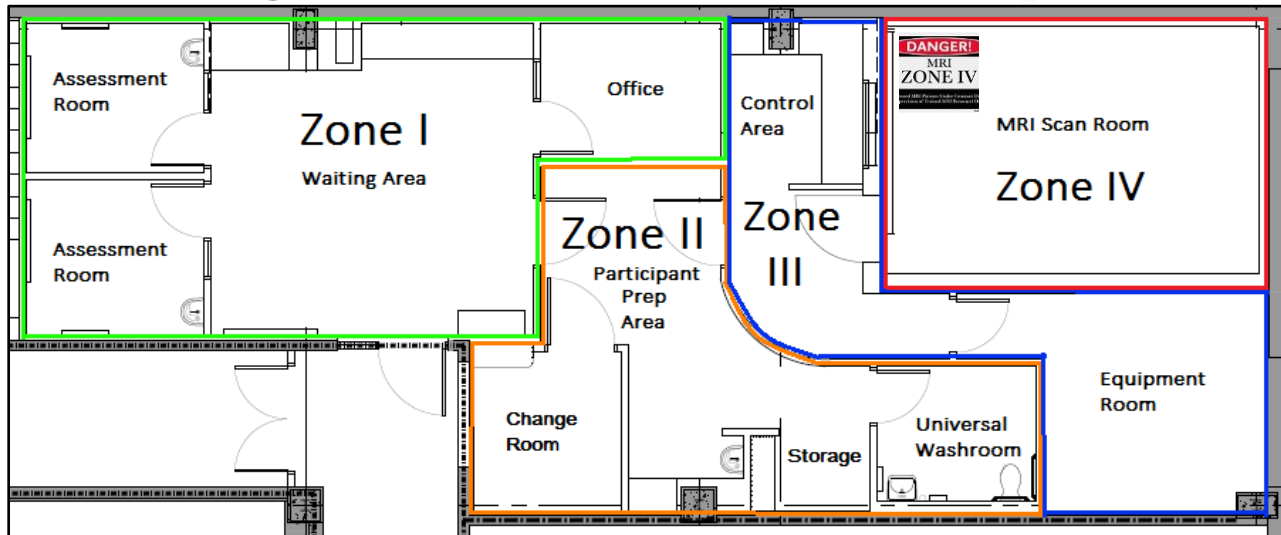
MRI Safety Symbols

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





MRI Safety Zones



Zone 1: Reception area for the public

Zone 2: Screening area for patients and family

Zone 3: Control area outside the scanner room door

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

TWO SAFETY ISSUES

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

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

MRI Field Strength: 0.5 Tesla-3 Tesla

MRI Safety Technology:

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

How RT Students can be safe in the MRI Department:

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

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

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

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

Date: _____

Student Name (first, middle, last): _____

Gender: • Male • Female **Age:** _____ **Date of Birth:** _____

List current medications:

- None
- _____

List all allergies:

- None
- _____

Date of last menstrual period _____

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

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

Surgery or medical procedure of any kind

- Yes • No

If yes, list all prior surgeries and approximate dates:

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

- Yes
- No

If yes, explain: _____

Injury to your eye from any metal object.

- Yes
- No

If yes, did you seek medical assistance?

- Yes
- No

If yes, describe what was found: _____

Foreign body removed from the eye(s).

- Yes
- No

If yes, describe what was taken out: _____

Asthma or other allergic respiratory disease

- Yes
- No

Kidney disease

- Yes
- No

Diabetes

- Yes
- No

Hypertension

- Yes
- No

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

- Yes
- No

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

- Yes
- No

If yes, explain: _____

Spinal fusion procedure

- Yes
- No

Endoscopy or colonoscopy in the last 3 months

- Yes
- No

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

Surgically implanted medical devices

- Yes
- No

Revised Oct. 2024 (JW, JO)

Any type of electronic, mechanical, or magnetic implants

- Yes
- No

If yes, list type: _____

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

- Yes
- No

Aneurysm Clip(s)

- Yes
- No

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

- Yes
- No

If yes, list type: _____

Any type of internal electrodes or wires

- Yes
- No

Cochlear implant

- Yes
- No

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

- Yes
- No

Spinal fixation device

- Yes
- No

Any type of coil, filter, or stent

- Yes
- No

If yes, list type: _____

Artificial heart valve

- Yes
- No

Any type of ear implant

- Yes
- No

Penile implant

- Yes
- No

Artificial eye

- Yes
- No

Eyelid spring and/or eyelid weight

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

Any type of surgical clip or staple

- Yes
- No

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

- Yes
- No

Shunt

- Yes
- No

If yes, list type: _____

Artificial limb

- Yes
- No

If yes, what and where: _____

Tissue Expander (e.g., breast)

- Yes
- No

Intrauterine Device (IUD)

- Yes
- No

If yes, type: _____

Surgical mesh

- Yes
- No

If yes, location: _____

Implanted radiation seeds

- Yes
- No

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

- Yes
- No

Removable medical devices:

Hearing aid

- Yes
- No

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

- Yes
- No

Artificial eye

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

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

- Yes
- No

Artificial limb

- Yes
- No

If yes, what and where: _____

Removable dentures or partial plate

- Yes
- No

Diaphragm, pessary device

- Yes
- No

If yes, type: _____

Have you recently ingested a “pill cam?”

- Yes
- No

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

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

Student name (print): _____

Student signature: _____

Date: _____

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

Reviewed By (print name): _____

Signature: _____

Title: _____

Student Initials: _____

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

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

REMEMBER, THE MAGNET IS ALWAYS ON



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



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

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

Student Name: _____

Signature: _____

Date: _____

Class of (cohort year): _____

Appendix XII

LOS ANGELES CITY COLLEGE STUDENT CONDUCT FORM

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

Student's Name: _____ Date _____ Time _____

Student ID # _____ Program/Service _____ Location _____

Course # _____ Section # _____ Who is the Area Dean? _____

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

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

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

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

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

LACC STUDENT CONDUCT FORM

Student's Name _____ Date _____ Time _____

Program/Service _____ Location _____

Course _____ Section # _____

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

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

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

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

StudentConductForm5-11 (2)

9/11/19

STANDARDS OF STUDENT CONDUCT

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

Required behaviors to successfully meet objectives/recommendations for remediation:

Student's plan to successfully complete objectives/improve:

Timeframe for improvements:

From: _____ **To:** _____

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

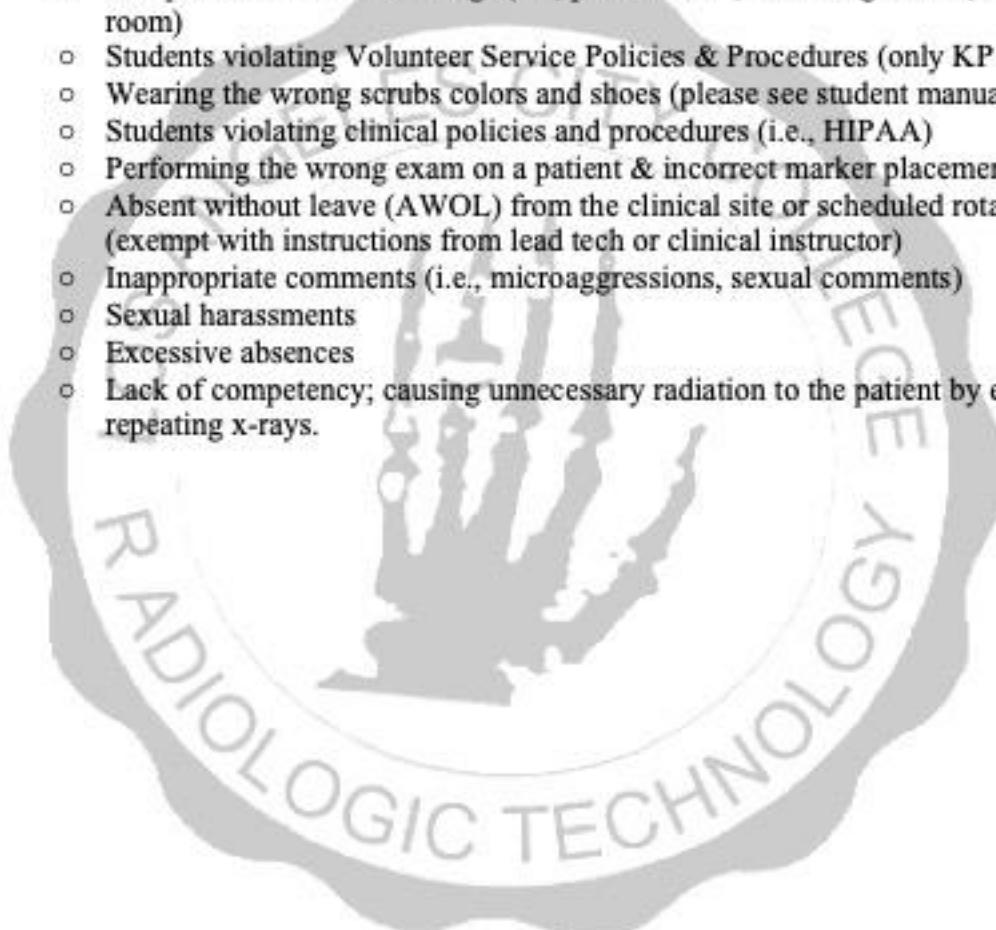
Student signature: _____ **Date:** _____

Instructor/CC signature: _____ **Date:** _____

Witness (if applicable): _____ **Date:** _____

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

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



References for Appendices

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

Los Angeles City College
Radiologic Technology Department
Student Manual Acknowledgement Form

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

Student's name (printed): _____

Student's signature: _____

Student's ID: _____

Date: _____

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

Summary of The LACCD Policy 2012

Prohibited Discrimination and Harassment

Los Angeles Community College District • 770 Wilshire Boulevard • Los Angeles • CA • 90017 • (213) 891-2317

The Policy

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

Academic Freedom

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

Definition of Prohibited Discrimination

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

Definition of Sexual Harassment

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

Retaliation

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

False Allegations

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

Confidentiality

All persons involved in investigation of complaints shall have a duty to maintain the confidentiality of the matters discussed, except as may be required or permitted by law, which include the rules and regulations of the District.

A complete record of each complaint and investigation shall be kept by the Director of Diversity Programs.

The Written Decision or any Settlement Agreement regarding the results of the investigation shall be placed in the personnel file of each employee involved as an alleged offender or complainant.

Complaint Procedure

General Provisions

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

Investigation

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

Informal Procedure

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

Complaint Procedure

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

Compliance Officer's Report

Within 60 days after becoming aware of a potential violation of this policy, a Compliance Officer shall complete the investigation and make a written report to the College President or Deputy Chancellor.

The College President, or Deputy Chancellor, shall independently assess whether the "preponderance of the evidence" establishes a violation and shall determine what action is to be taken, if any. Prior to making the decision, the alleged offender and complainant shall have the opportunity to make an oral statement, within 15 days from the receipt of the Compliance Officer's report.

Within 90 days from the start of the investigation a Written Decision shall be mailed to the complainant and the alleged offender.

Disciplinary Action

If appropriate, the College President, Deputy Chancellor, or the Chancellor shall initiate the applicable disciplinary process within 10 business days of receiving the Written Decision.

Disciplinary action shall include, without limitation, verbal warning, probation, suspension, expulsion, letters of reprimand, Notices of Unsatisfactory Service, suspension, demotion or dismissal.

Appeals

If the complainant is not satisfied with the Written Decision, he/she may appeal to the District's Board of Trustees by submitting a written appeal to the Chancellor's Office within 15 days.

The Chancellor shall present the written appeal, the Written Decision and the investigative report to the Board of Trustees in closed session. If the 45 days elapse without further action, the Written Decision shall be the final decision of the District. In non-employment cases the complainant has the right to file an appeal with the State Chancellor's Office within 30 days after the Board decision is issued, or the 45 days have elapsed, whichever comes first.

Additional Remedies

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

This is an excerpt. The specific Rules and Procedures for reporting charges of Prohibited Discrimination and for pursuing available remedies are incorporated in the Board Rules in Chapter 15, Board Rules 1501-1522.

Copies of the policy and procedures may be obtained from the LACCD Office of Diversity Programs, District and Campus Websites, the Compliance Officer at Los Angeles Valley College for students/employees of LAVC or by calling the Office of Diversity Programs at (213) 891-2315 or (213) 891-2317.

What You Can Do About

Prohibited Discrimination and Harassment

Any member of the college community which includes students, faculty, staff, other LACCD employees and general public who believes, perceives or has actually experienced conduct related to LACCD that may constitute prohibited discrimination or harassment, has the right to seek help. Everyone has the responsibility and obligation to report such conduct.

■ Talk to the Offender

Often problems will stop once the offender realizes the conduct is unacceptable.

■ Put it in Writing

Let the offender know that you don't like being treated this way and will report him/her unless it stops.

■ Keep a Record

Record the date, time, place and names of witnesses and describe the exact nature of the incident.

■ Don't Ignore It

Ignoring prohibited discrimination and hoping it will not be repeated is the most common reaction, yet it is the most ineffective way to deal with such incidents.

■ Contact the Office of Diversity Programs

Prohibited discrimination should be reported immediately to the Office of Diversity Programs or to a designated college administrator who will forward the complaint to the Office of Diversity Programs.

Compliance Officers are always available to confidentially discuss any possible discrimination or sexual harassment complaint.

You have the right!

You have the right!

YOU HAVE THE RIGHT!

- To work and study in an atmosphere free of harassment and discrimination
- To be judged by the same criteria as all others, not by standards that are less demanding, or more rigorous, or different in any way
- To complain, free of retaliation

Discrimination may include, but is not limited to the following type of behavior:

- exclusion from employment opportunities such as training, transfer or promotion
- allocation of poor grades based on one's protected class
- denial of reasonable accommodation because of a disability
- decisions based on stereotypes or assumptions about one's abilities, traits or performance

Sexual harassment may include, but is not limited to the following type of conduct:

- unwelcome, unsolicited contact with sexual overtones (written, verbal, physical and/or visual contact)
- unwelcome pressure for dates
- display of sexually suggestive objects, cartoons, posters
- request for sex in exchange for grades, recommendations, job opportunities

Office of Diversity Programs

(213) 891-2317

diversityprograms@laccd.edu

laccd.edu/diversity

Los Angeles Community College District

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Office of Diversity Programs: (213) 891-2317



Los Angeles City College

Radiologic Technology

Duties of the Program Director



In accordance with the Joint Review Committee in Education in Radiologic Technology (JCERT) Standards (2021)

Duties of the Program Director: Julie Washenik

- Assures effective program operations
- Oversees ongoing program assessment
- Participates in budget planning
- Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development
- Assumes the leadership role in the continued development of the program
- Documents administrative, faculty and clinical staff responsibilities are delineated.
- Periodic review of courses
- Participate on shared governance committees
- Attend Health Sciences Division Meetings
- Organize Advisory Meetings, Clinical Instructor's and faculty meetings
- Meet regularly with clinical staff, adjunct faculty and full time faculty
- Responsible for program accreditation, JRCERT, State of California, ARRT, and ASRT
- Review books for adjunct faculty and full time faculty
- Meet with book vendor representative regarding adopting new books
- Meet with X-ray Company repairs and upgrades for equipment
- Organize Kaiser Scholarship
- Maintain the x-ray lab
- Set up and order InstaDose USB badges for incoming students in the program & staff members
- Determine course load for full time faculty, adjunct an clinical instructors.
- Update RT brochure
- Set up program information sessions (twice a year)
- Review applications, analyze transcripts, and do random selection
- Set up orientation session for incoming students (late spring)
- Meet weekly with clinical coordinator to go over process and procedures for the program
- Update Student Procedure Manual
- Review course syllabus for faculty



Los Angeles City College

Radiologic Technology

Duties of the Clinical Coordinator



In accordance with the Joint Review Committee in Education in Radiologic Technology (JCERT) Standards (2021)

Duties of the Clinical Coordinator: Spring 2025

Joyce Obeng

Ernesto Reyes

- Correlates clinical education with didactic education
- Evaluates students
- Participates in didactic and/or clinical instruction
- Supports the program director to help assure effective program operation
- Coordinates clinical education and evaluates its effectiveness
- Participates in the assessment process
- Cooperates with the Program Director in periodic review and revision of clinical course materials
- Maintains current knowledge of the discipline and educational methodologies through continuing professional development
- Maintains current knowledge of program policies, procedures, and student progress
- Performs image critique.
- Schedule evaluations on Trajecys.
- Updates competency forms as needed
- Monitoring students' logs on Trajecys.
- Validate competency, evaluations, etc on Trajecys



Los Angeles City College

Radiologic Technology

Duties of the Clinical Preceptor/Instructors



In accordance with the Joint Review Committee in Education in Radiologic Technology (JCERT) Standards (2021)

Good Samaritan Hospital: Victor Landaberde

Kaiser Permanente LAMC: Rohit K Dhiman

Kaiser Permanente W. LA: Brian.icotanim

UCLA Medical Center: Teni Piroomian

CHLA Medical Center: Todd Anderson

Duties of the Clinical Instructor:

- Performing Task on Trajecys.
- Familiarizing self with JRCERT Standards and program Manual.
- Maintaining attendance records and turning them into the Clinical Coordinator
- Checking and signing off the student's Monthly Statement of hours of clinical experience
- Checking and signing off the student's Monthly Procedure sheet and/or exam record
- Providing the student with their Monthly Rotation Schedule
- Directly supervising, or assigning another Radiologic Technologist to supervise the student
- Checking the student off in clinical exam competency, or assigning another Radiologic Technologist to do so
- Providing the student with direct supervision while the student is completing the Category Competencies, or assigning another Radiologic Technologist to do so
- Checking and signing off upon completion of the Category Competencies
- Completing and reviewing the Clinical Evaluation with the student
- Being able to work with diverse students

The Radiologic Technologist's Oath

I, _____, solemnly pledge myself in this assembly of my peers to abide by the Code of Ethics and Rules of Conduct set forth by the American Registry of Radiologic Technologists.

I promise to conduct myself in a professional and ethical manner, to respond to patients' needs, and to support other members of the health profession.

I promise to provide services to humanity without concern for personal attributes or nature of disease or illness, and with full respect for the dignity of humankind.

I promise to act in the best interest of the patient, to do no harm, and hold myself accountable for my professional decisions.

I will act as an agent through observation and communication with the patient to aid the physician in diagnosis and treatment.

I will respect the patient's right to privacy and maintain confidentiality in all aspects of patient care.

I recognize that I am entering a profession in which rapid advances are common, and I commit myself to continuing learning throughout my career.

I attest under my own authority, and without coercion, do solemnly pledge.

Signature

Date



**Los Angeles City College
Radiologic Technology
Policy of Confidentiality and
Responsibility in Clinical Sites**



The standards of the healthcare field and the responsibility to provide quality health care services require that data be shared with students as members of the health care team. **All data is confidential (paper, electronic, images, tests results, etc.). Only information pertinent to a patient's examination, treatment, and welfare is to be disclosed, and should be disclosed only to those who need to know the information and who are directly concerned with the patient's care.**

I acknowledge that it is my professional responsibility to maintain the confidentiality of all patient communication and records, except when is necessary to preserve the life and/or safety of the patient or others or when ordered to do so by a court of law. I also acknowledge that it is my professional responsibility to safeguard confidential matters relating to financial, administrative and/or technical affairs of clinical education settings to which I am assigned.

As a student in the Radiologic Technology Program at Los Angeles City College (LACC), I am expected to conform to legal and ethical standards of the radiologic technology discipline. I also recognize my responsibilities to follow the policies and procedures of the clinical education site to which I am assigned to for clinical practice.

I understand I am accountable for all of my actions with regards to confidential information, including patient or clinical site records, and also with regard to the policies and procedures of the clinical education settings. I understand that failure to maintain confidentiality or conform to policy or procedures constitute misconduct that may result in dismissal from the clinical education setting and from the Radiologic Technology Program.

My signature below indicates that I have read and fully understand the above policy and that this policy will be followed during all clinical experiences as a student in the Radiologic Technology Program at LACC.

Student's name printed _____

Student's signature _____ Date _____



Los Angeles City College Radiologic Technology Progressive Discipline Process



Steps of Progressive Discipline

This document is to provide students information on the steps used in the LACC Radiologic Technology Progressive Discipline Process. The LACC RT Program Director will use reasonable judgment to decide appropriate actions for dismissal from the RT program.

Step 1: Verbal Counseling(s)

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

The program director and the clinical coordinator will meet with the student to discuss the issue(s). The program director will determine if the student was aware or should have been aware of the issue and allow the student to explain themselves.

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

Step 2: Written Warning

A written warning is the second step of progressive discipline. A written warning provides notice to a cohort student regarding continued work performance issues and/or inappropriate workplace behavior that have not been resolved after giving the student verbal counseling(s).

The program director and the clinical coordinator will meet with the student to discuss the issue and to provide the written warning to the student. The written warning should include information regarding the issue, date on which the issue occurred, and the desired performance and/or behavior expected from the student.

Prior to the end of the meeting, the student will be asked to sign the written warning indicating that he/she has read and understands the warning. If the student refuses to sign the written warning, the program director and/or the clinical coordinator should note this on the written warning. The original written warning will be placed in the student's file and a copy provided to the student. At the discretion of the program director and the clinical coordinator, a second written warning may be given.

Step 3: Performance Improvement Plan (PIP)

A Performance Improvement Plan (PIP) is the third step of progressive discipline. A PIP is a formal written plan used by the program director and/or the clinical coordinator as a final attempt to resolve a serious issue that has not been addressed by the student after a verbal warning(s) and written warning(s) have been given. The PIP is given for a specified time period. The program director and clinical coordinator will use reasonable judgment to decide the length of a PIP.

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

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

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

Step 4: Dismissal from RT Program

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

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

The program director and the clinical coordinator will meet with the student to discuss the dismissal and provide the dismissal letter to the dean and clinical site. The program director and the clinical coordinator will request that another person attend the dismissal meeting as a witness. The original dismissal letter will be given to the student and a copy will be maintained in the student's file.

I acknowledge I have read and fully understand the Radiologic Technology program's Progressive Discipline Process.

Student's name:

Student's signature:

Date:

Class of _____

Conflict of Interest Policy

I. Introduction:

This policy will aid our clinical locations and the LACC Rad Tech program in preventing, detecting, and correcting unethical and illegal behavior. You must be able to spot illegal and unethical behavior in order for the Radiologic Technology curriculum to be effective.

II. Policy Statement

Los Angeles City College, Radiologic Technology program, recognizes that students of the same family and other persons with whom employees have personal relationships work at our clinical affiliation sites. Therefore, the Los Angeles City College Radiologic Technology program requires that students **MUST disclose the nature of the relationship** with any employees at our clinical sites. **In all cases, employees at any of our clinical sites are prohibited from directly supervising their relatives and others with whom they have a personal relationship. Students' competency forms and timesheets should not be signed by relatives in the diagnostic imaging clinical sites.**

III. Purpose of Policy

Students will not be in the same clinical site as their relatives. Students should not allow a familial or personal relationship with any clinical site employee to influence their judgment in work-related matters such as hiring, job assignments, appraisals, promotion, and compensation decisions. Also, other students may feel they do not have equitable training or opportunities due to favoritism.

JRCERT Standards: 1.2 Provides equitable learning opportunities for all students.

"The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments".

This policy applies to ALL STUDENTS in the Los Angeles City College Radiologic Technology program with any of the following

IV. A. Definitions of Relatives:

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

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

B. Definition of Non-relatives:

A family member is not connected to the student by blood, marriage, or adoption.

1. Friends and acquaintance

This policy requires student to disclose a potential conflict of interest. If you have a potential conflict of interest, you should list relatives' names and hospitals of employment. Violation of this policy is grounds for dismissal from the Los Angeles City College Radiology Technology Program.

Student Name: _____

Signature: _____

Date: _____

Assigned Clinical Site: _____

Relative/Non-relative Disclosure Form

Name of Relatives/non-relatives: _____

Hospital: _____

Relationship: _____

Name of Relatives/non-relatives: _____

Hospital: _____

Relationship: _____

Name of Relatives/non-relatives: _____

Hospital: _____

Relationship: _____

Name of Relatives/non-relatives: _____

Hospital: _____

Relationship: _____

I, _____ have a list of my relatives and non-relatives at any of the LACC Radiology Technology program clinical affiliations to the best of my knowledge. I must immediately notify the program clinical coordinator and the director if I discover long-lost relatives/non-relatives affiliated with my assigned clinical site.

Signature: _____

Date: _____

Section 2

Copies of Student Documents



Los Angeles City College
Radiologic Technology
Student Information Sheet for Clinical Sites
Please print legibly



Full legal name: _____

Date of birth: _____

SS#: _____

Home #: _____

Cell #: _____

e-mail: _____

Address: _____

First/Second yr. student: _____

Semester: _____

Current Documents:

- CPR (BLS)
- Immunizations/ Titers
- Physician health clearance
- Background check
- TB Test
- Fire Safety
- Mask fitting

Expiration Date:

Do you have any medical conditions? _____

If yes, please indicate if you are taking any medications: _____

Do you have any allergies? _____

Emergency Contact Information:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Section 3

Radiation Protection Policy



**Los Angeles City College
Radiologic Technology Program
2024 Radiation Protection Plan**

Program Number: 1014 & 1076

Name of Program Director: Julie Washenik, MHA, RT(R)(M), CRT(R)(F)

Contact Telephone Number: 323-953-4000 Ext. 2941

Room RT 4

LACC Radiation Safety Officer: Julie A. Washenik, MHA, R.T. (R)(M), CRT(R)(F)

Contact Telephone Number: 323-953-4000 Ext. 2941

Room RT 4

LACC Alternate Radiation Safety Officer:

Joyce Obeng, MSHI, R.T.(R)(M)(CT), CRT(R)(M)(CT)

Contact Telephone Number: 323-953-4000 Ext. 2940

Room RT 8



In California, all radiation (X-ray) producing machines and radioactive materials, are subject to State laws and regulations. The statutes are found in the Health and Safety Code, Division 104-Environmental Health. The regulations are found in the California Code of Regulations (CCR), Title 17, Div. 1, Chapter 5, Subchapters 4 and 4.5. 17 CCR 30253 incorporates by reference the federal regulations specified in Title 10, Code of Federal Regulations (CFR), Part 20. Requirements in 10 CFR 20 apply to all registrants.

The radiography program is required to develop, document, and implement a radiation protection program commensurate with the scope and extent of use of X-ray machines and sufficient to ensure compliance with the above regulations. Additionally, the radiography program shall use, to the extent practical, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as reasonably achievable (ALARA). The radiography program director will audit the radiation protection program on an annual basis to ensure it remains within the scope and extent of activities required to ensure compliance with the said regulations.

All components of the Radiation Safety and Protection Program do not have to be contained in one consolidated document. However, all components do have to be documented and identified as being part of the Radiation Protection Program and will be duly listed and described. Records of the Radiation Safety and Protection Program content, implementation and audits must be maintained for -inspection by the Department.

The regulatory agency for radiation safety is the California Department of Public Health and can be contacted at the following addresses and phone number:

California Department of Public Health Radiologic Health Branch, MS 7610
Certification Unit (X-Ray Schools)
P.O. Box 997414, Sacramento, CA 95899-7414

Email: RHBinfo@cdph.ca.gov (916) 327-5106
Website: www.cdph.ca.gov

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Overview/Purpose

1. Mission, Vision, Core Values of LACC and the Radiologic Technology Program, and RT Program Goals
2. The hierarchy at Los Angeles Community College District and Los Angeles City College
3. The hierarchy at Clinical Affiliates
4. ALARA – Principle
5. Radiation Safety Officer

Radiation Monitoring Guidelines

1. Radiologic Technologist
2. Student Technologist

Radiation Exposure Limits

1. Part 1: Occupational Exposure Limits
2. Part 2: Student Exposure Limits Policy
3. Part 3: Notification Warning Policy
4. Part 4: Pregnancy Policy

Radiation Protection Precautions for Personnel

1. Part 1: Diagnostic Areas Including Patient Holding Restrictions and Immobilization
2. Part 2: Fluoroscopic and Portable/Operating Room Considerations

Radiation Protection Guidelines for the Patient

1. Pregnancy Considerations (Patient)
2. Gonadal Shielding
3. Beam Restriction
4. Entrance Skin Exposure

Los Angeles City College's Mission

The mission of Los Angeles City College is to promote accessible and equitable learning to benefit the diverse local and global communities we serve. We empower students to achieve their educational and career goals by providing pathways to support their completion of associate degrees, certificates, transfer requirements, career and technical education, and foundational skills programs.

Los Angeles City College – Radiologic Technology Program's Mission

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

Radiologic Technology Program's Vision Statement

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

Radiologic Technology Program's Core Values

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

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

Program Goals

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

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

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

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

Organization and Administration

LACCD Board of Trustees

David Vela, President (Seat No. 3)

Nichelle Henderson, 1st Vice President (Seat No. 5)

Kelsey K. Iino, 2nd Vice President (Seat No. 7)

Gabriel Buelna, Ph.D., Member of the Board (Seat No. 6)

Steven F. Veres, Member of the Board (Seat No. 2)

Andra Hoffman, Member of the Board (Seat No. 1)
Sara Hernandez, Member of the Board (Seat No. 4) [Bio Under Construction]
Kenneth-Alan Callahan, Student Trustee

LACCD Executive Administration Staff

Francisco C. Rodriguez, Ph.D., Chancellor
Melinda A. Nish, Ed.D., Deputy Chancellor
Dr. Nicole Albo-Lopez, Ed.D., Interim Vice Chancellor, Educational Programs and Institutional Effectiveness
Carmen V. Lidz, MS, Vice Chancellor & Chief Information Officer
Maribel S. Medina, J.D., General Counsel
Jeanette L. Gordon, Vice Chancellor & Chief Financial Officer
Teyanna Williams, J.D., Vice Chancellor, Human Resources
Dr. Rueben C. Smith, D.C.Sc., Vice Chancellor & Chief Facilities Executive
Dr. Katrina VanderWoude, Ed.D., Interim Vice Chancellor, Workforce Development and Adult Education

LACC Administration

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

LACC Organizational Chart

Prepared by Amy Ho
Academic Affairs
As of August 26, 2024

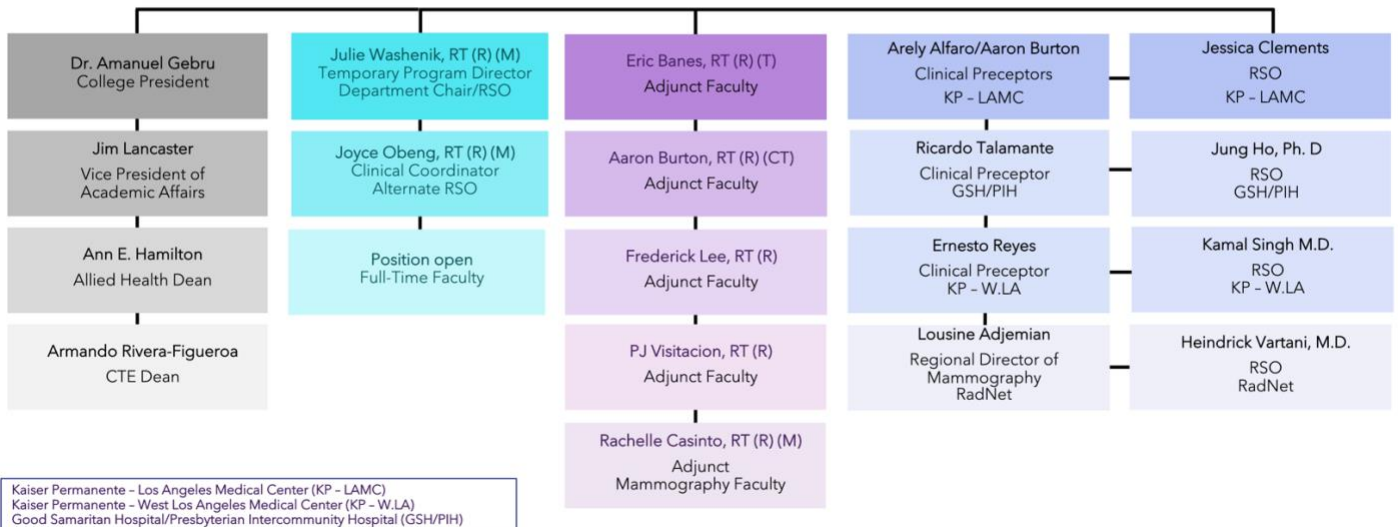
ACADEMIC AFFAIRS LEADERSHIP DIRECTORY (EFFECTIVE FALL 2024)			
CARMEN DONES (AD 208 / EXT. 1056) VICE PRESIDENT OF ACADEMIC AFFAIRS, INTERIM <i>Also the following Programs: Admissions, R&E and Staff & Organizational Development</i>			
ANNA BADALYAN (AD 209 / EXT. 2372) DEAN OF INSTITUTIONAL EFFECTIVENESS AND ADVANCEMENT <i>Also the following Programs: Institutional Research, Scheduling, Catalog, Strategic Planning, Accreditation, S.O., and Instructional Technology</i>			
ARMINEH DEREGHSHIAN (SSB WINDOW 33 / EXT. 2452) DEAN OF STUDENT SERVICES			
Name of Department	Name of Specialist	Ext.	Location
Dual Enrollment Specialist	Michelle Caga	1334	SSB WINDOW 33
ANN HAMILTON (SCI TECH 222B / EXT. 3052 / CELL PHONE 562-394-8972) DEAN OF ALLIED HEALTH, FAMILY SCIENCES AND KINESIOLOGY / HEALTH / DANCE			
Name of Department	Name of Chairperson / Director	Ext.	Location
Child Development / Dietetics	Kelli Miller	2299	CO 302
Dental Technology	Chig Ransadan	2501	SCI TECH 324 A
Kinesiology / Health / Dance	Ashkanah Ghasseini	2503	SCW 218
Nursing	Christine Slatt, Director	2533	SCI TECH 222 C
Nutrition & Dietetics	Gayle Stafsky, Director	2291	AD 200
Radiologic Technology	Julie Washenik	2941	RT 4
CAROL KOZERACKI (PH 200 / EXT. 2061) DEAN OF SCHOOL OF HUMANITIES AND BEHAVIORAL AND SOCIAL SCIENCES <i>Also the following Programs: Break it to Make it and RES/History</i>			
Name of Department	Name of Chairperson	Ext.	Location
Communication Studies	Sarah Cracholo-Garcia	2969	JH 312
English / ESL	Jeffrey Nishimura	2706	JH 301 A
Law / Administration of Justice	Walter Vargas	2754	PH 202 H
Library	George Martinez	1395	MUX 324
Modern Languages / Civilizations	Yelgy Parada	2735	JH 111 D
Philosophy	Julio Torres	2763	HH 200 C
Psychology	David Segh	2835	HH 100 G
Social Sciences	Carlos Guerrero	2506	FH 219 E
VILY (CC 217/ EXT. 2060) DEAN OF PERFORMING AND VISUAL ARTS / SPECIAL ADMINISTRATION			
Name of Department	Name of Chairperson	Ext.	Location
Business Administration	Raymond (Britt) Hasty	2547	AD 304
Cinema / Television	Kristle Klein	2832	CC 187
Music	Christine Park	1887	CH 146
Theatre Arts	John Bledsoe	2982	TA 208 A
Visual & Media Arts	Armarpal Khanna	1518	DH 202
ANGELICA RAMIREZ (CHEM 209 / EXT. 2588) DEAN OF NONCREDIT, ADULT EDUCATION, BASIC SKILLS <i>Also the following Programs: WIDA-DEFL (Districtwide) and Calif Adult Education Program</i>			
Name of Department	Name of Chairperson	Ext.	Location
Non-Credit	Martha Clayton	1233	CHEM 111 B
DAN WANNER (FH 306 / EXT. 2892) DEAN OF STEM <i>Also the following Programs: STEM Grants, Curriculum, Online Education and MESA</i>			
Name of Department	Name of Chairperson	Ext.	Location
Chemistry	Baghdasarian Glenn	2600	SCI TEC 324 B
CISIA	Shawki Dakak	2689	FH 203 B
Earth Sciences	Nathaniel (Duke) Lorentz	2691	SCI TECH 324 F
Life Sciences	Gregory Goncalves	2796	SCI TEC 222 E
Math	Kee Lam	2811	FH 301 D
Physics / Engineering / Astronomy	Jayesh Bhakta	2923	SCI TEC 222 D
VIVIAN ALONZO (LS 208, EXT. 1521) ASSOCIATE DEAN OF PERSONNEL/REGIONAL, LOCAL, CONTRACT EDUCATION, CO-OP AND MESA			
DARREN GROSCH (AD 109, EXT. 1471) ASSOCIATE DEAN OF INTERNATIONAL STUDENTS PROGRAMS, EXTENSION, LANGUAGE ACADEMY AND STUDY ABROAD			

LACC Radiologic Technology Organizational Chart

Los Angeles City College RT Organizational chart



LOS ANGELES CITY COLLEGE
1929-2019
LACC
The City's College.



Duties

VP of Academic Affairs: oversees expenses for faculty and staff, approves purchase orders for radiation protection services (radiation monitors) and other perishable supplies.

Program Director/ Department Chair: receives requests from faculty regarding equipment needs and supplies. Performs duties such as communication with the California Department of Public Health, Radiologic Health Branch to ensure compliance with all laws pertaining to radiation utilization, contacts affiliate hospital training sites to obtain student performance and radiation monitoring reports, approves curriculum for radiography program, and interacts with JRCERT Accreditation to ensure the program complies with their rules and regulations.

RT Faculty: Develop and teach curriculum related to radiologic technology and observe students' performance in utilizing live radiographic exposure laboratories. Evaluate the students when performing laboratory exposures and report any students who fail to wear their radiation monitors or are not able to perform laboratory/positioning assignments utilizing Lucite phantoms safely. Report to the Program Director any problems with equipment or supplies. The faculty also teaches the didactic class of fluoroscopy (RT 243) and supervises laboratory experiments using radiographic/fluoroscopy equipment.

Clinical Preceptors: Teach the application of didactic theory to the students when imaging patients at the clinical affiliates. Document compliance to school standards, verify competencies, ensure radiation ALARA guidelines are being followed for the exposure of patients and the protection of visitors and occupationally exposed persons. Review student radiation exposure records with the hospital radiation safety officer and report any high or excessive radiation exposures to the Program Director at Los Angeles City College.

The delegation and responsibility for each aspect of the radiation program and provisions for ensuring enforcement of radiation safety policies and procedures is as follows:

School's Radiation Safety Officer, qualifications and responsibilities.

The school's designated Radiation Safety Officer is: Julie Washenik, R.T.(R)(M)

The designated alternate RSO's are: Joyce Obeng, R.T.(R)(M)(CT)

Please see the RSO designation letter and CV's of each individual above for qualifications.

Responsibilities of the RSO:

Shall be responsible for:

- a. Abiding by stated pertinent regulations concerning the application, notices, instructions and reporting duties of this position;
- b. Reviewing dosimetry reports; following-up on suspicious readings; and ensure students have reviewed and initialed their dosimetry reports as evidence of oversight.
- c. Verifying each clinical training site has a Radiation Protection Program in place and that each clinical training site will complete a verification of compliance to ensure a Radiation Protection Program is in place. Please see Appendix H for an example of the form used.

Hospital and Program Policies Clinical Affiliation

Below is a list of hospitals that have, through formal agreements, agreed to act as the clinical affiliates for our program. To maintain continuity in clinical education, students will have an equitable opportunity to intern at the clinical sites. A copy of the agreement between Los Angeles City College and its affiliate hospitals is kept on file in the Program Director's computer in the Radiologic Technology department.

Clinical Affiliate	Staff		Phone Number	e-mail
Kaiser Permanente LAMC*	Dr. Anne Kosco	Chief Radiologist	(323) 783-5051	Anne.E.Kosco@kp.org
	James Powell	Director of Radiology	(323) 783-4197	James.R.Powell@kp.org
	Aaron Burton	Clinical Instructor	(323) 783-7604	aaron.m.burton@kp.org
	Jessica Clements	RSO	(626) 238-2366	Jessica.Clements@kp.org
Kaiser Permanente W.LA	Vijay Rao M.D.	Chief Radiologist	323-8573313	Vijay.A.Rao@Kp.org
	Julian Walsh	Director of Radiology	323-857-3158	julian.a.walsh@kp.org
	Brian Icotanim	Interim Clinical Preceptor	323-857-4373	brian.icotanim@kp.org
	Kamal Singh M.D.	RSO	323-857-3739	Kamal.S.Singh@Kp.org
GSH/PIH*	Dr. Daniel Saket	Medical Director	562-698-0811 ext. 17044	Daniel.Saket@pihhealth.org
	Stacy Johnson	VP of Radiology	213-977-2210	Stacy.Johnson@pihhealth.org
	Victor Landeberde	Clinical Instructor/Manager	213-977-2121; 5215	victor.helton@pihhealth.org
	Ricardo Talamante	Supervisor of Imaging	213-977-2121; 5215	ricardo.talamante@pihhealth.org
	Jung Ho, Ph.D.	RSO	562-698-0811 ext. 1578	Jung.ho@pihhealth.org

*LAMC: Los Angeles Medical Center

*GSH: Good Samaritan Hospital; PIH: Presbyterian Intercommunity Hospital

ALARA Program

The radiography program uses, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA) and documents procedures addressing this requirement.

Didactic Coursework

Course Numbers: RT 202, RT 240, RT 243

- RT 202 is a prerequisite course that introduces Radiation Protection principles to students.
- RT 240 is our one semester Radiation Protection class. The entire 16 week semester is dedicated to radiation biology, radiation units, and radiation protection methods.
- RT 243 is our 40-hour State Fluoroscopy Permit class that follows the ARRT Fluoroscopy revisions. (Please see Addendums Section for Course Outlines)

Student instruction includes methods to reduce radiation exposure to patients and occupational workers by collimating to the area of interest when performing fluoroscopic and radiographic procedures, using the highest kVp and lowest mAs practicable for the exam, using the principles of keeping exposure times to a minimum, performing laboratories to demonstrate the effects of radiation exposure and the inverse square law, and utilizing shielding to protect themselves.

As part of the classroom experience, students are oriented to using radiographic equipment and ancillary radiation protection devices such as a bucky slot cover, mobile barriers, lead aprons, drapes, and thyroid shields as part of their training. Clinical competencies require students to collimate and select the correct technical factors for each exposure.

When a student is accepted to the Radiology Program at Los Angeles City College, they are required to attend a mandatory orientation program where the student manual is reviewed. In the area of radiation protection, the student is given the department policy for radiation exposure while on campus and in the clinical training facility.

1. Excerpts of the Student Policies & Procedure Handbook, page 16, contains the information on the program's Clinical Radiation Protection Rules (See Appendix Section).
2. Excerpts of the Student Policies & Procedure Handbook, page 17, contains information on the program's Policies on Supervision of Radiography Students during radiography and fluoroscopy (See Appendix Section).
3. Students are evaluated continuously to ensure they are abiding by the principles of ALARA (see Appendix Section Student Clinical Performance Evaluation # 1, 4 & Clinical Competence Form Section # 1 Questions # 1, #6, #9, #10 and Section 4 Questions # 1-4. These evaluation tools are utilized by the Clinical Instructors, Clinical Supervisors and LACC Clinical Coordinator to assess how well the student are following the principles of ALARA. A student's clinical grade is partially derived from this evaluation tool.
 - a. 30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off Form (See Appendix Section)

Dosimeter Report

Radiation Safety and Monitor Policy

It Is Required by Law That All Persons Working with or Around X-Ray Equipment and/or Radioactive Materials Wear Current Radiation Monitors.

Radiation monitors are furnished to students in accordance with existing state and federal regulations, which require that students wear them when working in areas where potential radiation exposure may occur. The reports regarding exposure become a part of the individual's permanent record and are open for inspection. When students or technologists leave the institution, it is imperative to request a copy of their exposure record.

In order to utilize radiation, monitor it most effectively, and to have the most accurate records possible, the following regulations must be observed:

- Students must wear the hospital radiation monitors and OSL badge at the hospital site.
- Additionally, the students must wear the OSL badge at the college when performing energized labs.
- Students must be supervised by a licensed Radiographer, or the x-ray tube needs to be deactivated when using the energized lab at the college.
- The radiation monitors must be worn at the **collar, on the left side, and outside the apron.**
- Any student not wearing a radiation monitor will not be allowed in radiation areas, and the time missed will be considered a clinical absence.
- Students must wear a lead apron and thyroid shield during fluoroscopy, mobile C-arm procedures, and portable radiography.
- Students will never hold a patient or image receptor during a procedure while ionizing radiation is used.
- Students will never take an exposure while a Radiographer holds a patient and or an Image Receptor (IR).
- Students will properly shield all patients while performing procedures as long as the shield does not obscure the anatomy of interest. Failure to do so will result in failure during a competency exam.

Notice: Students will be instructed in the as low as reasonably achievable (ALARA) philosophy. The Program Director, Clinical faculty, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, will investigate all instances in which dose limits are exceeded. The student will then be counseled as to the appropriate course of action and review of radiation safety practices. Actual dose limit is any single quarterly reading of 100 mrem or above. Accidental exposures due to badges left on aprons, etc., will be documented where proven.

Notice: Failure to adhere to this policy may result in dismissal from the program.

All registrants are responsible for the protection of individuals that enter the registrants' controlled areas. The registrant is also responsible for ensuring that the public is protected and that the public dose does not exceed the limits found in 10 CFR 20.

Each facility must evaluate whether or not personnel monitoring for occupational exposures is required. If a facility chooses to or is required to monitor, then those who are occupationally exposed to radiation should be instructed in the following:

1. Types of individual monitoring devices used and exchange frequency.

Students are issued an OSL radiation monitor at no charge. The results of the monitors are uploaded the first of each month effective when the students begin their clinical training.

2. Use of control badges.

A control badge is not utilized because. A control badge is typically used to subtract background radiation exposure during transit and while the badge is stored at our facility. This exposure is accounted for and removed through the proprietary algorithm of the OSL.

3. Instructions to students on proper use of individual monitoring devices, including consequences of deceptive exposure of the device.

Below is the policy on the proper usage of individual monitoring devices. A questionnaire to ascertain potential deceptive information is provided for this section as well.

Radiation Protection Program – Policies and Procedures

A. Procedure

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

B. Policy

1. Regarding dosimetry badges and reports while enrolled in the program:

No charge will be required to cover the cost of providing radiation dosimetry services for the student (including fetal badge)

- a. An OSL dosimetry badge, properly placed, must be worn at ALL times during laboratory or clinical practice, including anytime you are completing your laboratory experiments.
 - i. In other words, any time you are in a designated radiation area.
- b. When protective aprons are used, the OSL dosimetry badge must be placed above the apron, at collar level.
- c. It is the student's responsibility to turn in their OSL badge by the 1st day of each new quarter.
 - i. It is also the student's responsibility to review their badge reading each quarter.
 - ii. The student's clinical grade may be affected if he/she does not comply within this timeframe. Points will be deducted for late submission of badges.
- d. The OSL dosimetry readings are available to students through the RT program. Readings are displayed in the RT building and kept indefinitely. The Program Director or Clinical Coordinator ensures all student and faculty data follows the FERPA privacy rules.
- e. The most current dosimetry report will be available at the hospital and campus on a quarterly basis.
- f. A copy of the dosimetry quarterly report is available with the Clinical Preceptor at each affiliate.
- g. Each monitored individual is responsible for reviewing his/her dosimetry report reading and documenting they have reviewed their reading by entering and initialing their reported dosimetry reading.
- h. Immediately inform the Program Director/RSO if you wash, accidentally expose, or otherwise damage your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be complete and submitted to the Program Director. Copies of this questionnaire are located in the classroom.
 - i. If a dosimetry report reading exceeds the dose limits, the student will be required to complete a "Radiation Exposure Report Questionnaire" and "LA Community College District Supervisor's Report of Injury" to the program director to ascertain what factors might have attributed to the excessive exposure. You will receive a letter of concern

and a copy of the letter will be placed in your file.

- ii. If the “Questionnaire” does not identify any accidental radiation explanation for your excessive reading, a letter of concern will be forwarded to your Clinical Preceptor/Department Manager. The student’s subsequent dosimetry report will be closely monitored to ensure that the problem has been resolved. If questions arise, a full investigation will ensue.
 - a. Past dosimetry badge reports are filed indefinitely in the file room of the RT Building.
 - b. Upon graduation, students will receive one free copy of his/her termination dosimetry report. Copy and file this final dosimetry report for future reference.
 - c. Landauer is the school’s dosimetry provider. Student radiation exposures are monitored quarterly throughout the program and are maintained by the RT Program as part of the student’s permanent file.
2. When an X-ray exposure is about to be made, you MUST:
 - a. Leave the room, or
 - b. Get behind the lead shield, or
 - c. Be otherwise suitably protected for surgery, portable, and fluoroscopic work.
3. Specifically, you must not hold or support a patient or test phantom nor hold or support an imaging receptor during an exposure.
4. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT “peak” around a door nor through a crack between the door and wall.
5. When sitting to rest in the hall, do not sit in direct line with the tube or radiographic table, even if it is not being used.
6. During an exposure or procedure, do not place yourself in direct line to the primary beam, even though you are wearing a lead apron.
7. Under no circumstances will you permit yourself or any other human being to serve as “patients” for test exposures or experimentation.
8. If, during fluoroscopic procedures, you remain in the radiographic room, the following will prevail:
 - a. A lead apron (preferably 0.5 mm lead equivalent) must be worn at all times, or you must remain behind an adequate lead protective screen and not in visible line with either tube, patient, or the X-ray phantom.
 - b. The OSL dosimetry badge must be worn above the lead apron at collar level.
9. Do not, during the observation periods, actually make exposures on patients. You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.
10. With permission of the principal staff technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed as well as tube safety factors, etc.
11. When observing radiologic procedures in surgery and bedsides portables:
 - a. A lead apron must be worn.
 - b. A dosimetry badge must be worn left side, above the lead apron at collar level.
 - c. Stand as far from the patient and tube as practicable.
 - d. Stand so that the central ray is pointing away from your body.
 - e. Observe all regulations which apply to work in surgery, such as preserving the sterile fields, wearing surgical garments, etc. The staff technologist will provide details.
 - f. In addition, when observing, you must step outside the room if you cannot stand at least 6 feet from the patient or behind the staff technologist during actual exposure.
12. Permission to make actual exposure on patients will be determined by:
 - a. The opinions of the Radiologist/Department Manager/Clinical Preceptor.

- b. The opinions of the Program Director/Clinical Coordinator/Clinical Supervisor.
 - c. Your own feeling of security and competence.
13. Items pertinent to patient radiation safety include:
- a. Make sure careful collimation is used to restrict the X-ray beam to the area of clinical interest only. (The X-ray field must **never** be larger than the size of the image receptor used.)
 - b. Use gonadal shielding where and when appropriate. Review your clinical facility's policies regarding the use of gonadal shielding.
 - c. Make sure the X-ray room is cleared of all non-essential persons before an exposure is made.
14. Items pertinent to the technical aspects of the radiographic procedure and radiation protection (if applicable)
- a. Use the best image receptor/grid combination for the lowest dose practicable and commensurate with the objectives of the radiographic procedure.
 - b. Know exactly what examination and which view or views are to be taken.
 - c. Position the patient correctly for the required examination/position and view before the actual exposure is taken.
 - d. Use high (optimum) kilovolt peak (kVp) and low milliamperage-seconds (mAs) techniques for low-dose radiography, consistent with obtaining a diagnostic quality image unless otherwise indicated by facility protocol.
 - e. Take steps to avoid patient motion by clearly instructing patients not to move, by using appropriate immobilization positioning aids, and by keeping the patient comfortable and under constant observation.
 - f. Help keep image receptors clean.
 - g. Place positioning markers correctly on the image receptor.
 - h. No eating or drinking in the working area of the department.
15. Failure to obtain diagnostic quality radiographs with the least exposure to the patient for the radiographic procedure required means failure to meet the accepted standard of care.
- a. A copy of the Department of Public Health's NOTICE TO EMPLOYEES (RH 2364) is posted in the lab. Current copies of Title 17 "California Radiation Control Regulations" as well as 10 CFR Part 20 "Standards for Protection Against Ionizing Radiation" can be retrieved online. Steps how to access Title 17 are posted in the hallway.
16. Energized Labs- supervision: student utilization of energized laboratories **MUST** be under the guidance of a qualified practitioner; otherwise, the radiation exposure mechanism must be disabled.
- a. If ionizing radiation is being utilized during laboratory sessions, a radiation warning sign indicates one is entering a potential radiation area.
 - b. The entrance to each x-ray lab suite is posted with an acceptable radiation warning sign indicating one is entering a potential radiation area.
17. The school's designated Radiation Safety Officer (RSO) is Julie Washenik, R.T. I(M), the Alternate Radiation Safety Officer (ARSO) is Joyce Obeng, R.T. I(M)(CT).
18. Procedures for ensuring that the combined occupational total effective dose equivalent (TEDE) to any student/employee receiving occupational exposure at your facility and at other facilities does not exceed 5 rem per year.
- a. Students and faculty dosimetry reports are monitored frequently to ensure their combined occupational total effective dose equivalent does not exceed 5 rem per year and are below the ALARA Levels set by the LACC RT Program. A student's exposure

is investigated further if their quarterly deep dose equivalent is greater than 125 mRem.
See Appendix *Dosimetry Letters & Questionnaire* for documentation of this process.

19. Procedures for obtaining and maintaining employees' concurrent occupational doses during that year.
 - a. Faculty are required to self-disclose concurrent occupational doses received during the previous year in January of the subsequent year.
 - b. Their doses are posted on campus and kept in the RPP Faculty Dosimetry section.
 - c. If found to exceed the occupational annual dose limit, the employee will be coached and counseled concerning their radiation protection practices.
 - d. Employees are asked to self-report back to any other concurrent employer(s) their annual radiation dose readings received while working as a college employee. Quarterly dosimetry reports are sent to each college employee.

Annual Radiation Exposure Limits			
Whole Body (Annual) Dose for Occupational Workers		50 mSv/yr. (5,000 mrem/ year) Stochastic Effects	
Lens of the Eye		150 mSv/yr.* (15,000 mrem/ year) Non-Stochastic Effects	
Extremities and Skin		500 mSv/yr. (50,000 mrem/year) Non-Stochastic Effects	
Fetal Entire Gestation		5 mSv/gestation (500 mrem/gestation)	
Fetal Monthly Dose Limit		0.5 mSv/month (50 mrem/month)	
General Population		1 mSv/yr. (100 mrem/year)	
Dosimeter	ALARA Level I	ALARA Level II	ALARA Level III
Whole Body (Monthly)	1.25 mSv (125 mRem)	2.5 mSv (250 mRem)	3.75 mSv (375 mRem)
Whole Body (Quarterly)	1.25 mSv (125 mRem)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)
Extremity (Monthly)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)	11.25 mSv (1,125 mRem)
Extremity (Quarterly)	3.75 mSv (375 mRem)	11.25 mSv (1,125 mRem)	22.5 mSv (2,250 mRem)
Declared Pregnant Worker (Monthly)	0.0125 mSv (1.25 mRem)	0.025 mSv (2.5 mRem)	0.0375 mSv (3.75 mRem)

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

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

- The ALARA concept imposes lower operational dose limits that are even more restrictive than the maximum Legal dose limits shown in Table I above.
- This ensures an enhanced safety factor for what are already considered to be safe annual doses for radiation workers.
- **What are the ALARA Investigation Levels?**
There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter. If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeds these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

1. Procedures for ensuring that if minors are employed, their occupational TEDE does not exceed 5 mSv/year (500 mRem per year).

N/A

2. Procedures for addressing a declaration of pregnancy and procedures for a declaration of non-pregnancy.

Please see Policy Regarding Declared Pregnant Students

3. Procedures for maintaining documentation of dose to the embryo/fetus and associated documentation for the declared pregnant worker.

If a student declares a pregnancy, she will be required to wear a fetal badge at the waist level and her dosimetry badge at the collar level. The fetal badge will be submitted and processed once a month to ensure fetal readings do not exceed the set dose limits of 0.05 rem/month. The students' occupational dosimetry badges will be submitted quarterly. All dosimetry reports are evaluated by the RSO/Program Director to ensure compliance with state/federal regulations concerning dose limits.

Engineering Controls:

Room Design: Rooms 5A and 5B are live x-ray rooms. The control booths are placed to where only twice scattered radiation could reach the operator. The doors leading into the x-ray room contain 1/16th lead shielding and have interlocks that prevent making an exposure if the door is not closed. The rooms have "Caution X-ray" warning signs on all doors as well as flashing light indicators above the doors when the equipment is energized. In addition, padlocks are inserted into the x-ray equipment circuit breakers so the equipment cannot be activated unless the lock is removed first by faculty member.

All equipment is periodically calibrated and may be verified during regular CDPH-RHB inspections. The primary barriers are 1/16th thick lead to protect the students in the classroom. All clinical training facilities are The Joint Commission (TJC) approved and have regular inspections by the CDPH-RHB and their in-house radiation safety officer. Area monitors are placed in rooms 5 and 10 (See Appendix of *RT Floor Plan*).

Dosimetry Program

Students in the radiography program are instructed in the use of radiation monitoring and the detrimental effects of radiation on the body (RT 202, 240). The students are educated in the different types of patient and personnel protective devices as well (RT 202, 206, 207, 240, 280, 281, 282, 283, 103, 104).

Table. Types of individual monitoring devices, area monitors, and exchange frequency:

<i>Types of Badges</i>	<i>Radiation Detector Type</i>	<i>Exchange Frequency</i>
Personnel Monitor	OSL™ dosimeter	N/A
Area Monitor Room 5	OSL™ dosimeter	N/A
Area Monitor Room 10	OSL™ dosimeter	N/A

Instructions to employees/students on the proper use of individual monitoring devices are found under the Radiation Protection Plan (RPP) – Policies and Procedures. Students are instructed not to switch badges with other occupational workers, deliberately expose their badges to radiation except in the course of training or employment and understand the consequences of deceptive exposure to the radiation monitor.

Current instructions to students/employees about the use of OSL badges include:

- a. OSL Badges shall be worn at all times when radiographic exposures are being made.
- b. OSL Badges shall be read at the beginning of each quarter.
- c. Any student making radiographic exposure while not wearing a radiation badge or wearing someone else's badge will be sent home.
 - i. A formal disciplinary hearing with the radiology department staff and Dean of Academic Affairs will be convened to determine the seriousness and consequences to the student.
 - ii. Using someone else's badge would be considered falsification of college records and would be grounds for dismissal from the college.
- d. OSL Badges will be used at Los Angeles City College and the clinical training sites.

The students are provided radiation monitoring badges from Los Angeles City College during the fall Semester in which they are enrolled. The student uses that radiation monitor while on campus for laboratory experiments and at their clinical training site for two days a week in the RT 260 class. Once the student begins their clinical training in RT 280, the hospital or their radiation safety officer will provide students and faculty copies of their dosimetry reports. In addition, with OSL badges, the RT faculty are able to monitor the exposure students receive on a quarterly basis.

4. Procedures to ensure the combined TEDE doesn't exceed 5 Rem per year:

- a. Review of quarterly dosimeter records for students on campus and at the clinical education training site.
- b. There are no procedures for minors because any person under the age of 18 is not permitted to enroll or participate in the Radiology Program.
- c. Procedures for addressing a declaration of pregnancy are found in the Radiology Program's Student Manual and are reviewed at the mandatory student orientation meeting prior to RT 260 Introduction to Clinical Education class beginning.

The student must:

- Read the voluntary declaration of pregnancy form provided (*). Be informed of radiation risks to the fetus/embryo.
- Read the appendix Regulatory Guide 8.13 of the U.S. NRC entitled: “Possible Health Risks to Children of Women Who are Exposed to Radiation During Pregnancy” and initial that they have read it.
- If a pregnant RT student declares she is pregnant, the Los Angeles City College and/or the clinical training site will provide an additional fetal monitoring badge to be worn at the waist level, under the lead apron.
- The student will then be given the option of whether or not they want to continue in the program.
- The procedure for maintaining documentation of dose to embryo/fetus and the declared pregnant worker is the same for maintaining documentation of all student radiation doses for all student and faculty workers. The radiation readings are kept on file in the Radiology Department of Los Angeles City College.

Radiation Protection Program

Overview/Purpose/ALARA

It has been well documented that ionizing radiation can cause damage to living cells. Therefore, it is imperative that everyone involved in the medical application of ionizing radiation have an accurate knowledge and understanding of the various safety guidelines in order to minimize the adverse effects of radiation exposure. We at Los Angeles Community College, Department of Radiologic Technology, are committed to this endeavor.

This Radiation Safety Policy is designed to inform and make available to each radiologic technology student, faculty, and staff member of the various radiation safety methods and guidelines established to limit unnecessary radiation exposure to the patient, operator, and public.

ALARA PRINCIPLE

“As low as is reasonably achievable” (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest.

RADIATION SAFETY OFFICER

Faculty and students shall be aware of the Radiation Safety Officer(s) at Los Angeles City College and hospital affiliates.

A current list of RSO's is posted in the Radiologic Technology building. This list is posted in the energized laboratories, non-energized laboratories, and hallway display cases along with current California State licensures for all faculty.

Faculty:

Acting Program Director: Julie Washenik, MHA, R.T. I(F)(M), CRT I(F)(M), ARRT
Radiation Safety Officer: Julie Washenik, MHA, R.T. I(F)(M), CRT I(F)(M), ARRT
Alternate RSO: Joyce Obeng, MHI, R.T. I(M)CT), CRT I(M)(CT), ARRT

Additional information on state regulations for radiation safety can be obtained by contacting:

Radiological Health Specialist CADPH-RHB
PO Box 997377, MS 0500 Sacramento,
CA 95899-7377

General Information (916) 558-1784

Additional Radiation Monitoring Guidelines

1. Who Needs a Radiation Monitoring Badge – Because of the possible hazards when dealing with radiation, Federal and state Laws require all personnel to wear proper radiation monitoring devices (OSL badge) at all times while using energized radiographic equipment or near radioactive sources.
2. Proper Use of a Dosimeter – Dosimeters are issued and must be worn in accordance with CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20, Ionizing Radiation and are used to measure occupational exposure at LACC Energized Laboratories, and Hospital Affiliates.
3. Where to Wear the Dosimeter – Dosimeter should be clipped to an article of clothing at the collar level, however, when working in Fluoroscopy or on Portable procedures, the Dosimeter is to be worn outside the lead apron, clipped to the uniform collar, never on the lead apron.
4. Misuse of the Dosimeter – A Dosimeter that has been assigned to an individual may not be used by any other person. The participants' number is a lifetime assignment and is not transferable to another person. OSL badges must not be tampered with in any manner. Keep your radiation monitoring badge away from extreme hot or cold temperatures, and radiation sources when not in use. Do not leave your OSL badge on lab coats, uniforms, or lead aprons. If OSL badges are lost, misplaced, or damaged, the Radiation Safety Officer (RSO) or designee must be notified promptly in writing, and the individual will not be allowed to work in the radiation area until a new radiation monitoring badge issued.
5. Exposure Data – Exposure results are available for students to review via their own personal OSL account at: <https://www.OSL.com/Login.aspx>

The OSL Badge is required to be uploaded on the first day of each quarter, so that the radiation exposure reports will be available for students so they can be aware of his/her exposure each quarter well within the 30 day requirement. In addition, the RSO's shall ask the clinical affiliates to provide copies of the Landauer reports so they copies can be kept in the LACC Radiologic Technology Room RT 3 under the designated Clinical Affiliate Dosimeter Binder. Students are required to report in writing any unusual exposure to self or dosimeter immediately to the LACC Radiation Safety Officer/designee. Written radiation exposure reports will be available for each dosimeter wearer upon request.

6. If applicable, monthly Replacement of OSL Badge (at the hospital) – At the beginning of each month, the OSL Badge must be returned and replaced with a current OSL Badge (no later than the first Thursday of each month). The changing of the OSL Badge is the ultimate responsibility of the student. Late changing of the OSL Badge will make accurate OSL Badge evaluation impossible. Please be prompt.
7. Quarterly USB Badges Data (for the school) – At the first day of each quarter, the OSL Badge must be displayed and kept in the RT Building. Late submission of the OSL Badge will make accurate OSL Badge evaluation impossible. Please be prompt!

Radiation Exposure Limits Occupational Dose Limits

The following occupational dose limits are referenced in the California State CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the Occupational Dose Limits

Nuclear Regulatory Commissions (NRC) code of federal regulations – 10-CFR-20, effective January 1, 1994 :Adult Whole Body Deep Dose	
Total Effective Dose Equivalent (TEDE)	50 mSv/year (5 rem/year)
Total Organ Dose Equivalent	500 mSv/year (50 rem/year) (organs other than eye, gonads, and blood forming organs)
Dose Equivalent for Lens of the Eye	150 mSv/year (15 rem/year)
Extremities Dose Equivalent	500 mSv/year (50 rem/year)
Shallow Dose Equivalent to skin	500 mSv/year (50 rem/year)
Embryo/Fetus: Total Dose Equivalent	5 mSv/gestation (.5 rem/gestation period) .5 mSv/year (.05 rem/month)

Note:

- Total Effective Dose Equivalent (TEDE) is the sum of the deep dose equivalent (for external exposure) and the committed effective dose equivalent (for internal exposures). Whole body is defined as the head and trunk, active blood forming organs, and gonads.
- Embryo/fetus – The developing human organism from conception until the time of birth
- Deep Dose – dose to internal body parts at a depth of 1000 mg/cm²
- Eye Dose – dose to the lens of the eye at a depth of 300 mg/cm²
- Shallow Dose – dose to the skin at a depth of 7 mg/cm²

Radiation Exposure Limits – Student Exposure Limits Policy**Overview**

California State Department of Public Health – Radiologic Health Branch (DPH-RHB), recommends that student diagnostic radiographer's whole body deep dose exposure for a given month should not exceed 1 mSv/quarter (100mrem per Quarter).

Procedure

If the student's whole body exposure totals or exceeds 1 mSv (100 mrem) in a given quarter, the Attached **"Radiation Protection Safety Notification Warning"** must be issued by the RSO/designee.

1993 Dose Limits Recommended by NCRP – Education and Training Exposures	
Effective dose limit 1 mSv (100 mrem)	50 mSv/year (5 rem/year)
Equivalent dose limit for tissues and organs	Lens of eye 15 mSv (1500 mrem) Skin, hands, and feet 50 mSv (5000 mrem)

Radiation Protection Safety Notification Warning**Overview**

The Radiologic Technology Program at LA City College adheres to the California State Department of Health-Radiologic Health Branch recommendations on ALARA Policy. The Radiologic Technology Program is committed to maintaining radiation exposure levels *As Low As Reasonably Achievable* (ALARA) while still allowing each student to obtain all required clinical and didactic competencies. Student exposures will be maintained in compliance with NCRP Report N0. 105. Page 14: Education and training exposures (annual) for those under age 18; Effective dose equivalent (1 mSv, 0.1 rem); above age 18; educational dose is equivalent to Occupational exposures (annual) 5 rem (5000 mrem, 50 mSv.)

Procedure

If the student exposure totals or exceeds the aforementioned limits, the RSO/designee must meet with the student, complete and maintain the following record of notification.

Name of student_____

Date_____

The Radiologic Technology Program wishes to inform you that the Radiation Report for the month of _____, 20____, report reveal that you have received:

Student exposures per NCRP Report N0. 105	
Deep dose	_____ mR
Eye dose	_____ mR
Shallow dose	_____ mR

- The RSO/designee will review with the student the Radiation Protection Safety
- **To assure compliance:**
 - ☐ Students will:
 - ☐ Take the extra time to assure they are properly protected under all circumstances (portable, fluoroscope, etc.)
 - ☐ Practice ALARA time, distance, and shielding concepts.
 - ☐ Always wear their dosimeter badge at collar level and OUTSIDE the apron.
 - ☐ Do not allow the body to be in the primary beam.
 - ☐ NEVER hold patients or an Image Receptor during an exam under any circumstances.
 - ☐ NEVER use fluoroscopy to position patients.
 - ☐ Take proper precautions with Radiation Monitoring badges by not leaving them in the radiation area.
 - ☐ Report lost or damaged badges to the RSO of record immediately.

Radiation Protection Safety Notification Warning

Report to the Program Director any event involving by-product, source, or special nuclear material used by the student that may have caused or threatens to cause any excess exposure to the student, staff, or the public.

- **Program Staff will:**
 - ☐ Order and monitor the badge reports.
 - ☐ Counsel students should badges exceed allowable amounts within one (1) week of badge report review – Remediation Plan and Outcomes form to be used.
 - ☐ Average Quarterly Dose less than 100 mrem Require no action
 - ☐ Any dose above 100 mrem, discussion with student and possibly with the Clinical Instructor.
 - ☐ Each case will be dealt with as necessary
 - ☐ Should the reading continue be high after the discussion, a Remediation Plan and Outcome Form will be completed and required discussion with the Clinical Preceptor will be implemented.
 - ☐ Maintain Dosimetry Audit Report
 - ☐ Report all infractions (variances) to the RSO
 - ☐ In the event an unusual occurrence happens where any student or staff member is either exposed to a high-dose of radiation in a single event or if the badge reading is exceptionally high, the cA

DPH-RHB will be notified as in Program Reporting Responsibility.

Guideline

Analysis of Radiation Monitoring Badge Reading

- Hospital/affiliate:_____
- Radiographic Area(s) Assigned:_____
- Total Dose since the beginning of the program:_____
- Possible reasons for exposure received ☹ List specific exams, dates, room assignments, and other information that may have contributed to the exposure listed above, especially involvement with Fluoroscopic, portable, and special procedures.)

Overview

According to CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99) the pregnant student/employee has the right to decide whether to declare her pregnancy or not. This voluntary decision can be withdrawn at any time. Upon written declaration of pregnancy by the student/employee the following procedures are required:

Procedure

The student/employee will:

- Submit a statement from her physician verifying pregnancy and expected due date.
- The statement must include the physician's recommendation as to which of the following options would be advisable (check one).
 1. Immediate withdrawal from the program for health reasons with a plan of return.
 2. Continued full-time status with limited rotation in fluoroscopy and portable/operating room procedures, including appropriate Radiation Safety precautions.
 3. Continue full-time status without modification in clinical /lab assignment. **The physician's statement shall be submitted to the RSO and attached to this copy of the Policy. The student should sign this copy as proof that she has read and understands the procedure.**
 4. Revoke declaration of pregnancy. The lower dose limit for the embryo/fetus will no longer apply, and the student will return to previous clinical assignments. (USNRC Regulatory Guide 8.13, appendix item 16, June 1999.)

Options for continuance in the program

5. A declared radiologic technology student has the option for continuing in the program without interruption provided that one follows the established safety guidelines/restrictions listed.
 - If a declared pregnant student withdraws for health reasons and the program will work with the student to be readmitted to the LACC RT program.
 - This should be done within one year from the date of withdrawal.

Pregnancy Policy

- A. Consultation with the College's Radiation Safety Officer prior to continuation in college laboratory/hospital clinical assignments.
- B. The RSO and the declared pregnant student/worker will review the Program's Radiation Protection Safety Guidelines, the declared pregnant student/worker policy, and the potential risks involving ionizing radiation to the developing embryo/fetus.
- C. The pregnant student/worker will be informed of the specific exposure limits as: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed .5 rem (500 mrem).
- D. The R.S.O. will review the past exposure history and may adjust working conditions to avoid a monthly exposure rate of .05 rem (50 mrem) to the declared pregnant worker. Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99)
- E. Two radiation monitoring badges/dosimeters will be worn throughout gestation. One shall be worn at the uniform collar, over the lead apron, and the other shall be worn at the waist, under the lead protective apron to monitor the embryo/fetus exposure. Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99)
- F. A monthly radiation exposure log will be established throughout the entire gestation period. Analysis of the monthly exposure totals will be reviewed by both the pregnant student/worker and the RSO. This log will also document the entire past radiation exposure history.
- G. The faculty shall make every effort to schedule the declared pregnant student/worker, at least for the first 18 weeks of gestation, in areas which do not involve fluoroscopy and portable/operating room procedures.
- H. Specific radiation protection measures are required when participating in fluoroscopic, portable / C-Arm operating room procedures. The pregnant student/worker is to wear a lead apron (preferably .5 mm pb/eq.) with one dosimeter worn outside the apron at the collar, and the other under the lead apron at the waist level. These procedures do not need to be restricted (especially after the first 18 weeks of gestation) as long as their monthly radiation dose falls below the established limits.
 - i. Time, distance, and shielding principles must be utilized by the pregnant worker.
- I. The completed radiation record is to remain on file in the LACC Department of Radiologic Technology File Room of Records (RT Room 2). However, the recorded radiation exposure dose to the embryo/fetus will not be forwarded to a new employer unless the declared pregnant worker requests this in writing.

A student/worker may revoke the declaration of pregnancy. The lower dose limit for the embryo/fetus will no longer apply, and the student/worker will return to previous clinical assignments. (USNRC Regulatory Guide 8.13, appendix item 16, June 1999.) NOTE: Undeclared pregnant student/employee

Student Signature

Date

Print Student Name

Radiation Protection Guidelines for Pregnant Students and Faculty

Should a student or faculty member become pregnant while employed/enrolled in the Radiography Program, the student is under NO requirement to declare her pregnancy status to any individual associated with the program. Should the student Voluntarily Declare Pregnancy Status, a “Form letter for Declaring Pregnancy” shall be submitted to the Program Director/Radiation Safety Officer. At any time after declaring pregnancy should the student wish to reverse that decision, she may do so by submitting their intent in writing to the Program Director/Radiation Safety Officer. At that time, their status will revert to that in effect before her declaration.

Should the student elect NOT to declare their pregnancy status or reverse their declaration, it shall be understood that the program is under no requirement to afford any measures with regard to radiation safety other than those which are routinely afforded to all radiography students and faculty.

Should the gravid student declare and submit the declaration form to the Program Director, the following measures will become effective for the duration of her pregnancy or declaration while she is enrolled within or employed by the program:

1. The Program Director or Clinical Preceptor will initiate the use of the form entitled “Radiation Received during Gestational Period.”
2. The student will be counseled by the Program Director, Clinical Preceptor, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, regarding methods to protect herself from ionizing radiation, and she will be asked to read the previously distributed Regulatory Guide 8.13, and or NCRP Report No. 54 and the Technical Bulletin Radiation Safety Considerations for the Declared Pregnant Worker.
3. The student must wear a radiation monitor at all times when working with ionizing radiation. An additional badge must be worn at waist level, under the lead apron, and must not leave the hospital property at any time except when being sent out for processing and reading.
4. Students will have the option to continue their clinical education without modification, during the entire gestational period.
5. Rotations evaluations and/or clinic time missed because of pregnancy must be made up. The student will assume the responsibility of meeting with the Program Director and Clinical Preceptor to plan this make-up time.
6. Under NO circumstance will a pregnant student or any student hold or assist in holding a patient or image receptor during a radiographic exposure.
7. The student must bring to the Program Director, as soon as possible, written permission from her physician permitting her to continue her clinical assignments.
8. The student will not be permitted to receive a cumulative radiation dose exceeding 0.5 rem (500 millirems) during the gestation period. The following will be done to ensure that the limit is not exceeded:
 - a. The radiation monitor reports will be carefully monitored during the

gestation period, noting averages and trends that may cause the cumulative exposure to exceed the limit. The results will be shared with the student following receipt of each exposure report.

- b. The student will be counseled by the Program Director, Clinical Preceptor, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, if and when the cumulative radiation dose during the gestation period reaches 250 mrem.

NRC Report and Regulatory Guide 8.13 will be followed.

Revision 3 NRC Report June 1999 Regulatory Guide 8.13 (Draft was issued as DG-8014)

Instruction Concerning Prenatal Radiation Exposure

1. Introduction

The Code of Federal Regulations in 10 CFR Part 19, “Notices, Instructions, and Reports to Workers: Inspection and Investigations,” in Section 19.12 “Instructions to Workers,” requires instructions in the “health protection problems associated with exposures to radiation and/or radioactive materials, in precautions or procedures to minimize exposure and in the purposes and functions of protective devices employed.” The instructions must be “commensurate with potential radiological health protection problems present in the work place.”

The Nuclear regulatory Commission's (NRC's) regulations on radiation protection are specified in 10 CFR Part 20, “Standards for Protection Against Radiation”; and 10 CFR 20.1208, “Dose to an Embryo/Fetus,” requires licensees to “ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman does not exceed 0.5 (5 mSv).” Section 20.1208 also requires licensees to “make efforts to avoid substantial variation above uniform monthly exposure rate to a declared pregnant woman. A declared pregnant woman is defined in 10 CFR 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, “Instruction Concerning Risks from Occupational Radiation Exposure” (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC’s regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, “Conditions Requiring Monitoring of External and Internal individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph I of 10 CFR 20.21106, “Record of individual Monitoring Results,” the licensee must maintain records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record. The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget (OMB), approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

2. Discussion

As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in-utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies “are consistent with lifetime cancer risk resulting from exposure during gestation which is two or three times that for the adult” (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of Leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

3. Regulatory Position

1. Who Should Receive Instruction?

Female workers (or students) who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

2. Providing Instruction

The occupational worker/student may be given a copy of this guide with its Appendix, an explanation of the 8.13- 8.13-2 contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker/student or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction.

Regardless of whether the licensee provides classroom training, the licensee should give workers/students the opportunity to ask questions about the information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction the worker/student has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208. The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. Duration of Lower Dose Limits for the Embryo/Fetus

The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

5. Substantial Variations above a Uniform Monthly Dose Rate

According to 10 CFR 20.1208 (b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5rem (5mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee. 8.13-8.13-3

Implementation

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide. Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers/students on the radiation exposure of pregnant women.

REFERENCES

1. USNRC, “Instruction Concerning Risks from Occupational Radiation Exposure,” Regulatory Guide 8.29 Revision 1, February 1996.
2. National Council on Radiation Protection and Measurements, Limitation of Exposure to Ionizing Radiation, NCRP Report No. 116, Bethesda, MD, 1993. 8.13-8.13-4 APPENDIX

Questions and Answers Concerning Prenatal Radiation Exposure

1. Why am I receiving this information?

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

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

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

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

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

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

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit. 8.13-8.13-5

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

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory GUIDE 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref.3), for more information. The main concern is embryo/fetus susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?

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

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

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

8. What effect will formally declaring my pregnancy have on my job/RT student status?

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job /student status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job/student status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor/Program Director or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job/student status. In many cases you can continue in your present job/clinical rotation with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job/rotation. 8.13-8.13-6

If your current work/rotation might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job/rotation, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

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

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may

use that letter, use a form letter the licensee has provided to you, or write your own letter.

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

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

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

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

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

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

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

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

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

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

15. How long is the lower dose limit in effect?

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

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

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

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

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

18. Where can I get additional information?

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

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

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

Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829- 9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety. 8.13-8

References

1. National Council on Radiation Protection and Measurements, Limitation of Exposure to Ionizing Radiation, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, 1990 Recommendations of the International Commission on Radiological Protection, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, 'Instruction Concerning the Risks from Occupational Exposure,' Regulatory Guide 8.29, Revision 1, February 1996.11 (Electronically available at www.nrc.gov/NRC/RG/index.html)
4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, Health Effects of Exposure to Low Levels of Ionizing Radiation (BEIR V), National Academy Press, Washington, DC, 1990.
5. United Nations Scientific Committee on the Effects of Atomic Radiation, Sources and Effects of Ionizing Radiation, United Nations, New York, 1993.
6. R.Doll and R. Wakeford, Risk of Childhood Cancer from fetal Irradiation," The British Journal of Radiology, 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock in the hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children--- What can an Employer Do? Radiation Protection Management, 11, 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child, NCRP Commentary No. 9, Bethesda, MD, 1994.

9. National Council on Radiation Protection and Measurements, Risk Estimates for Radiation Protection, NCRP Report No. 115, Bethesda, MD, 1993. 1Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555- 0001, or by fax to (301)415-2289, or by email to Distribution@NRC.Gov. Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161.

Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW, Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343. 8.13-8.13

10. National Radiological Protection Board, Advice on Exposure to Ionizing Radiation during Pregnancy, National Radiological Protection Board, Chilton, Didcot, UK, 1998.
11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and other Facilities, 1996, "Twenty Ninth Annual Report, NUREG 0713, Vol. 18 USNRC, 1998.22 2Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, 20402- 9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161.

Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202) 634-3273; fax (202) 634-3343 (8.13-8.13-10)

Regulatory Analysis

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, "Standards for Protection Against Radiation" (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the "Regulatory Analysis for the Revision of 10 cfr Part 20" (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360). 8.13- 8.13-12.

United States Department of Agriculture-Office of Human Resources Management Safety and Health Management Division

Radiation Safety Considerations for the Declared Pregnant Woman

Background

As part of its radioactive materials license, the U. S. Department of Agriculture (USDA) has committed to a safe Environment for all individuals working with radioactive materials or x-ray producing equipment.

The Nuclear Regulatory Commission's (NRC) Standards for Protection against Radiation (10 CFR Part 20) require that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). This dose is ten times lower than the occupational dose allowed for a radiation worker.

This document describes how to implement a program that satisfies this safety requirement. This document covers the following topics:

- What is a Declared Pregnant Woman?
- USDA Program
- Frequently Asked Questions
- How to Officially Declare a Pregnancy
- Steps to Lower Radiation Dose
- Sources of Additional Information
- Specific References
- Questions Regarding this Bulletin
- Suggested Form Letter for Declaring Pregnancy

Approved by: John T. Jensen – Director, Radiation Safety Staff
Date: 9/6/96

What Is a Declared Pregnant Woman?

Definition: A declared pregnant woman is defined in the NRC regulations as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

The Purpose of Declaration

The purpose of making the declaration is to have the employer (Program Director/Clinical Preceptor) take steps to ensure that the embryo/fetus is monitored for radiation exposure during the pregnancy and that the radiation dose is within regulatory limits.

USDA Program

Overview

Regulations require that licensees instruct individuals working with radioactive materials in radiation protection as appropriate for the situation. In particular, radiation protection regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to her employer (Program Director and Clinical Preceptor), thereby taking advantage of the special dose limits provided to protect the developing embryo/fetus. Federal safety regulations are gender neutral, and it is inappropriate for facility management to arbitrarily place additional restrictions on a woman who appears to be pregnant.

By training, women who become pregnant should be aware of the additional safety precautions available to them to ensure a low radiation exposure during the gestation period. However, they may be satisfied with their current work (clinical training) situation and believe that existing precautions and procedures provide an adequate measure of safety during their pregnancy. It is for this reason that the USDA program is voluntary.

Training

Instruction concerning prenatal radiation exposure and its risks to the embryo/fetus will be provided to the radiation workers (radiologic technology students) before she is allowed to work (rotate) in a restricted area.

Each supervisor (Program Director and/or Clinical Preceptor) of a female worker (student) who will receive an occupational dose in a restricted area or a Permit Holder supervising a female Associate User, should also receive this instruction. Attendance records indicating the date of training and the individuals trained (including their signatures) must be maintained by the facility.

Type of Training

The training should be presented both orally and in written form. Copies of the Frequently Asked Questions and Steps to Lower Radiation Dose (or this entire Technical Bulletin) should be included. Workers (students) should be given the opportunity to ask questions.

Duration of Lower Dose Limits

The lower dose limit of 0.5 rem (5 mSv) is in effect until the declared pregnant woman:

- Is known to have given birth;
- Informs the facility that she is no longer pregnant; or
- Informs the facility that she no longer wants to be considered a declared pregnant woman.
- Twelve months after the declaration is submitted, the declaration will expire.

Additional Consultation

After declaring her pregnancy, the woman should discuss her work (clinical training) situation with her supervisor (Program Director, Clinical Coordinator, Clinical Preceptor), permit holder, Radiation Safety Officer (RSO), or other management representatives.

The purpose of this consultation is to review past radiation exposures in the facility and determine the changes in clinical training practices, if any, that are to be made, etc.

Any agreed changes or an acknowledgment that no changes are necessary should be written and signed by all parties.

Facility Management Responsibilities

Each USDA facility should review this guidance and determine how the information will be incorporated into its personnel management system. Statement from the declared pregnant woman that she has received additional training (such as a review of the Frequently Asked Questions) and consultation regarding her work (didactic education/clinical training) situation. The RSO, permit holder, supervisor, personnel officer, or other appropriate individual should also sign any additional consulting or training documentation.

Note: The Frequently Asked Questions, How to Officially Declare a Pregnancy, Steps to Lower Radiation Concerning Prenatal Radiation Exposure.

Frequently Asked Questions (FAQs)

- 1. If I become pregnant, am I required to inform my employer (Program Director) of my pregnancy?**
No. It is your choice whether to declare your pregnancy to your employer (Program Director). If you choose to declare your pregnancy, a lower radiation dose limit will apply to you. If you choose not to declare your pregnancy, you will continue to be subject to the same radiation dose limits that apply to non-pregnant students, even if you are visibly pregnant.

2. If I inform my employer (Program Director) in writing of my pregnancy, what happens?

The amount of radiation that you will be allowed to receive will decrease because there is a lower dose limit for the embryo/fetus of female workers (RT Students) who have formally declared their pregnancy in writing. Ordinarily, the radiation dose limit for a worker (RT Student) is 5 rems (50 millisieverts) in a year. Suppose you declare in writing that you are pregnant. In that case, the dose to the embryo/fetus is generally limited to 0.5 rem (5 millisieverts) during the 9-month pregnancy, which is one-tenth of the dose limit that an adult worker (RT Student) may receive in a year. In addition, licensees must try to avoid substantial variation above a uniform monthly dose rate so that all the dose received does not occur during a particular time of the pregnancy. This may mean that if you declare your pregnancy, you may not be permitted to perform some of your regular job functions, and you may not be able to have emergency response responsibilities.

3. Why do the regulations have a lower dose limit for a woman who has declared her pregnancy than a normal worker?

The purpose of the lower limit is to protect her unborn child. Scientific advisory groups recommend that the dose before birth be limited to about 0.5 rem rather than the 5 rem (50 millisieverts) occupational annual dose limit because of the sensitivity of the embryo/fetus to radiation.^{1,2} Possible effects include deficiencies in the child's development, especially the child's neurological development, and an increase in the likelihood of cancer.

4. What effects on development can be caused by radiation exposure?

The effects of large doses of radiation on human development are quite evident and easily measurable. In contrast, at low doses, the effects are not evident or measurable and, therefore, must be inferred. For example, studies of the effects of radiation on animals and humans demonstrate clearly and conclusively that large doses of radiation, such as 100 rems (1 sievert), organs when the radiation is delivered during the period of rapid organ development^{2,3,4,5}, the developing human brain is especially sensitive to radiation. Intellectual disability has been observed in the survivors of the atomic bombings in Japan exposed in utero during sensitive periods. Additionally, some other groups exposed to radiation in utero have shown lower than average intelligence scores and poor performance in school⁴.

The sensitivity of the brain undoubtedly reflects its structural complexity and its long developmental period (and hence long sensitive period); the most sensitive period is during about the 8th to 15th weeks of gestation, followed by a substantially less sensitive period for the two months after the 15th week⁴. There is no known effect on the child's developing brain during the first two months of pregnancy or the last three months of pregnancy⁴.

No developmental effects caused by radiation have been observed in human groups at doses at or below the 5 rem (50 millisievert) occupational dose limit. Scientists are uncertain whether there are developmental effects at doses below 5 rem (50 millisievert). It may be that the effects are present but are too mild to measure because of the normal variability from one person to the next and because the tools to measure the effects are not sensitive enough. Or it may be that there is some threshold dose below which there are no developmental effects.

In review of the possibility of developmental effects, even if very mild, at doses below 5 rem (50 millisieverts), scientific advisory groups consider it prudent to limit the dose to the embryo/fetus to 0.5 rem (5 millisieverts)^{1,2}. At doses greater than 5 rem (50 millisievert) received during an accident or emergency activity, the possibility of developmental effects increases.

5. How much will the likelihood of cancer be increased?

Radiation exposure has been found to increase the likelihood of cancer in many studies of adult human and animal groups. At doses below the occupational dose limit, an increase in cancer incidence has not been proven but is presumed to exist even if it is too small to be measured. The question is whether the embryo/fetus is more sensitive to radiation than an adult.

While the evidence for increased sensitivity of the embryo/fetus to cancer induction from radiation exposure is inconclusive, it is prudent to assume that there is some increased sensitivity. Scientific advisory groups assume that amount of radiation received as an adult¹. If this is true, there would be one radiation-induced cancer death in 200 people exposed in utero at the occupational dose limit of 5 rems (50 millisieverts)¹. Scientific advisory groups have considered this risk to be too high and have thus recommended that the radiation dose to the embryo/fetus be limited to a maximum of 0.5 rem (5 millisieverts). At that dose, there would be 1 radiation induced cancer death per 2000 people. This would be in addition to the 400 cancer deaths from all causes that one would normally expect in a group of 2000 people.

6. How does the risk to the embryo/fetus from occupational radiation exposure compared to other avoidable risks?

The risk to the embryo/fetus from 0.5 rem or even 5 rems of radiation exposure is relatively small compared to some other avoidable risks.

Of particular concern is the excessive consumption of alcohol during pregnancy. The U.S. Public Health Service has concluded that heavy alcohol consumption during pregnancy (three drinks per day and above) is the leading known cause of intellectual disability⁶. Children whose mothers drank heavily during pregnancy may exhibit developmental problems such as hyperactivity, distractibility, short attention spans, language difficulties, and delayed maturation, even when their intelligence is average.

In studies tracking the development of children born to light or moderate drinkers, researchers have also correlated their mothers' drinking patterns during pregnancy with low birth weight, decreased attention spans, delayed reaction times, and lower IQ scores at age four years. Youngsters whose mothers averaged three drinks per day during pregnancy were likely to have five points lower IQs than normal.

Cigarette smoking may also harm the unborn⁶. There is a direct correlation between the amount of smoking during pregnancy and the frequency of spontaneous abortion and fetal death. Children of mothers who smoke while pregnant are more likely to have impaired intellectual and physical growth. Maternal smoking has also been associated with such behavioral problems in offspring as lack of self-control, irritability, hyperactivity, and disinterest. Long-term studies indicate that these children perform less well than matched youngsters of nonsmokers on tests of cognitive, psychomotor, language, and general academic functioning.

Alcohol and smoking are only examples of other risks in pregnancy. Many other toxic agents and drugs also present risk. In addition, many factors that cannot be controlled present risk. There is an increased risk in pregnancy with increasing maternal age. Maternal disease may be an important

risk factor. Malnutrition, toxemia, and congenital rubella may be associated with birth defects. Maternal diabetes and high blood pressure have been associated with problems in the newborn.

Furthermore, many birth defects and developmental problems occur without an obvious cause and without any obvious risk factors. For example, viruses that we may not even be aware of can cause defects, which can arise from spontaneous random errors in cell reproduction. But these are things that we cannot do anything about.

In summary, you are advised to keep radiation exposure of your unborn child below 0 – 0.5 rem. Still, you should also remember that alcohol consumption, cigarette smoking, and the use of other drugs can do a great deal of harm.

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

You may ask your employer (Program Director and Clinical Preceptor) for a job (clinical rotation) that does not involve occupational radiation exposure. However, your employer (Program Director/Clinical Preceptor) may not have such a position or may not be willing to provide you with a job (clinical rotation) involving no radiation exposure. Even if you receive no occupational exposure, you will receive a dose typically about 0.3 rem (3 millisieverts) from unavoidable natural background radiation⁷.

8. How will formally declaring my pregnancy affect my job (RT Student) status?

Only your employer (Program Director) can tell you what effect a declaration of pregnancy will have on your job (RT Student) status. As part of your radiation safety training, your employer (Program Director/Radiation Safety Officer) should tell you the policies concerning the job (RT Student) status of declared pregnant women. In addition, the program recommends that, before you declare your pregnancy, you should talk to your employer (Program Director/Radiation Safety Officer) and ask what a declaration of pregnancy would mean specifically for you and your job (RT Student) status.

However, if you do not declare your pregnancy, the lower exposure limit of 0.5 rem (5 millisieverts) does not apply. It is most likely that your employer (Program Director/Radiation Safety Officer) will tell you that you can continue to perform your job (clinical rotation) with no changes and the occupational radiation doses above the 0.5 rem (5 millisievert) is limited for declared pregnant women.

Note: No USDA employees (RT student) have received, in nine months, occupational radiation doses that are above the 0.5 rem.

If the dose you currently receive is above the 0.5 rem (5 millisievert) dose allowed for a declared pregnant woman, it is quite likely that your employer (Program Director/Radiation Safety Officer/Clinical Preceptor) can and will make a reasonable accommodation that will allow you to continue performing your current job (RT student training).

On the other hand, it is possible, although not common, that your employer (Program Director/Radiation Safety Officer) will conclude that there is no reasonable accommodation that can be made without undue hardship that would allow you to do your job (RT student training) and

remain within the dose limits for a declared pregnant woman. In these few instances, your employer (Program Director/Radiation Safety Officer) may conclude that you can no longer be permitted to do your current job (RT student training), that you must be removed from your job (RT student training), for example, your physician requires you to bed rest for the duration of your pregnancy.

If your employer (Program Director/Radiation Safety Officer) concludes that you must be removed from your current job (clinical training) in order to comply with the lower dose limits for declared pregnant women, you may be concerned about what will happen to you and your job (RT student status). The answer to that depends on your particular situation. That is why you should talk to your employer (Program Director/Radiation Safety Officer) about your particular situation. In addition, telephone numbers that may be useful for obtaining information are listed in the Sources of Additional Information.

How to Officially Declare A Pregnancy

1. What information must I provide in my declaration of pregnancy?

You must provide your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need to be given), and the date of the letter given to your employer (Program Director/Radiation Safety Officer). The declaration is included in this bulletin (document). You may use that letter or write your own letter.

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

No proof is necessary.

3. Can I tell my employer (Program Director/Radiation Safety Officer) orally rather than in writing that I am pregnant?

No, the declaration must be in writing. As far as the regulations are concerned, an oral declaration or statement is the same as not telling your employer that you are pregnant.

4. If I have not declared my pregnancy in writing, but my employer (Program Director/Radiation Safety Officer) notices that I am pregnant, do the lower dose limits apply?

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The choice of whether to declare your pregnancy and thereby work under the lower dose limits is your choice, not your employer's (Program Director/Radiation Safety Officer (RSO)). Your employer (Program Director/Radiation Safety Officer) may not remove you from a specific job because you appear pregnant.

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

No. the lower limits apply only if you declare that you are already pregnant.

6. What if I have a miscarriage or find out I am not pregnant?

If you have declared your pregnancy in writing, you should promptly inform your employer that you are no longer pregnant. The regulations do not require that the revocation of a declaration be in writing, but we recommend that you revoke the declaration in writing to avoid confusion. Also, your employer may insist upon a written revocation for its own protection. If you have not declared your pregnancy, there is no need to inform your employer of your new, non-pregnant status. If you have a miscarriage and become pregnant again before you have revoked your original declaration of pregnancy, you should submit a new declaration of pregnancy because the date of conception has changed.

7. How long is the lower dose limit in effect?

The dose to the embryo/fetus must be limited until:

1. Your employer (Program Director and RSO) knows you have given birth;
2. You inform your employer (Program Director and RSO) that you are no longer pregnant;
3. You inform your employer (Program Director and RSO) that you no longer wish to be considered pregnant.

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

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limits no longer apply.

9. Can I tell my employer (Program Director/RSO) I am pregnant when I know I am not just to work (train) under the lower dose limits?

The purpose of the NRC regulations is to allow a pregnant woman to choose a heightened level of protection from radiation exposure for the embryo/fetus during her pregnancy. That purpose would not be served by intentionally declaring yourself to be a pregnant woman when you know you are not pregnant. There are no NRC regulatory requirements specifically addressing the actions your employer (Program Director/RSO) might take if you provide a false declaration. However, nothing in NRC regulations would prevent your employer (Program Director/RSO) from taking action against you for deliberately lying.

Steps to Lower Radiation Dose

Your employer (Program Director/RSO) should already have explained how to keep radiation doses low as part of the instructions that are given to all workers (RT students). However, it would be best if you asked your supervisor (Program Director) or the RSO whether any additional steps can be taken.

External Radiation Exposure

External radiation is the radiation you receive from sources or radioactive materials outside your body. Time, distance, and shielding are fundamental principles for reducing external radiation exposure. Decrease your time near radiation sources, increase your distance from radiation sources, and increase the shielding between yourself and the source. You should work quickly and efficiently in radiation areas so that you are not exposed to the source any longer than necessary. As the distance is increased from the radiation source, the dose decreases. When possible, you should work behind shielding. The shielding will absorb some of the radiation, thus reducing the amount that reaches you.

Internal Radiation Exposure

Internal radiation is the radiation you receive from radioactive materials that have entered your body, generally through the air you breathe, the food you eat, or the water you drink. Your employer (RSO) will have specific procedures to minimize internal radiation exposure. Those procedures probably incorporate the following general precautions that should be taken when you are working with radioactive materials that are not encapsulated:

1. Wear lab coats or other protective clothing if there is a possibility of spills.
2. Use gloves while handling encapsulated radioactive materials.
3. Wash hands after working with encapsulated radioactive materials.
4. Do not eat, drink, smoke, or apply cosmetics in areas with encapsulated radioactive material.
5. Do not pipette radioactive solutions by mouth.

These basic principles should be incorporated into the specific methods and procedures for doing your work (clinical training). Your employer (Program Director/RSO) should have trained you in those specific rules and procedures. If you become pregnant, it is an excellent time to review the training materials on the methods and procedures that you were provided in your clinical education and training. You can also talk to your supervisor about getting refresher training on how to keep radiation doses As Low As Reasonably Achievable (ALARA).

Sources of Additional Information

The USDA's Radiation Safety Handbook contains specific information regarding the types and amounts of radioactive materials and radiation sources used within the Department. The overall Radiation Safety Program is also described.

You can find additional information on the [U.S. Nuclear Regulatory Commission \(NRC\) website](https://www.nrc.gov), or you can also telephone the NRC Regional Offices at the following numbers:

1-800-368-5642
301-415-7000

Region I (800) 432-1156
Region II (800) 577-8510
Region III (800) 522-3025
Revised Oct. 2024 (JW)

Region IV (800) 952-9677

These regions are described on NRC Form-3 “Notice to Employees”, which should be posted at your workplace.

Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Radiation Safety and Safeguards.

If you believe you have been discriminated against, you should contact the
U. S. Equal Employment Opportunity Commission (EEOC)

1801 L Street NW,
Washington, DC 20507

or

EEOC Field Office by calling (800) 669-4000 or (800) 669-EEOC.

For individuals with hearing impairments, the EEOC’s TDD number is (800) 800-3302

Specific References

1. Limitation of Exposure to Ionizing Radiation, Report No. 116, National Council on Radiological Protection and Measurements, Bethesda, MD, 1993 [The National Council on Radiological Protection and Measurements (NCRP) is a nonprofit corporation chartered by Congress in 1964 to collect information and make recommendations on protection against radiation. This publication, on pages 37-39, summarizes the conclusions of the NCRP with respect to protection of the human embryo/fetus against radiation. This publication should be available through best public library systems and most good university libraries. Your employer may also have a copy.]
2. 1990 Recommendations of the International Commission on Radiological Protection, Ann. ICRP 21: No. 1-3, Pergamon Press, 1991. [This publication, on pages 146-149, summarizes the conclusions of the ICRP on the effects of radiation on the human embryo/fetus.]
3. Health Effects of Exposure to Low Levels of Ionizing Radiation (BEIR V), Committee on the Biological Effects of Ionizing Radiation, National Research Council, National Academy Press, Washington, DC, 1990.
4. United Nations Scientific Committee on the Effects of Atomic Radiation, Sources and Effects of Ionizing Radiation, United Nations, New York, 1993.
5. Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child, NCRP Commentary No. 9, National Council on Radiation Protection and Measurements, Bethesda, MD, 1994.
6. Alcohol, Tobacco, and Other Drugs May Harm the Unborn, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, DHHS Publication No. (ADM) 92- 1711, Rockville, Maryland, 1990.
7. Exposure of the Population in the United States and Canada from Natural Background Radiation, Report No. 94, National Council on Radiological Protection and Measurements, Bethesda, MD, 1987.
8. Instruction Concerning Prenatal Radiation Exposure, U. S. Nuclear Regulatory Commission Regulatory Guide 8.13, December 1987.

Questions Regarding this Bulletin

If there are any questions regarding the USDA radioactive waste management program, contact:

USDA Radiation Safety Staff
5601 Sunnyside Avenue
Mail Stop 5510
Beltsville, MD 20705-5000

Dose for Occupational Workers

Dose for Occupational Workers	
Whole Body (Annual) Dose for Occupational Workers	50 mSv/year (5,000 mRem/year) Stochastic Effects
Lens of the Eye	150 mSv/year (15,000 mRem/year)* Non-Stochastic Effects
Extremities and Skin	500 mSv/year (50,000 mRem/year) Non-Stochastic Effects
Fetal Entire Gestation	5 mSv/gestation (500 mRem/gestation)
Fetal Monthly Dose Limit	.05 mSv/month (50 mRem /month)
General Population	1 mSv/year (100 mRem/year)

ALARA “Trigger” Levels

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

Dosimeter (Monthly)	ALARA Level I 30% Limit Fraction	ALARA Level II 60% Limit Fraction	ALARA Level III 90 % Limit Fraction
Whole Body (Monthly)	1.25 mSv (125 mRem)	2.5 mSv (250 mRem)	3.75 mSv (375 mRem)
Extremity (Monthly)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)	11.25 mSv (1,125 mRem)
Declared Pregnant Worker (Monthly)*	0.0125 mSv (1.25 mRem)	0.025 mSv (2.5 mRem)	0.0375 mSv (3.75 mRem)
Dosimeter (Quarterly)	ALARA Level I 10% Limit Fraction	ALARA Level II 30% Limit Fraction	ALARA Level III 60% Limit Fraction
Whole Body (Quarterly)	1.25 mSv (125 mRem)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)
Extremity (Quarterly)	3.75 mSv (375 mRem)	11.25 mSv (1,125 mRem)	22.5 mSv (2,250 mRem)

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

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

What are the ALARA Investigation Levels?

There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter.

If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

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

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

For **monthly** dose readings:

ALARA Level I was based on a 30% fraction.

ALARA Level II was based on a 60% fraction.

ALARA Level III was based on a 90% fraction.

For **quarterly** dose readings:

ALARA Level I was based on a 10% fraction.

ALARA Level II was based on a 30% fraction.

ALARA Level III was based on a 60% fraction.

*Lower percentages were used based on the quarterly readings.

Calculation:

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

For example:

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

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

Voluntary Declaration of Pregnancy

**Los Angeles City College
Department of Radiologic Technology
855 N. Vermont Ave
Los Angeles, Ca 90029
Phone: 323-953-4000 ext 2942**

Voluntary Declaration of Pregnancy

Student Name: _____ LACC ID : _____

Date of Birth : _____

Phone Number: _____

I am submitting this Declaration of Pregnancy to inform Radiation Safety Officer (RSO) that I am pregnant. The estimated date of delivery is _____. I have made the decision to permit application of the embryo/fetal dose limits specified by the Nuclear Regulatory Commission (NRC) in Title 10 Code of Federal Regulations Part 20.1208 (10 CFR20.1208) or the State of California Ionizing Radiation Rules as applicable.

Declarant must choose one of the following options:

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

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

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

I understand that by making this declaration:

- 1) The fetal dose limits specified in 10 CFR 20.1208 (NRC) will become applicable for the entire period of gestation and can result in RSO placing restrictions on work I perform using radioactive materials or other sources of ionizing radiation for the sole purpose of ensuring compliance with the embryo/fetal dose limits specified in 10 CFR 20.1208 (NRC) and that such restrictions might otherwise not be imposed absent this declaration.
- 2) I may revoke this declaration at any time without explanation by submitting a signed and dated Revocation of Declaration of Pregnancy to RSO.

3) Stipulation Regarding Didactic Training

A. While enrolled in the program, I agree to attend and complete all classes in which I have registered and complete all class assignments in a manner consistent with my peers within the guidelines set forth by the individual instructor and LA City College. I understand that at the instructor's option, I am not to be given any allowances regarding absenteeism or quality or quantity of didactic work as required for the individual courses.

B. Regarding my participation during experiments utilizing the live lab on campus or any experiment requiring an ionizing radiation source, I understand, agree with, and shall adhere to the provision set forth in the following section of this policy.

C. **Accommodation:** In the event that I am unable to successfully complete the course objectives and requirements, I understand that I may be dropped from the program at the completion of the semester. I also understand that once my pregnancy is over, reinstatement to the program will be set for the first available opening at my level of training. After this period of time has elapsed, I may be required to remediate before being formally accepted back into the program at the appropriate level of training.

4) Stipulation Regarding Clinical Training

A. I have read the following publications that have been provided:

1. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure, revision 3, June 1999
2. U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Appendix: Questions & Answers Concerning Prenatal Radiation Exposure

Student Signature

Date

Program Director Signature

Date

RSO Signature

Date

Voluntary Pregnancy Declaration Revocation Form

Los Angeles City College
Department of Radiologic Technology
855 N. Vermont Ave
Los Angeles, Ca 90029
Phone: 323-953-4000 ext 2943

Voluntary Pregnancy Declaration Revocation Form

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

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

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

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

(Student Signature)

Date

Program Director

Date

(RSO Representative)

Date

Addendum to Pregnancy Policy

Appendix: Questions and Answers Concerning Prenatal Radiation Exposure

1. Why am I receiving this information?

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

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

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

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

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisieverts) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year.

If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy.

In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus." Requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy. This may mean that if you declare your pregnancy, the licensee may not permit you to do some of your regular job functions if those functions would have allowed you to receive more than 0.5 rem. You may not be able to have some emergency response responsibilities.

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

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

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

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the period over which the exposure was received. See Regulatory Guide 8.29, “Instruction Concerning Risks from Occupational Exposure” for more information³. The main concern is embryo/fetal susceptibility to the harmful effects of radiation, such as cancer.

6. Are there any risks of genetic defects?

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

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

You may ask your employer (Program Director/RSO/Clinical Preceptor) for a job (clinical rotation) that does not involve any exposure at all to occupational radiation dose, but your employer (Program Director/RSO/Clinical Preceptor) is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

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

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company’s policies with respect to the job (RT student) status of declared pregnant women.

In addition, before you declare your pregnancy, you may want to talk to your supervisor (Program Director) or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job (RT student) status. In many cases you can continue in your present job (clinical training) with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv)¹¹. The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job (clinical training). If your current work (clinical rotation) might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to

continue performing your current job (clinical training), for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

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

You must provide your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need to be given), and the date of the letter given to your employer (Program Director/Radiation Safety Officer). The declaration is included in this bulletin (document). You may use that letter or write your own letter.

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

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

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

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

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

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

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

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

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

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

15. How long is the lower dose limit in effect?

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

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

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

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

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

18. Where can I get additional information?

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

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

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

You may also telephone the NRC Regional Offices at the following numbers:
Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100.

Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

References for Appendix

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

Dosimeter Gestation Log Record

Name: _____

Date: _____

Dosimeter No. and Type: _____

- Written Pregnancy Declaration Date: _____
- Gestation Period _____
- Expected Delivery Date _____
- Previous exposure history from the beginning of RT program/clinical training _____
- Previous exposure history last 9 months _____
- Report prepared by _____

Month	Collar	Waist	Deep Dose (DDE)	Eye Dose (LDE)	Shallow Dose (SDE)	Signature

* All documentation reviewed monthly with student/employee and R.S.O.

Overview

Holding Patient Restrictions:

No person shall be regularly employed to hold patients or image receptors during exposures, nor shall such duty be performed by any individual occupationally exposed to radiation during the course of his/her other duties. When it is necessary to immobilize the patient, mechanical supporting or immobilization devices shall be used.

If patient or image receptors must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.5 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored.

Procedure

Pregnant women and persons under 18 years of age shall not hold patients under any conditions. Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99).

- ☐ Mechanical devices (instead of persons) must be used whenever possible to restrain patients. Examples include adjustable restraints, sponges, sheets, tape, pigg-o-stat chest unit, Velcro straps, etc.
- ☐ Always have proper Dosimeter badge
- ☐ Protective Barrier Shielding - utilization of Primary and Secondary Barriers, lead glass window, lead equivalent lined walls, doors, floor and ceiling. Always, close doors, stay behind lead barriers and observe restrictions.
- ☐ Protective Tube Housing - protects both radiographer and patient from off-focus radiation (x-rays emitted through the x-ray tube window).
- ☐ Shielding - lead-wrap-around apron no less than .5 mm lead in thickness (.5 mm is commonly used). NCRP report #102 recommends a lead apron of no less than .5 mm Pb. eq. for fluoroscopic and c-arm operative procedures. Lead protective gloves no less than .25mm lead in thickness.
- ☐ Never leave protective barrier while making x-ray exposures.

Overview

Since Fluoroscopic, Angiographic and Portable/C-Arm Operating Room procedures may cause the greatest potential for personal exposure from secondary and scattered radiation, precautions in these areas are essential. When on clinical rotation, be cognizant of 3 Cardinal Principles:

1. Maximize DISTANCE - Inverse Square Law - stand as far back as possible while securing patient safety.
2. Utilize SHIELDING - Apron, gloves, protective fluoro drape, thyroid and eye shields, sliding panel and portable barriers.
3. Minimize TIME - Know routine procedure, have room equipped, be efficient, have technique and Imaging system programmed.

Procedure Fluoroscopic and Portable/Operating Room Areas

- A. **Distance** - Maximize distance as the distance between sources of radiation increases, the radiation intensity decreases by the square of the distance.

$$I_1 = (D_2)^2 = I_2 (D_1)^2$$

Example: 2 x distance = 1/4 intensity
3 x distance = 1/9 intensity
4 x distance = 1/16 intensity

Keep as far back as possible for both Fluoroscopic and Portable exams.

- B. **Shielding** - Placing shielding material between the radiation source and technologist reduces the level of exposure. Such as:

- Protective apron, gloves, thyroid shield, wrap-around goggles (min. of .35 mm lead eq.)
- Sliding drape (minimal of .5mm lead)
- Sliding panel (on the x-ray table)
- Mobile Radiation Barriers (on wheels)
- Standing behind the Radiologist (They become a barrier)

NOTE: NCRP - National Council on Radiation Protection and Measurements *recommends* that protective aprons of at least .5 mm Pb eq. **shall** be worn in fluoroscopy. A wrap-around protective apron should be used by individuals who are moving around during the procedure - NCRP Report #102, Page 18, 6/89.

- C. **Time** - Duration of exposure should always be minimized whenever possible. The dose to the individual is directly related to the length of exposure.

Example: Exposure = exposure rate x time
10 mR/min x 5 min = 50 mR

It is noted that image intensification, the 5 minute reset timer, and the on-off fluoroscopic foot switch all aid in reducing the length of exposure for the patient and operator.

- D. **Other Considerations** - Many of the methods and devices which reduce the patients and operators exposure when operating **fixed radiographic equipment** will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:
- Patient Immobilization - Radiographers should never stand in the primary beam to immobilize a patient during a radiographic exposure. Mechanical devices should be used to immobilize the patient.
 - Also utilize: a cumulative timing device (maximum 5 min limit)
 - Source to Table Distance (no less than 15" for fluoroscopy)
 - The safest place to stand during fluoroscopy may be directly behind the radiologist, or 90 degrees from the source.
 - On portable (bedside radiography) a long 6-foot exposure cord is beneficial in reducing dosage to the operator.

Radiation Protection Guidelines for The Patient

Possibility of Pregnancy

- Always inquire about possibility of pregnancy before any x-ray exposures are taken.
- Follow appropriate hospital procedures and guidelines on patient pregnancy.

Procedure

- Collimation - Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used. The x-ray films used as the recording medium during the x-ray examination shall show substantial evidence of cut-off (beam delineation).
 - Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20.
- Radiographic filtration - The aluminum equivalent of the total filtration in the useful beam shall not be less than:
 - 0.5 mm below 50 kVp
 - 1.5 mm between 50-70 kVp
 - 2.5 mm above 70 kVp.

* Minimum filtration equals inherent plus added.

- Gonadal Shielding - Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure.

- Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99)
- Entrance Skin Exposure (ESE) Measurements

It is essential that ESE measurements be available for common x-ray examinations performed with each x-ray unit.

 - Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99)
- Exposure Index Guidelines For CR/DR Systems; have accurate exposure charts and “exposure index” guidelines established and maintained for each unit.

Pediatric Patient

Take careful and appropriate actions and follow *ALARA* and “*Image Gently*” guidelines.

Procedural Steps (not necessarily in the following order)

- Read and evaluate the clinical requisition carefully-follow HIPAA requirements.
- Promote effective communication, thus reducing the possibility of error. Give clear, concise instructions.
- Collimate the primary beam only to the area desired (show visible evidence of beam restriction on each radiograph).
- Use proper CR /DR protocols for reducing exposure in compliance with local, state and federal regulations.
- Use proper source to image distance (SID) and interpret room technique chart accurately.
- Use proper lead gonadal shielding when appropriate. Examples include shaped contact shield, flat contact shield, and shadow shield (0.5mm lead).
- Use proper immobilization devices when necessary.
- Use proper primary beam filtration (2.5mm at over 75 kVp)
- Use proper exposure factors (within ESE recommendations)

Radiation Protection Guidelines for The Patient

- Use proper radiographic processing controls.
- Avoid repeats (they double patient exposure dose)
- Use proper positioning and respiratory phase for each projection.
- Evaluate the Image, check “exposure index” and the image quality.

Radiation Protection Guidelines for The Patient Entrance Skin Exposure (ESE) Measurements

- It is essential that ESE measurements be available for common x-ray examinations performed with each x-ray unit.

- Per CCR Title 17, Division 1, Chapter 5, subchapters 4 and 4.5 17 CCR 30253 and Title 10, Code Federal Regulation (CFR), Part 20 and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99).
- Exposure Index Guidelines for CR/DR Systems; have accurate exposure charts and “exposure index” guidelines established and maintained for each unit.

Area Monitoring and Control

Radiation Area Monitoring

The need for area monitoring shall be evaluated and documented. The Los Angeles City College Radiology Program instituted area monitoring in April 2017 with OSL radiation badges in classrooms 5 and 10 to monitor radiation levels in the classroom labs. Students have not performed energized laboratories in the x-ray rooms since the college is waiting for approval from the CDPH-RHB on the registration of the live x-ray rooms.

- Instrument Calibration and Maintenance

Instruments used to verify compliance with regulatory requirements must be appropriate for use and calibrated at required frequencies. Specify instruments to be used and procedures to verify conformity.

Maintenance of the machine should be addressed. This may be addressed in part by the operator's manual from the manufacturer. The manual is located in the RT File Room 3.

All maintenance and calibration are completed by Carestream.

Radiological Controls

Entry and Exit Controls

Entry and exit from controlled areas must be adequate to ensure radiation safety. Design of emergency escape routes shall comply with applicable building codes. Procedures addressing this requirement are documented.

All applicable building codes were followed in the design of emergency escape routes for our facility. There are two exits from classroom RT 10 and one from classroom RT 5. Interlocks on all doors entering the x-ray room prevent radiation exposures from being done if the door is open.

Posting

Areas that are required to be posted should be identified in the Radiation Protection Program. In addition to procedures for ensuring that such areas are properly posted.

Include procedures for ensuring that areas or rooms containing as the only source of radiation are posted with a sign or signs that read "CAUTION X-RAY". Identify who is responsible for maintaining those signs and/or labels. In addition, certain documents must be posted. This requirement is found in 17 CCR 30255(b).

Entrances to X-ray suites are posted with signs that read "CAUTION X-RAY". Conspicuously post:

A current copy of the 17 CCR, incorporated sections of 10 CFR 20, and a copy of operating and emergency procedures applicable to work with sources of radiation (If posting of documents specified above is not practicable, the registrant may post a notice which describes the document and states where it may be examined).

The link to the 17 CCR and incorporated sections of 10 CFR 20 are found on the LACC website on the [Additional Links](#)>Radiation Safety Related Links:
https://www.vmb.ca.gov/laws_regs/rad_laws.pdf

A copy of the Radiation Protection Program — Policies and Procedures is located in the, RT Room 3. In addition, an electronic copy of the RPP is available in the school's OneDrive.

1. A current copy of Department Form RH-2364 (Notice to Employees) in a sufficient number of places to permit individuals working in or frequenting any portion of a restricted area to observe a copy on the way to or from such area.

A current copy of RH-2364 (Notice to Employees) is found in classrooms 1, 5, 10, hallway bulletin board on the north wall of room 9.

Any notice of violation involving radiological working conditions or any order issued pursuant to the Radiation Control Law and any required response from the registrant.

N/A to the LACC Program.

Disposal of Equipment

Registrants shall report in writing to the Department the sale, transfer, or discontinuance of use of any portable source of radiation. See the Guidance for Disposal of X-ray

- Two radiographic units were purchased and installed in the Radiologic Technology Building in 2016. The radiation machines registration paperwork was submitted to Daisy Zapata who is the Radiation Protection Specialist for the Los Angeles County Public Health- Radiation Management.
- The email dated December 17, 2015 from Daisy Zapata indicated it was best for us to submit the documentation to her so she can forward the changes to Sacramento through her expedited processing.

Other Controls

The registrant should evaluate the need for other controls in addition to those mentioned above. The following items should be considered:

1. Types of controls used to reduce or control exposure to radiation, such as positioning aids, gonadal shielding, protective aprons, protective gloves, mobile shields, etc.

Positioning aids, gonadal shielding, protective aprons, and protective gloves are available in labs, RT 5 A, RT 5B, and RT 10.

2. Procedures for routine inspection/maintenance of such controls.

Gonadal shielding, protective aprons and protective gloves are inspected yearly. During the radiation protection class (RT 240), students are required to x-ray the protective equipment for cracks, etc. Positioning aids are inspected routinely for damage by the Program Director/RSO and are repaired or replaced.

Emergency Exposure Situations and Radiation Accident Dosimetry

Identify any possible emergency exposure situations or radiation accidents and document procedures to address such, to include dose assessment.

It is unlikely there would be an emergency radiation situation at Los Angeles City College due to the low volume of radiographs performed on phantoms and direct supervision of students is required at all times.

However, if it is determined that a student or faculty member may have received a radiation dose in excessive amounts the radiation dosimeter will be read immediately and arrangements would be made for the exposed person to have blood drawn at a local hospital so a baseline Complete Blood Count (CBC) could be established. The person would be kept under observation for an additional week at which time a second blood sample would be drawn for comparison with the baseline measurements. In addition, the individual would be examined for other signs of excessive radiation exposure such as skin reddening, radiation sickness and loss of hair.

Record Keeping and Reporting

All record keeping and reporting requirements are specified in regulations. Document the applicable requirements and commitments to compliance. The facility must also maintain all records of the Radiation Protection Program, including annual program audits and program content review. The following items should also be identified:

The RSO/Program Director is responsible for maintaining all required records. For the most part, all records will be located in RT Room 2 and 3 in various files, folders, and/or notebooks located in the file cabinet.

1. The person responsible for maintaining all required records is the Radiation Safety Officer and Program Director.
2. Where the records will be maintained. (File cabinets in RT Room 2 or in RT room 3 Radiology Building)
3. The format for maintenance of records and documentation. (Written documentation)
4. Procedures for record keeping regarding additional authorized sites (mobile providers N/A).

Record Keeping and Reporting

1. The person responsible for maintaining all required records is the Radiation Safety Officer and Program Director.
2. The records are maintained in RT Room 2 or 3 in various files, folders, and/ notebooks located in the file cabinet.
3. The affiliated clinical training sites provide the Radiation Safety Officer with radiation records of students training at their facilities which are kept on file.

The following record keeping and reporting requirement for Radiology Program Audits include:

- (a) Radiation Machines: current registration with CDPH-RHB and performance evaluations
- (b) Personnel: orientation to new equipment and continuing education requirements
- (c) Procedure Manual: Review of Los Angeles City College Radiologic Technology Student Manual and Clinical Competency requirements, and affiliated hospital procedure manuals.
- (d) Radiation monitoring exposures of students and faculty
- (e) Repair records for x-ray producing equipment

Reports to Individuals

The Registrant shall provide reports of individual exposure when requested in accordance with 17 CCR 0255. Document procedures addressing this requirement.

Students and faculty are provided, free of charge, dosimetry badges throughout the duration of their training. OSL dosimetry badges must be submitted on a quarterly basis to Landauer.

Students and faculty are required to review their dose report on a quarterly basis via the RSO or Landauer website. Termination summary reports are kept indefinitely per CPDH-RHB requirements and are available in the Landauer OSL website.

Radiation Safety Training

Operating and Safety Procedures

All registrants are required to have a written operating and safety procedure manual. This may be the operating manual that comes with a radiation unit which may include safety procedures. However, if safety procedures are not included in the manual they must be developed. These safety procedures must be posted on the machine or where the operator can observe them while using the machine.

Document all training your employees, both occupationally exposed and non-occupationally exposed workers, are required to have before using radiation machines including continuing education. Also, document other training you provide to your employees or visitors, such as radiation safety and protection program review, safety meetings, formal classroom training, etc.

Some of these requirements are found in the 17 CCR 30255(b) (1). Specifically, each registrant shall:

1. Inform all individuals working in or frequenting any portion of a controlled area of the use of radiation in such portions of the controlled area;
2. Instruct such individuals in the health protection problems associated with exposure to radiation, in precautions or procedures to minimize exposure, instruct such individuals in, and instruct them to observe, to the extent within their control, the applicable provisions of Department regulations for the protection of personnel from exposures to radiation occurring in such areas;
3. Instruct such individuals of their responsibility to report promptly to the registrant any condition which may lead to or cause a violation of department regulations or unnecessary exposure to radiation, and of the inspection provisions of 17 CCR 30254;
4. Instruct such individuals in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation and advise such individuals as to the radiation exposure reports, which they may request pursuant to 17 CCR 30255.

During the first semester of the program, students are orientated to the various components (policies & procedures) of our Radiation Protection Plan (RPP). They subsequently enroll in courses that include radiation protection related training and information that covers all the items listed below.

For detailed information, please see Addendums of the RT 202, RT 240, and RT 243 Course Syllabi

Quality Assurance Programs

During selected courses (RT 210 Quality Assurance focuses heavily on this), students must complete various quality assurance type of experiments to check our radiation machines. If a problem is noted, the instructor of record will notify the Program Director. If possible, the Program Director will correct the problem or make arrangements for servicing.

Document and explain quality assurance programs for your radiation machine(s). The explanation should include the types of checks that are done, the interval at which they are done, what actions are taken if problems are noted, and who is responsible for those checks.

- * Machines are typically evaluated by the Radiation Safety Officer on an annual basis during classes the cover quality assurance measurements. If problems are noted then the school's service agents, Merry X-ray or Carestream, are contacted to evaluate and test the equipment and make repairs if needed. The records of the repair are kept in the Program Directors Office, Room 3.

Such checks should be performed on the machine to ensure that it is functioning properly and that all safety controls are in effect.

The Radiography Equipment Safety Laboratory is conducted each semester for new cohorts taking radiography classes, specifically RT 206, 207, 210, 240, 260, and 280

Periodically, the Los Angeles County Department of Radiation Health performs inspections and quality control checks on the equipment. The last inspection was in 2021.

Regulations

Maintenance of all applicable regulations is required. Faculty enforce the regulations when performing laboratory experiments at the college and hospital Radiation safety officers, licensed technologists and clinical coordinators when the students are at their clinical training sites.

Internal Audit Procedures

The Registrant must audit the Radiation Protection Plan on an **annual basis**. Documentation of the annual audits may be requested during inspection. The following items should be addressed depending on the scope of the radiologic health protection problems:

1. Identification of inspection types and program audits conducted, to include radiation machines, personnel and procedures.

Summit Industries or Carestream technical personnel are called when troubleshooting is needed for the x-ray machines. Due to the COVID-19 pandemic, the energized machines have not been inspected since our last CA State inspection. The department is waiting for approval for funding for Preventative Maintenance (PM).

2. Identification of the individual(s) who are responsible for performing inspections and/or audits

Summit Industries or Carestream technical personnel are called periodically to inspect/repair the x-ray machines. They are the individuals who provide inspections or audits of the equipment.

3. Identification of where and at what intervals the inspections and/or audits are conducted.

Locations: Room 5A & 5B Intervals: As needed

4. Procedures for conducting the inspections and/or audits.

When Summit Industries or Carestream technical personnel are called in to repair, we ask that they look over the equipment specifications.

5. Instructions on the identification of proper use of instrumentation if staff performs machine maintenance or fluoroscopic monitoring.

The Radiologic Technology faculty were trained in proper use of equipment use, monitoring, and maintenance when the Summit Industries and Carestream DR Ascending during the initial installation. Manufacturers are called when repairs are needed.

Addendums

Please see the next several pages for the following addendums:

- RSO Designation Letter & CV's
- Student Clinical Performance Evaluation Form
- Clinical Competency Form
- RT 260 Digital Competency Evaluation of Radiology Equipment
- 30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off Form
- Notification of High Dosimeter Reading, Clinical Affiliate
- Notification of High Dosimeter Reading, Student Notification
- Radiation Exposure Report/Questionnaire
- Student Manual, Clinical Radiation Protection Rules (Appendix II)
- Student Manual, Policies on Direct/Indirect Supervision of Radiography Students (Appendix II)
- RT 202 Course Outline
- RT 240 Course Outline
- RT 243 Course Outline

RSO Designation Letters and Curriculum Vitis

To: Michael Loomis, LACC RT Program Director
From: Julie Washenik, LACC RT Dept. Chair/Clinical Coordinator/Didactic Instructor
CC: Radiation Protection Plan
Date: August 19, 2021
Re: Radiation Safety Officer Designation

This letter confirms that I, Julie Washenik, have accepted the designation to serve as the Radiation Safety Officer for the Los Angeles City College Radiologic Technology Program, August 19, 2021. It is understood that as the Radiation Safety Officer my responsibilities include:

- (A) Reviewing the RPP content and implementation annually;
- (B) Ensuring the requirements of this section are met;
- (C) Reviewing all personnel monitoring dosimetry reports within 10 days of receipt to ensure the occupational dose limits specified in Subpart C of Title 10, Code of Federal Regulations, Part 20 (10 CFR Part 20), incorporated by reference in section 30253, are not exceeded;
- (D) Overseeing reporting of student accidents, incidents, or errors related to radiation safety;
- (E) If the school possesses reportable sources of radiation, as defined in section 30100, ensuring compliance with the applicable requirements of subchapter 4.0 (commencing at section 30100) of this chapter for reportable sources of radiation;
 - i. Monitor occupational radiation exposure to, and supply and require the use of personnel monitoring equipment, as defined in section 30100, by all students;
 - ii. Ensure personnel monitoring equipment that require processing to determine the radiation dose are processed and evaluated by a dosimetry processor that meets 10 CFR Part 20.1501(c) as incorporated by reference in section 30253;
 - iii. Investigate, perform an analysis, and take corrective action to prevent future occurrences of radiation exposure to a student exceeding any of the following:
 - (1) Occupational dose limits specified in 10 CFR Part 20, Subpart C, as incorporated by reference in section 30253; or
 - (2) Investigational levels established pursuant to subsection (b)(5)

- (F) Establish investigational levels to monitor student radiation exposures that, when exceeded, will initiate a review or investigation by the RSO. The methodology or reasons for the established levels and actions that will be taken by the RSO when the levels are exceeded shall be documented and maintained for inspection. The investigational levels and actions that will be taken by the RSO to maintain student exposure as low as reasonably achievable (ALARA) shall be documented and provided to students.
- (G) Verify that each clinical site used by the school has an RPP as required by 10 CFR Part 20.1101, as incorporated by reference in section 30253;
- (H) Establish and implement written policies and procedures pertaining to pregnancy status of students in accordance with 10 CFR Part 20.1208, as incorporated by reference in section 30253. Policies and procedures developed to comply with this provision shall:
- i. Be followed by the school;
 - ii. Be published and made known to accepted and enrolled students;
 - iii. Include a notice of voluntary disclosure; and
 - iv. Provide options for student continuance in the program; and
- (I) Be subject to sections 30254, 30255(b)(4) through (b)(6), and 30295 and the applicable record keeping and reporting requirements of Subparts L and M of 10 CFR Part 20, as incorporated by reference in section 30253. The word “user” found in the aforementioned provisions, and defined in section 30100, shall be construed broadly to include an approved school. The report required pursuant to section 30255(b)(6) shall be provided to the student upon graduation, dismissal, suspension, or voluntary withdrawal from the program, or, if the final report has not been received by the date of that event, within 30 days after the student's report is received from the dosimetry processor.
- (J) Documentation demonstrating compliance with this section shall be maintained for Department inspection.

Notification of High Dosimeter Reading, Clinical Affiliate

Date:

Dear Clinical Instructor/ Department Manager:

RE: Report of Unusual Radiation Exposure

This memo is to express concern about the RADIATION DOSIMETERY REPORT dated _____ to _____, in which the identified student received _____ millirems.

Monthly _____

Quarterly _____

Please compare this reading with those of your personnel to note any similar excesses in your staff's reading. If this is the case, please let me know when the Radiation Safety officer is scheduled to check your x-ray machine(s) for radiation leakage.

If the reading is high due to excessive fluoroscopic procedures, please rotate the student through areas of the clinical training that would normally give the student the least amount of radiation.

The Students are closely monitored to conform to the standards recommended by our accreditation board. With your assistance, I am confident we can address this matter appropriately.

Sincerely,

_____ (student)

_____ (Clinical Coordinator)

Cc: Joyce Obeng, ARSO

Julie Washenik, MHA, R.T.(R)(M)(F), CRT(R)
Acting Program Director/RSO
(323) 953-4000 ext. 2941

Notification of High Dosimeter Reading, Student Notification

Los Angeles City College Diagnostic Radiologic Technology Program

To: _____, Student

From: Julie Washenik, MHA, R.T.(R)(M)(F), CRT(R)(F)

Date:

RE: Radiation Dosimetry Report

Students are closely monitored to conform to the standards recommended by our accreditation board. With that in mind, this memo is being written to express concern about your RADIATION DOSIMETRY REPORT dated _____ to _____, in which you received _____ millirems.

Our investigation limit for a quarterly deep dose equivalent for students is _____ mrems. Students are notified when their exposure exceeds this investigative limit. Your dose is above our limit and indicates a need to review work procedures in order to, if feasible, further reduce your exposure.

Please refer to you **RT Student Handbook** and **Program Policies** concerning Clinical Radiation Protection Rules. These safety rules have been established for your protection. As a general rule of good practice, apply the basic rules of time, distance, and shielding to keep your exposure as low as possible. With your assistance, I am confident we can address this matter appropriately.

In order to evaluate any affecting your exposure, students are required to complete the attached questionnaire as quickly as possible after an exposure limit has been exceeded. Please return this questionnaire to me when completed.

Radiation Exposure Report/Questionnaire

Los Angeles City College
Diagnostic Radiologic Technology Program Radiation Exposure
Report/Questionnaire

Student Name: _____ Monitoring Period: _____

Affiliate: _____ Exposure Reading: _____ mrem/s

1. Was the badge placed or stored near ionizing radiation?

- ☐ No
- ☐ Yes if yes, please describe: _____

2. Were you accidentally exposed to a beam of ionizing radiation?

- ☐ No
- ☐ Yes if yes, please describe: _____

3. Did you hold a patient during an x-ray exposure?

- ☐ No
- ☐ Yes if yes, please describe: _____

4. Did you work significantly more hours or procedures during this period in fluoro (including C-arm)?

- ☐ No
- ☐ Yes if yes, please describe: _____

5. Did you work significantly more hours or procedures during doing portables?

- ☐ No
- ☐ Yes if yes, please describe: _____

6. Were you involved in procedures requiring unusually high exposure to ionizing radiation beside those addresses in questions 4 and 5?

- ☐ No
- ☐ Yes if yes, please describe: _____

7. Have there been any unusual incidents or additional information that will help explain your dose?

- ☐ No
- ☐ Yes if yes, please describe: _____

Student

Date

Radiation Safety Rules for Campus Laboratory Classes and Clinical Education Centers

The following rules have been established for your protection against ionizing radiation during Campus Laboratory Classes and at the Clinical Education Centers. These rules are mandatory and must be followed without exception.

1. A Radiation Dosimeter (OSL) properly oriented and placed, must be worn at all times. If protective aprons are used, the OSL and OSL USB badge must be worn outside the apron so that any radiation reaching any part of the body will be recorded.
2. Except for three specific situations, you may not remain in a radiographic room any time during activation of the tube (when x-rays are being generated). The three exceptions are surgery, portables, and fluoroscopic work, discussed below.
3. You must not hold or support a patient during exposure, nor will you hold or support a cassette (Image Receptor (IR)) during exposure, except in an emergency. If such an emergency arises, you must wear a protective apron and gloves.
4. During activation of the tube, you must not be in a direct line with either tube or patient. You must not observe the patient during exposure from an adjacent room or hall unless through a protective window. You must not “peek” around a door nor through a crack between door and wall.
5. During an exposure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron...and even though a lead shield is interposed between the tube and yourself. The tube must in all cases be pointing away from your body.
6. Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as “patients” for test exposures or experimentation.
7. If during fluoroscopic procedures you remain in the radiographic room the following will prevail:
 - a. A lead apron must be worn at all times or you must remain behind a lead protective screen.
 - b. The OSL badge will be worn as noted above.
 - c. You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.
8. Do not, during the observation period (R.T. 260), actually make exposures on patients. You may assist in helping patients onto tables, etc., but only under direct supervision of a staff technologist.
9. With permission of the technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed.

10. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail:
- a. A lead apron will be worn.
 - b. A OSL badge will be worn (see #1 above).
 - c. Stand as far from the patient and tube as possible.
 - d. Stand so that the central ray is pointing away from your body.
 - e. Observe all regulations, which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. (The technologist will provide details).

Student Policies & Procedure Handbook: Policies on Supervision of Radiography Students

1. **All students must perform all medical imaging procedures under the direct supervision of a qualified practitioner until a radiography student achieves competency.** The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image.
2. **All students must perform all medical imaging procedures under the indirect supervision of a qualified practitioner after a radiography student achieves competency.** The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.
3. Repeat radiographic examinations: All radiologic technology students, regardless of the student's level of competency and in support of professional responsibility for provision of quality patient care and radiation protection, **NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.**
4. **Failure to comply with this policy will be grounds for disciplinary action. Continued abuse will result in termination from the program.**

Los Angeles City College
RT 260
Digital Competency Evaluation
Radiology Equipment

Competency: The student is able to:

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

PROCEDURE SETUP					
0	1	2	3	4	1. Turn on and off Digital Imaging system (including computers and PACS)
0	1	2	3	4	2. Correctly select the appropriate Image Receptor for the exam
0	1	2	3	4	3. Correctly erase all cassettes prior to imaging patients
0	1	2	3	4	4. After exposing the image receptor, correctly use the scanner to identify the cassette number to the image processor
0	1	2	3	4	5. Correctly enter patient data into the computer
0	1	2	3	4	6. Correctly place annotations such as "time" "erect, supine" etc. on the film
0	1	2	3	4	7. Select the proper histogram Look Up Table
0	1	2	3	4	8. Use the Window Level and Window Width selectors to adjust the contrast and density of the image
0	1	2	3	4	9. Send the image to the PACS system for Radiologist review
0	1	2	3	4	10. Send the image to the Laser Printer to produce a "hard copy" of the image
QUALITY CONTROL					
0	1	2	3	4	1. Check that all equipment is connected properly
0	1	2	3	4	2. Make sure that plate loading / unloading is working properly
0	1	2	3	4	3. Erase plates before use
0	1	2	3	4	4. Store plates in an area free of radiation exposure and excess light
0	1	2	3	4	5. Clean imaging plates with appropriate solutions and technique
0	1	2	3	4	6. Print daily test pattern for Laser Copier and evaluate
0	1	2	3	4	7. Verify the computer monitor is working properly by viewing an SMPTE phantom
0	1	2	3	4	8. Use a densitometer to measure density on SMPTE laser printed test sheets
IMAGE EVALUATION					
0	1	2	3	4	1. Recognize "under and over" exposure problems
0	1	2	3	4	2. Evaluate the "S" number of the exposure to determine if it is within acceptable ranges
0	1	2	3	4	3. Correctly manipulate the image using window levels and window width

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

Student Name: _____ Date: _____

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

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

Los Angeles City College
30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Exceeds Expectations (at RT level)					
0	1	2	3	4	1. Raise and lower x-ray tube/Image Intensifier by using the vertical lock
0	1	2	3	4	2. Move the x-ray tube/Image Intensifier the length of the table using the longitudinal lock
0	1	2	3	4	3. Move the x-ray tube/ Image Intensifier the width of the table using the transverse lock
0	1	2	3	4	4. Place a 14 x 17, 10 x 12, and 8 x 10 cassette in the Bucky Drawer lengthwise and crosswise
0	1	2	3	4	5. Center the x-ray tube when it is perpendicular to the Bucky Drawer
0	1	2	3	4	6. Use the DETENT button and lock the x-ray tube to center it transversely
0	1	2	3	4	7. Angle the Image Intensifier cephalic and caudal to any given degree
0	1	2	3	4	8. Demonstrate how to rotate the tube head and maintain proper centering to the film
0	1	2	3	4	9. Center the x-ray tube when angled to the Bucky Drawer
0	1	2	3	4	10. Demonstrate how to move the Bucky Drawer the length of the table and lock it into position
0	1	2	3	4	11. Employ requested distances to the table or upright with various CR cassette sizes lengthwise and or crosswise
0	1	2	3	4	12. Demonstrate how to collimate to the appropriate field size
0	1	2	3	4	13. Employ requested distances to the table or the upright Bucky by using distance markers on the ceiling or behind the x-ray tube (40-44"/ 72")
0	1	2	3	4	14. Demonstrate how to angle the x-ray table (Trendelenberg) by using the table controls as well as the "tower" controls
0	1	2	3	4	15. Place the table in an upright position
0	1	2	3	4	16. Manipulate the x-ray tube/Image Intensifier to place it in the horizontal position for a decubitus position
0	1	2	3	4	17. Demonstrate how to lock the fluoroscopic tower over the table so it doesn't float back
0	1	2	3	4	18. Demonstrate how to remove the fluoroscopic tower (if so equipped)
0	1	2	3	4	19. Load and unload spot films in the tower
0	1	2	3	4	20. Program the spot film for : full, split horizontal –vertical, and four on one spot films
0	1	2	3	4	21. Demonstrate how to activate the compression device
0	1	2	3	4	22. Demonstrate how to lock the fluoroscopic tower in place and how to hookup and turn on/off the C-arm
0	1	2	3	4	23. Move the fluoroscopic tower the length of the table using the motor driven handle
0	1	2	3	4	24. Connect the videotape recording system
0	1	2	3	4	25. Identify the generator controls (On/Off, mA, KVp, Seconds/time, and phototimer cells and density settings)
0	1	2	3	4	26. Manipulate the rotor and exposure switch button
0	1	2	3	4	27. Set and operate the following controls: K V p, mA, Seconds, phototimer, fluoro timer and density settings.
0	1	2	3	4	28. CR or DR : The patient on the "work list" or type patient information in system
0	1	2	3	4	29. CR or DR: Select various body regions, body parts, and views/projections * Preset Parameters: Adult, Pediatric, small, medium large, Bucky receptor, Focal spot size
0	1	2	3	4	30. Enter patient identification.
0	1	2	3	4	31. Demonstrate the full range of fluoroscopy table movement, Adjust position of the fluoroscopy grid device and apply footboard and shoulder restraints.
0	1	2	3	4	32. Store, recall, rotate, flip images and produce hard copies.
0	1	2	3	4	33. Switch programs and dose settings

*** If the student receives a "0" & or a "1" in any of the above categories, then he/she will not receive credit for the orientation. ***

Student Name: _____ Date: _____

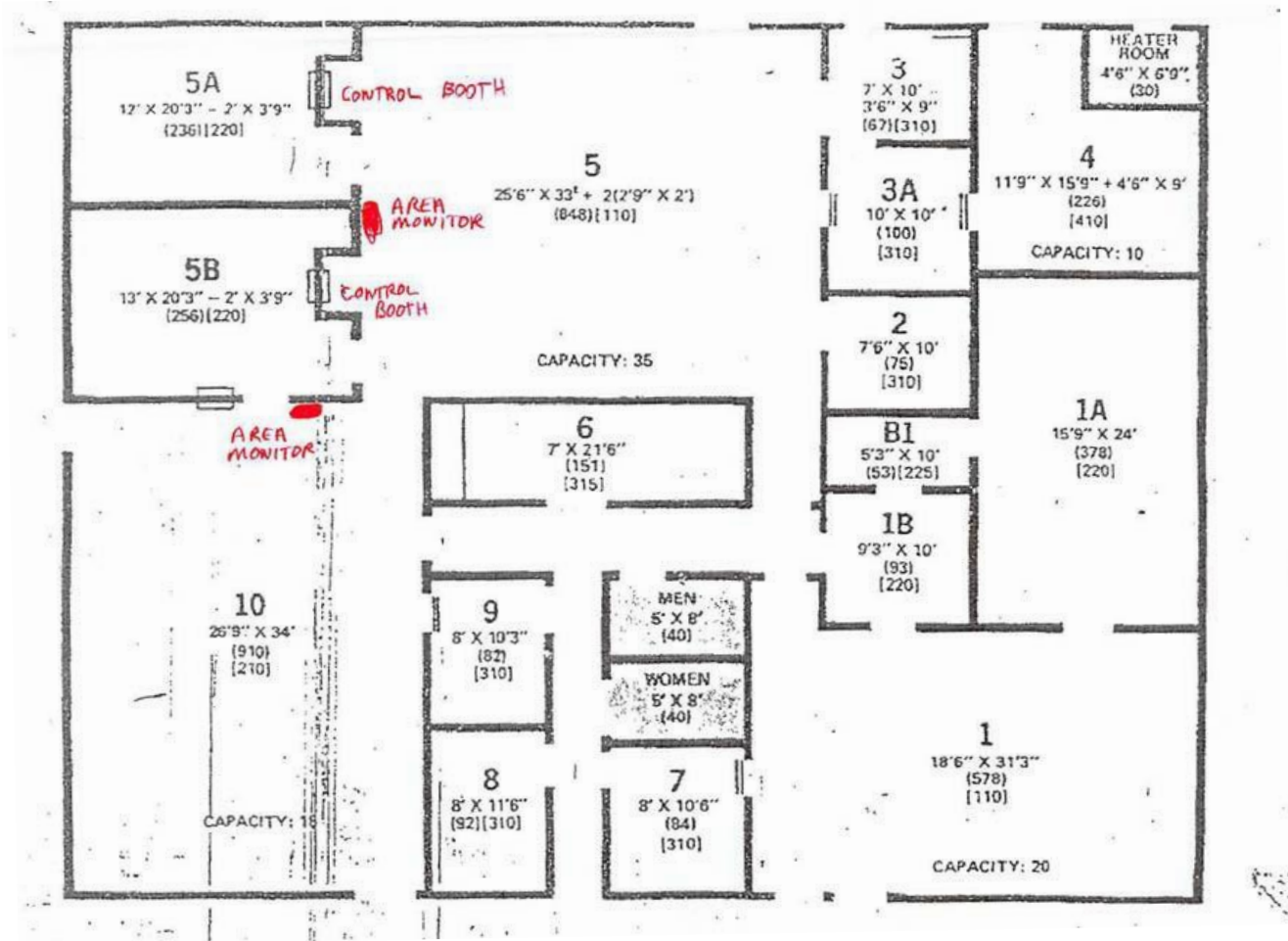
Location & Type of Equipment: _____

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

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

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

Radiologic Technology Building Floor Plan



RT 202: Introduction to Electromagnetic Radiation - Course Outline

Course Goals

1. Explain selected theories and basic concepts of physics.
2. Explain the necessity for protecting humans from ionizing radiation.
3. Demonstrate the use of radiation protection devices.
4. Explain the nature and production of electromagnetic radiation.
5. Function competently in image processing.
6. Analyze the components of a quality assurance program.
7. Assess the differences between various radiographic images, IR holders, Intensifying

Screens

8. Assess the differences between Computed Radiography (Indirect) and Digital (Direct) Radiography
9. Explain the different effects Ionizing radiation has on Radiographic film and digital radiography

RT 202 Textbook Requirements

Title: Radiologic Science for the Technologist: Physics, Biology and Protection - 12th edition

Author: Stewart Carlyle Bushong

ISBN: 9780323661348

Copyright: 2021

Publisher: Mosby

Resource Materials

- Radiologic Technology
 - Selman, Joseph, M.D.: The Fundamentals of X-ray and Radium Physics, Charles Thomas, Eighth Edition, 1994
 - State of California Department of Health Services, Radiologic Health Section: California Radiation Control Regulations, California Administrative Code.
 - State of California Department of Health Services, Radiologic Health Section: Quality Assurance Program for Radiology Departments, 1994.
 - **FILMS**
 - "Exploring Electromagnetic Radiation" – film
 - "Chernobyl Heart"-Film
 - "The Inside Story" – film
 - **SLIDE**
 - Bontrager: Radiation Protection
 - Bontrager: Matter, Energy, and the Nuclear Atom
 - Bontrager: X-ray Production

Mode of Instruction

All Instructors follow this detailed course outline.

Methods and Schedule of Evaluation*

SCHEDULE		METHODS
Week 1	History, Fundamental Units and Basic Concepts of Physics	Written Quiz
Week 2	Basic Concepts of Physics, Atomic Theory and Chemical Behavior	Written Quiz
Week 3-4	Concepts of Electromagnetic Radiation	Written Quiz
Week 5-6	X-ray production	Written Quiz
Week 7-8	Radiation Protection: Sources, Units, and Biological Effects Regulations for Radiation Protection	Written Quiz
Week 9	Radiation Protection: Dose Response Curves, ALARA, Methods of Reducing Radiation Dose	Written Quiz
Week 10	Midterm Examination	Cumulative
Week 11	Introduction to Radiographic Circuitry (Transformer/Rectification)	Written Quiz
Week 12	History of Image Receptors Radiographic Film , Film Holders, Intensifying Screens: HD Exposure Curve	Written Quiz
Week 13	Intro To CR/DR:	Written Quiz
Week 14	Processing Room, Automatic Processing, Components of the Automatic Processor	Written Quiz
Week 15	Quality Assurance for Automatic Processor Film	Written Quiz
Week 16	Introduction to Processing Chemicals	Written Quiz
Week 18	Final Examination	Cumulative

RT 202 COURSE OUTLINE

The required minimum level of competency to be demonstrated by each student for the Objectives of this course is 75%

Week #	Topic	Objectives
Week 1	History, Fundamental Units and Basic Concepts of Physics	1. Introduction. History of Radiation Phenomena
	A. Definitions	a. Define the terms Matter, Mass, Inertia, Motion, Force, Work and Momentum
	B. Laws	2. Explain the Conservation of Energy Law
		3. Explain Newton's Laws: One, Two and Three
		4. Assess the difference between weight and mass
		5. Compare the relationship between work, force and distance
	C. Forms of Energy	1. List and describe the various classifications of energy
		2. Differentiate between Kinetic and Potential energy
		3. Differentiate between power, work and energy
		4. List and explain Einstein's equation relating to the transformation of energy and matter
Week 2	A. Atomic Theory and Structure of Matter: Bohr's Concept of the Structure of an Atom	1. Diagram and label the structure of Structure of an Atom, Define Atomic particle and neutron masses, atomic mass units
		Define terms: Atom, Element, Mass Number, Ion, Ionization, Molecule, Substance, Chemical bonding (ionic, Compound, Atomic number, Mass covalent), Number, Valence, Mixture
	B. Subdivisions of Matter	2. List the electrical charges of

		the proton, neutron, electron, and the nucleus of atom.
		3. Assess the difference between the atomic number and mass number of an element
		4. Differentiate between the mass number and the atomic weight of an element
		5. Determine the number of protons
		6. Name, in order, the energy levels of an atom and list the maximum
		7. Define the term Binding energy.
		8. Discriminate between isotopes, isobars, isotones, and isomers.
		9. Explain the significance of valence
	C. Chemical Behavior of Elements and Modes of Ionization	1. List the differences between in an atom when the mass
		2. Identify a compound from a group of substances.
		3. Identify mixtures from a list containing mixtures, compounds and elements.
		4. List all the methods in which an atom may become ionized.
		5. Assess the differences between atoms and ions.
		6. Discuss the Periodic Table in terms of its vertical and horizontal groups
		7. List the Symbol and Atomic number for the following elements: Hydrogen, Oxygen, Tungsten, Aluminum, Barium, Molybdenum, Iodine, Lead, Rhenium, and Beryllium
		8. List the Rare Earth Elements Atomic numbers (58 - 71)
		9. Know the symbol and atomic number of each rare earth

		element
Week 3	The Concepts of Electromagnetic Radiation	
	A. History	1. Name the individual credited with the discovery of x-rays
		2. Give the date x-rays were discovered
	B. Electromagnetic	1. Diagram the electromagnetic spectrum
		2. Distinguish between x-rays and other radiations the electromagnetic spectrum
	C. Concepts of Radiation	1. Describe the dualistic nature of x-rays
		2. EM Radiation vs. Particle Radiation a. origin b. define
	D. Properties	1. Define photon and quantum
		2. Define wavelength and frequency
		3. Wave Model and Quantum Model
		4. Define Electron volt
		5. List the twelve physical properties of x-rays
	E. Process of X-ray Production	1. Explain the process of x-ray production a. Bremsstrahlung b. Characteristic
Week 4 & 5	A. Conditions Necessary for X-ray Production	1. List four conditions necessary for the production of x-rays in an x-ray tube.
	B. The X-ray Tube	1. Describe a Crooke's Tube
		2. Differentiate between cold and hot cathode x- ray tubes
		3. Describe the Coolidge hot filament tube
		4. Define thermionic emission
		5. Explain the process of space charge effect
		6. Identify the basic components of the x-ray tube

		7. Diagram a stationary anode x-ray tube Diagram a rotating anode x-ray tube
		8. Compare the similarities and differences between stationary and rotating anode tubes
		9. List three advantages of a rotating anode x-ray tube
		10. Compare the advantages and disadvantages of large and small focal spots on the anode
		11. Define the term "Heat Unit"
		12. Describe the steps necessary to extend the useful life of an x-ray tube
		13. Describe how the focal spot is affected by "Line Focus Principle"
		14. Explain how the "Anode Heel Effect" influences radiographs
	C. Factors Affecting Quality of X-rays and Quantity	1. Define the terms: a. Milliampere (mA) b. kVp c. Time d. Distance
		2. Assess how mA, kVp, Time and Distance affect the radiograph
		3. List and explain four factors that alter the exposure rate of an x-ray film
		4. Describe four reasons an x-ray beam is polyenergetic
		5. Explain how beam restricting devices effect the quality of x-rays
		6. List the three types of beam restricting devices used in radiography
		7. Explain how filtration reduces patient radiation exposure
		8. Differentiate between added,

		inherent, and total filtration in an x-ray tube
		9. Describe various compensating filters used for body parts that differ in thickness or density
	D. Practical Experience	1. Identify the following controls on the x-ray control console: a. kVp selector b. mA and time stations
		2. Set a pre-selected exposure on the panel
		3. Using a cassette, select the appropriate SID, center a phantom, collimate to the area of interest, expose and process the resultant radiograph.
Week 6	The Need for Radiation Protection	
	A. Sources of Radiation	1. Describe sources of background radiation
		2. Recognize the extent of background radiation
	B. Quantities and Units	3. Define the unit - Radiation exposure
		4. Define the unit - Radiation absorbed dose
		5. Define the unit - Dose Equivalent
		6. Define the terms: LET and quality factor
	C. Biological Effects of Ionizing Radiation	7. Describe the somatic effects of radiation
		8. List five somatic effects from radiation
		9. Identify the most radiosensitive organs of the body
		10. List five genetic effects from radiation
		11. Name x-ray examinations which deliver high radiation exposures

		to patients
		12. Explain how the inverse square law relates to radiation exposure
Week 7	Regulations of Radiation Protection	
	A. Title 17 - Calif. Dept. of Health and radiation effects Radiologic Health	1. Explain the difference between stochastic and non-stochastic radiation effects
		2. Discuss occupational dose limits for Section radiation workers (including pregnancy)
		3. List radiation dose limits for the general public (non-occupational limits)
		4. Explain the ALARA concept
		5. List at least three methods of monitoring personnel exposure
		6. Discuss methods of monitoring radiation areas using radiation survey instruments
Week 8 & 9	Means of Radiation Protection	
	A. Beam Restricting Devices	1. Identify three types of beam restricting devices
		2. Define the purpose of beam restricting devices
		3. Explain how beam restricting devices reduce patient radiation dose
	B. Gonadal Shielding	1. Explain the purpose of gonadal shielding
		2. Identify which patients should be shielded
		3. List which radiographic procedures require shielding
		4. Describe the types of gonad shields that are available (contact and shadow)
		5. State California and National requirements for gonadal shielding
		6. Explain alternative radiographic positions (PA

		instead of AP) to reduce radiation exposure to radiation sensitive organs.
		7. AAMP Position Statement on the Use of Patient Gonadal and Fetal Shielding (2019)
	C. Tube Filtration	1. Differentiate between added and inherent filtration.
		2. Explain the purpose and need for tube filtration
		3. State the required thickness for total x-ray beam tube filtration
		4. Explain the kVp and mAs combination that
	D. Exposure Factors	1. List which type of film - screen combinations reduce radiation exposure to the patient
		2. State difference between Film/Screen and PSP Image receptors
	E. Type of Film holder	3. Describe difference between CR and DR
	F. Mammography Patient Protection	1. Explain why mammography machines use the following devices to reduce patient dose: a. Molybdenum targets with small focal spots b. Low dose mammography screens c. Low ratio grids (3:1 or 4:1) d. Breast compression
	G. Fluoroscopy Protection	1. Describe how patient radiation exposure is reduced in fluoroscopy by: a. Intermittent Fluoroscopy b. Restriction of beam size c. Correct operating factors d. Filtration e. Exposure limits (dose rate, cumulative timer) f. Primary protective barrier
	H. Electric Shock Protection	1. Explain the purpose of grounding electrical equipment.

		2. Describe the "one hand rule"
		3. List the effect of high voltage low amperage and low voltage high amperage electrocution
		4. Diagram and label Circuitry of Console • Discuss Magnetism • Discuss Electromagnetism • Sinusoidal Wave • Transformer Law • Line Voltage Compensator • Step down and Step up Transformer • Rectification: Diodes • Half-wave and Full-Wave • Rectification • mA and kV meters • Rheostat
Week 10	Midterm Examination	All topics covered from weeks 1 through 9
Week 11	A. Formation of the Image	1. Define the phrase "Latent Image Formation"
		2. Describe the function of the sensitivity speck
	B. Practical Experience	1. Apply the principles of correct film handling in the processing room
		2. Process a strip of roll film
		3. Identify the following artifacts on a processed radiograph: a. Radiation and light fog b. Static c. Crescent shaped marks d. Fingerprints e. Emulsion damage
Week 12	Screens	
	A. Intensifying Screens	1. Define the following terms a. Phosphor b. Luminescence c. Fluorescence d. Phosphorescence

		2. Explain the difference between fluorescence and phosphorescence
		3. Explain the function of an intensifying
		4. Diagram the cross sectional view of an intensifying screen
		5. Compare the "speed number" system to its corresponding generic name speed system
Week 13	B. Practical Experience	1. Demonstrate the care and handling of intensifying screens
		2. Clean selected screens using the proper procedure
		3. Perform a screen contact test
		4. Analyze the results of the screen contact test
		5. Introduction to Digital Radiography (CR/DR)
		6. Analyze data from an existing quality control chart and processor maintenance log
Week 14	DR Formation	CR/DR equipment
Week 15	DR Indirect/Direct DR	Image capturing, formation
Week 16	DR Image Artifacts	CR, DR, Fluoroscopy
Week 17	DR QC	Final Review
Week 18	Final Examination	All topics covered - Cumulative

RT 240 Radiation Protection - Course Outline

Course Goals

1. Identify the various types of interactions with photon energy and matter.
 2. Know the quantities and special units of radiation used in radiation protection applications.
 3. Know the interrelationships between the various quantities and units of radiation.
 4. Understand the effects of ionizing radiation as it affects population exposure.
 5. Realize the duties and responsibilities of the Certified Radiologic Technologists in the field of
- Revised Sept. 2024 (JW, JO)

- radiation protection.
6. Understand the effects of ionizing radiation in biological systems.
 7. Understand the factors that affect image formation, safety, and technologist responsibilities in fluoroscopic examinations to meet the requirements of the California State Permit.

Required Textbook(s)

Radiation Protection in Medical Radiography, 9th ed.
Author: Mary Alice Statkiewicz-Sherer, AS, RT(R), FASRT, et al. I
ISBN: 9780323825030
Copyright: 2022

Radiation Protection in Medical Radiography – Workbook, 9th ed.
Author: Mary Alice Statkiewicz-Sherer, AS, RT(R), FASRT, et al.
ISBN: 9780323825085
Copyright: 2022

Resource Material

- California Department of Health Services, Radiologic Health Branch, California Radiation Control Regulations, California Administrative Code, Title 17. Barclay's California Code of Regulations, Sacramento California, 1995.
- California Department of Health Services, Radiologic Health Branch, Syllabus on Radiography Radiation Protection 4th Draft, Department of Health Services, Radiologic Health Branch, Sacramento California 1995.
- Frankel, Robert; Radiation Protection for Radiologic Technologists, McGraw-Hill, 1976.
- Meredith and Massey; Fundamental Physics of Radiology, 2nd Edition, Williams and Wilkens Company, 1972.
- NCRP, Medical X-ray and Gamma Ray Protection for Energies Up to 10 MeV, Equipment Design and Use, Report #33, NCRP Publications.
- NCRP, Basic Radiation Protection Criteria, Report # 39, NCRP Publications NCRP, Radiation Protection for Medical and Allied Health Personnel, Report # 48, NCRP Publications.
- Noz, Marilyn E., and Maguire, Gerald Q., Jr., Radiation Protection in the Radiologic and Health Sciences, Lea Febiger, 1985
- Shapiro, Jacob, Radiation Protection, Harvard University Press, 1972.
- Selman, Joseph, The Fundamentals of Imaging Physics and Radiobiology, Charles C. Thomas Publisher Ltd., 2000

Methods of Instruction

Lectures/face to face discussion; presentations; written assignments (journals and summaries, student presentations of selected chapters), hands on labs; quizzes, tests, final exam.

Methods and Schedule of Evaluation

SCHEDULE		METHODS
Week 1	History, Fundamental of Radiation Protection	Written Quiz
Week 2	Definitions of terms relating to radiation biology and physics of radiation protection	Written Quiz

Week 3-4	Biological effects and significance of x-ray exposure	Written Quiz
Week 5-6	Personnel radiation protection	Written Quiz
Week 10	Midterm Examination	Cumulative (weeks 7-9)
Week 11	Radiation protection criteria	Written Quiz
Week 12-14	Responsibilities of the Certified Radiologic Technologist	Written Quiz
Week 16	Final Examination	Cumulative

RT 240 Course Outline

Week #	Topic	Objectives
Week 1	Syllabus/Policies Introduction to Radiation Protection	
Week 2	Radiation Types, Sources, and Doses Received	Quiz
Week 3	Radiation Quantities and Units	Quiz
Week 4	Radiation Monitoring	Quiz
Week 5	Molecular and Cellular Radiation Biology	Quiz
Week 6 - 7	Early Tissue Reactions and Their Effects on Organ Systems	Quiz
Week 8	Midterm exam	Cumulative
Week 9 - 10	Stochastic Effects and Late Tissue Reactions of Radiation in Organ Systems	Quiz
Week 11	Dose Limits for Exposure to Ionizing Radiation	Quiz
Week 12	Equipment Design for Radiation Protection	Quiz
Week 13 -14	Management of Patient Radiation Dose During Diagnostic X-Ray Procedures	Quiz
Week 15 -17	Radioisotopes & Radiation Protection	Quiz
Week 18	Final exam	Cumulative

Course Competencies

Upon successful completion of the course the student will be able to:

1. Explain dose-response relationships, relative tissue radio sensitivities, and cell survival and recovery.
2. Distinguish between Short/Long term effects, acute/chronic effects, carcinogenesis, organ and tissue response.
3. Discuss the effects and risks on the embryo and fetus.
4. Distinguish the difference in Compton effects, photoelectric absorption, Coherent scatter, Attenuation
5. Discuss the source of free electrons, acceleration, focusing of electrons, deceleration, x-ray spectrum
6. Distinguish characteristics through frequency and wavelength, beam characteristics, scatter, inverse square law, fundamental properties
7. Compare a variety of technical factors, shielding, beam restriction, filtration, equipment features, and patient positioning
8. Explain the sources of radiation exposure, basic methods of protection, protective devices, minimum lead equivalent, fluoroscopy exposure rates, recommendations for personnel monitoring, and units of measurement, dosimeters
9. Describe the types of receptors including the Image intensifier and flat panel
10. Explain the viewing conditions, spatial resolution, contrast resolution/dynamic range, DICOM, Window level and width function
11. Discuss the types of recording devices including: DSA, cine, image capture, and spot imaging
12. Explain how kVp, mA, OID affect the quality of the image.
13. Discuss the Spatial Resolution, Image Signal (exposure related)
14. Explain the characteristics for a good quality image including proper demonstration of anatomy, markers, and pathologic conditions
15. Identify factors that signify malfunction including artifacts, QC, and overexposure.
16. Discuss a variety of patient care and education components:
 - Patient identification/verification
 - Informed Consent
 - Risk versus Benefit
 - Procedure Radiation Exposure (NCRP #160)
 - Cumulative Dose Education
 - Pregnancy Status (e.g. tests and limitations)
 - Contrast Reactions
 - Patient Record Information
 - Standards of Care
 - HIPAA

RT 243 Textbook Requirements

Title: Radiologic Science for the Technologist: Physics, Biology and Protection - 12th edition

Author: Stewart Carlyle Bushong

ISBN: 9780323661348

Copyright: 2021

Publisher: Mosby

Week #	Topic	Objective
Week 1	Intro/ History	
Week 2	Components of the Fluoroscope	Quiz
Week 3-4	Equipment Operation	Quiz
Week 5-6	Radiation biology & physics	Quiz
Week 7-8	Digital Fluoroscopy	Quiz
Week 9	Midterm exam	Cumulative
Week 10	Exposure Reduction	Quiz
Week 11	Image Evaluation	Quiz
Week 12-13	Quality Control	Quiz
Week 14-15	Patient Care Consideration	Quiz; presentation due
Week 16 -17	Contrast Media	Quiz; presentation due
Week 18	Final exam	Cumulative

References

1. Ballinger P.W., Merrills Atlas of Radiographic Positions, Vol. 1, 12th Edition, 2012, Mosby Publishing Co., St. Louise MO.
2. Bushong, Stewart C., Radiologic Science for Technologists Physics, Biology, and Protection, Mosby, 10th Ed., 2013.
3. Radiologic Technology Journal, September/October 2012, Volume 84, Number 1, Best Practices in Digital Radiography. , 2012
4. National Council on Radiation Protection and Measurements (NCRP) Report #91, Adopted 6/92. Recommendations on Limits for Exposure to Ionizing Radiation. 1987. Bethesda, MD 20814
5. National Council on Radiation Protection and Measurements (NCRP) Report #102, Medical X- ray, Electron Beam and Gamma Ray Protection for Energies up to 50 MEV. 1989, (Supersedes report #33)., Bethesda MD 20814.
6. National Council on Radiation Protection and Measurements (NCRP) Report #105, Radiation Protection for Medical and Allied Health Personnel, 1989. (supersedes report #48). Bethesda, MD 20814
7. National Council on Radiation Protection and Measurements (NCRP) Report #115, Limitation of Exposure to Ionizing Radiation, 1993 (supersedes report #91) 1993, Bethesda, MD 20814.
8. N.Y.S. Sanitary Code Chapter 1, Part 16, Ionizing Radiation, N.Y.S. Department of Health Bureau of Environmental Radiation Protection, Albany, NY 12203-3399 – April 18, 2001.
9. Statkiewicz-Sherer, Visconti, Ritenour., C.V. Mosby Co., Radiation Protection in Medical Radiography, 6th Edition, 2011.
10. United States Nuclear Regulatory Commission (NRC) - Standards for Protection Against Radiation 10 CFR Part 20 - 1/1/94.



Los Angeles City College
Radiologic Technology Program
**Verification of Radiation Protection Program Compliance
at Clinical Affiliate Site**



To ensure that each clinical affiliate is in compliance with the California Department of Public Health - Radiologic Health Branch's (CDPH-RHB) requirements that a Radiation Protection Plan (RPP) is in place at each facility with a registered source of radiation, the following information is being requested.

Please forward the document to your designated Radiation Safety Officer (RSO), have him/her complete, sign and email the form back to the Program Director and cc the Radiation Safety Officer of the Los Angeles City College's Radiologic Technology program:

LACC Acting Program Director & RSO:
Julie Washenik, MHA, RT(R)(F)(M), CRT(R)(F)(M)
Los Angeles City College
Radiologic Technology
855 N. Vermont Avenue
Los Angeles, CA 90029
323-953-4000 Ext. 2941
washenja@laccd.edu

LACC Alternate Radiation Safety Officer:
Joyce Obeng, MSHI, RT(R)(F)(M)(CT), CRT(R)(F)(M)(CT)
Los Angeles City College
Radiologic Technology
855 N. Vermont Avenue
Los Angeles, CA 90029
323-953-4000 Ext. 2940
obengjb@laccd.edu



Los Angeles City College
Radiologic Technology Program
**Verification of Radiation Protection Program Compliance
at Clinical Affiliate Site**



Clinical affiliate name:
RHB Facility License No.:
Radiation Safety Officer (RSO):
Lead Supervising Licentiate:

Does your facility have an established Radiation Protection Plan (RPP) that meets the requirements pursuant to the CCR, title 17, Division 1, chapter 5, subchapter 4, 4.5, 17. CCR 30253 incorporates by reference the federal regulations specified in title 10, code of federal regulations (CFR), part 20 as outlined below?

☐ Yes ☐ No

Components of a radiation protection program:

1. Organization and administration (i.e., reporting hierarchy)
2. ALARA program
3. Dosimetry program
 - a. Occupational workers
 - b. Dose to fetus
 - c. Program pregnancy reporting
4. Area monitoring and control
 - a. Radiation monitoring
 - b. Instrument calibration and maintenance
5. Radiologic controls
 - a. Entry and exit controls
 - b. Posting
 - c. Disposal of equipment
6. Emergency exposure situations, radiation accident dosimetry, and/or unusual occurrence
7. Record keeping and reporting
8. Reports to individuals (notified of dosimetry report reading)
9. Radiation safety training
 - a. Occupational workers
 - b. Non-occupational workers
10. Internal audit procedures

The lead supervising licentiate shall:

- 1) Be responsible for supervision of students and for the acts and omissions of both students and any other individual providing direct or indirect oversight to students;
- 2) Ensure a supervising licentiate is available for consultation by both students and any other individuals providing direct or indirect oversight to students; and
- 3) Be responsible for compliance with the clinical site's affiliation agreement, or, if an affiliation agreement is not required, section 30415(a)(2).

RSO's signature:
Lead Supervising Licentiate:
Date:



**Los Angeles City College
Radiologic Technology Program's
Radiologic Protection Plan (RPP)
Acknowledgement Form**



This document is to attest that I have thoroughly reviewed the Los Angeles City College's Radiologic Technology Program's Radiation Protection Plan (RPP). I hereby confirm I will follow the guidelines and regulations of this document.

Student's name:

Student's signature:

Date:



**Los Angeles City College
Radiologic Technology Program's
Radiologic Protection Plan (RPP)
Acknowledgement Form**



This document is to attest that I have thoroughly reviewed the Los Angeles City College's Radiologic Technology Program's Radiation Protection Plan (RPP). I hereby confirm I will follow the guidelines and regulations of this document.

Program Director's name: **Julie Washenik**

Program Director's signature:

Date:

LACC RSO's name: **Julie Washenik**

LACC RSO's signature:

Date:

LACC Alternate RSO's name: **Joyce Obeng**

LACC ARSO's signature:

Date:

Faculty's name: **Eric Banes**

Faculty's signature:

Date:

Faculty's name: **Aaron Burton**

Faculty's signature:

Date:

Faculty's name: **Rachelle Casinto**

Faculty's signature:

Date:

Faculty's name: **Vanessa Havakian**

Faculty's signature:

Date:

Faculty's name: **Fredrick Lee**

Faculty's signature:

Date:

Faculty's name: **Piper Jan Visitacion**

Faculty's signature:

Date:

Appendix VI
Addendum for High Exposure Dose (ALARA)

Annual Radiation Exposure Limits			
Whole Body (Annual) Dose for Occupational Workers	50 mSv/yr. (5,000 mrem/ year) Stochastic Effects		
Lens of the Eye	150 mSv/yr.* (15,000 mrem/ year) Non-Stochastic Effects		
Extremities and Skin	500 mSv/yr. (50,000 mrem/year) Non-Stochastic Effects		
Fetal Entire Gestation	5 mSv/gestation (500 mrem/gestation)		
Fetal Monthly Dose Limit	0.5 mSv/month (50 mrem/month)		
General Population	1 mSv/yr. (100 mrem/year)		
Dosimeter (Monthly)	ALARA Level I 30% Limit Fraction	ALARA Level II 60% Limit Fraction	ALARA Level III 90 % Limit Fraction
Whole Body (Monthly)	1.25 mSv (125 mRem)	2.5 mSv (250 mRem)	3.75 mSv (375 mRem)
Whole Body (Quarterly)	1.25 mSv (125 mRem)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)
Extremity (Monthly)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)	11.25 mSv (1,125 mRem)
Extremity (Quarterly)	3.75 mSv (375 mRem)	11.25 mSv (1,125 mRem)	22.5 mSv (2,250 mRem)
Declared Pregnant Worker (Monthly)**	0.0125 mSv (1.25 mRem)	0.025 mSv (2.5 mRem)	0.0375 mSv (3.75 mRem)
ALARA I	Radiation Safety Officer Notified. Report kept on file.		
ALARA II	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
ALARA III	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
	RSO performs a Review of a Worker Exposure Conditions and Procedures		

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

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

What are the ALARA Investigation Levels?

There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter.

If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

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

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

For **monthly** dose readings:

ALARA Level I was based on a 30% fraction.

ALARA Level II was based on a 60% fraction.

ALARA Level III was based on a 90% fraction.

For **quarterly** dose readings:

ALARA Level I was based on a 10% fraction.

ALARA Level II was based on a 30% fraction.

ALARA Level III was based on a 60% fraction.

*Lower percentages were used based on the quarterly readings.

Calculation:

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

For example:

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

*Note: The International Commission on Radiological Protection (ICPR), National Institutes of Health (NIH), and Nuclear Energy Agency (NEA) reduced their occupational annual equivalent dose to the lens of the eye from 150 mSv to 20 mSv in 2021.

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



MAGNETIC RESONANCE IMAGING (MRI) AND FERROMAGNETIC SAFETY POLICY

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

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

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

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

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

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

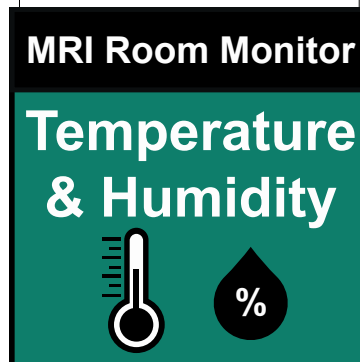
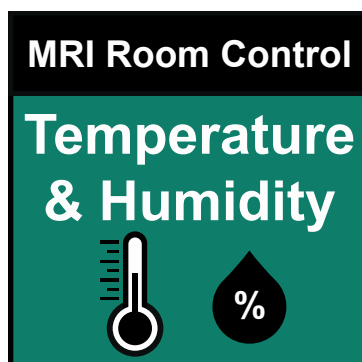
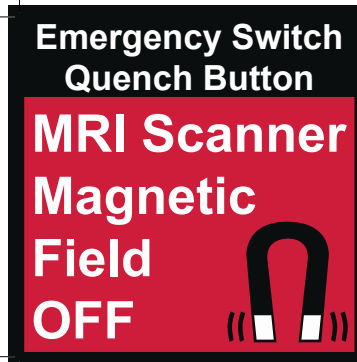
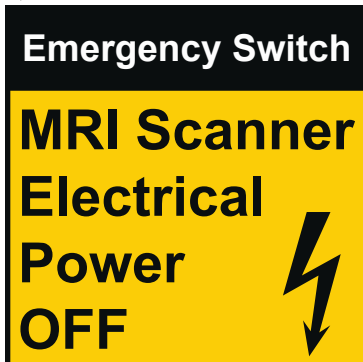
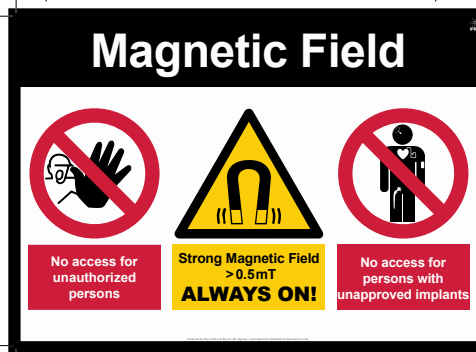
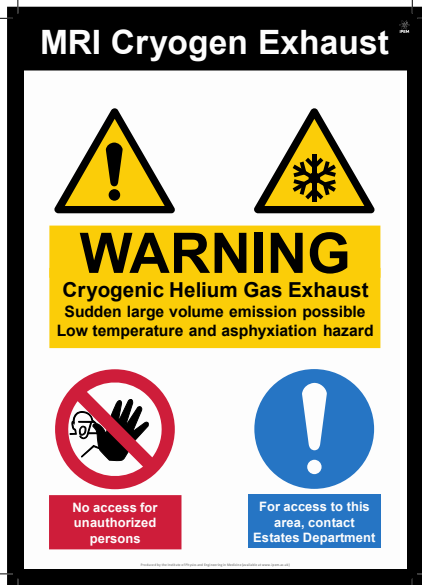
- Intrauterine devices (IUDs)
- Gastric bypass devices (lap bands)
- Most cerebrospinal fluid (CSF) shunts.

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

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

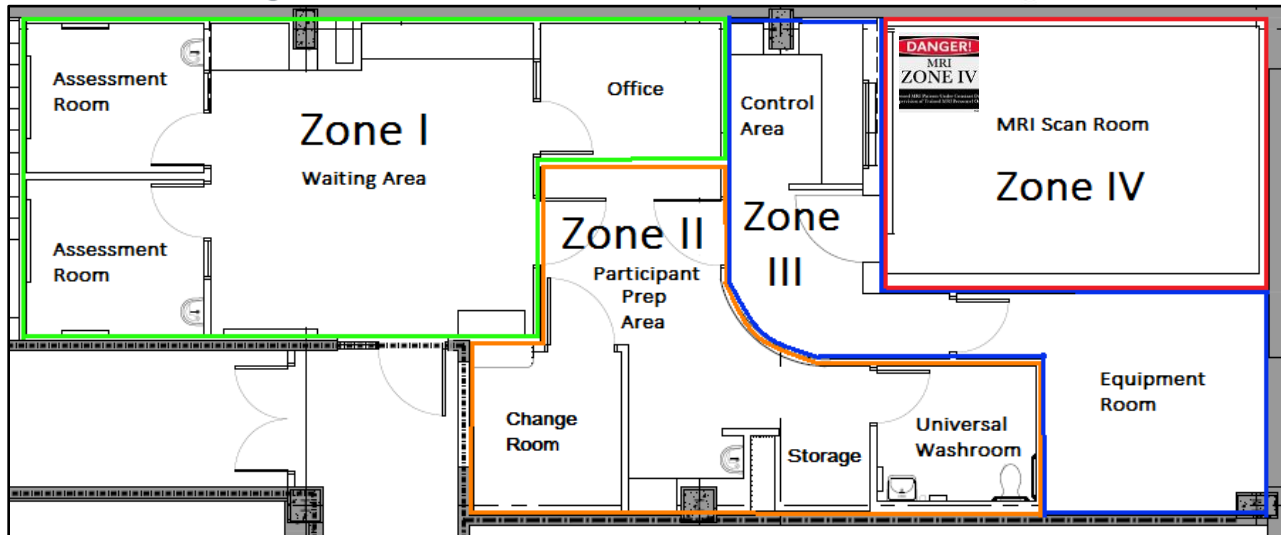
MRI Safety Symbols

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





MRI Safety Zones



Zone 1: Reception area for the public

Zone 2: Screening area for patients and family

Zone 3: Control area outside the scanner room door

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

TWO SAFETY ISSUES

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

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

MRI Field Strength: 0.5 Tesla-3 Tesla

MRI Safety Technology:

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

How RT Students can be safe in the MRI Department:

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

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

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

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

Date: _____

Student Name (first, middle, last): _____

Gender: • Male • Female **Age:** _____ **Date of Birth:** _____

List current medications:

- None
- _____

List all allergies:

- None
- _____

Date of last menstrual period _____

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

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

Surgery or medical procedure of any kind

- Yes • No

If yes, list all prior surgeries and approximate dates:

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

- Yes
- No

If yes, explain: _____

Injury to your eye from any metal object.

- Yes
- No

If yes, did you seek medical assistance?

- Yes
- No

If yes, describe what was found: _____

Foreign body removed from the eye(s).

- Yes
- No

If yes, describe what was taken out: _____

Asthma or other allergic respiratory disease

- Yes
- No

Kidney disease

- Yes
- No

Diabetes

- Yes
- No

Hypertension

- Yes
- No

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

- Yes
- No

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

- Yes
- No

If yes, explain: _____

Spinal fusion procedure

- Yes
- No

Endoscopy or colonoscopy in the last 3 months

- Yes
- No

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

Surgically implanted medical devices

- Yes
- No

Revised Oct. 2024 (JW, JO)

Any type of electronic, mechanical, or magnetic implants

- Yes
- No

If yes, list type: _____

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

- Yes
- No

Aneurysm Clip(s)

- Yes
- No

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

- Yes
- No

If yes, list type: _____

Any type of internal electrodes or wires

- Yes
- No

Cochlear implant

- Yes
- No

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

- Yes
- No

Spinal fixation device

- Yes
- No

Any type of coil, filter, or stent

- Yes
- No

If yes, list type: _____

Artificial heart valve

- Yes
- No

Any type of ear implant

- Yes
- No

Penile implant

- Yes
- No

Artificial eye

- Yes
- No

Eyelid spring and/or eyelid weight

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

Any type of surgical clip or staple

- Yes
- No

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

- Yes
- No

Shunt

- Yes
- No

If yes, list type: _____

Artificial limb

- Yes
- No

If yes, what and where: _____

Tissue Expander (e.g., breast)

- Yes
- No

Intrauterine Device (IUD)

- Yes
- No

If yes, type: _____

Surgical mesh

- Yes
- No

If yes, location: _____

Implanted radiation seeds

- Yes
- No

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

- Yes
- No

Removable medical devices:

Hearing aid

- Yes
- No

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

- Yes
- No

Artificial eye

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

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

- Yes
- No

Artificial limb

- Yes
- No

If yes, what and where: _____

Removable dentures or partial plate

- Yes
- No

Diaphragm, pessary device

- Yes
- No

If yes, type: _____

Have you recently ingested a “pill cam?”

- Yes
- No

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

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

Student name (print): _____

Student signature: _____

Date: _____

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

Reviewed By (print name): _____

Signature: _____

Title: _____

Student Initials: _____

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

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

REMEMBER, THE MAGNET IS ALWAYS ON



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



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

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

Student Name: _____

Signature: _____

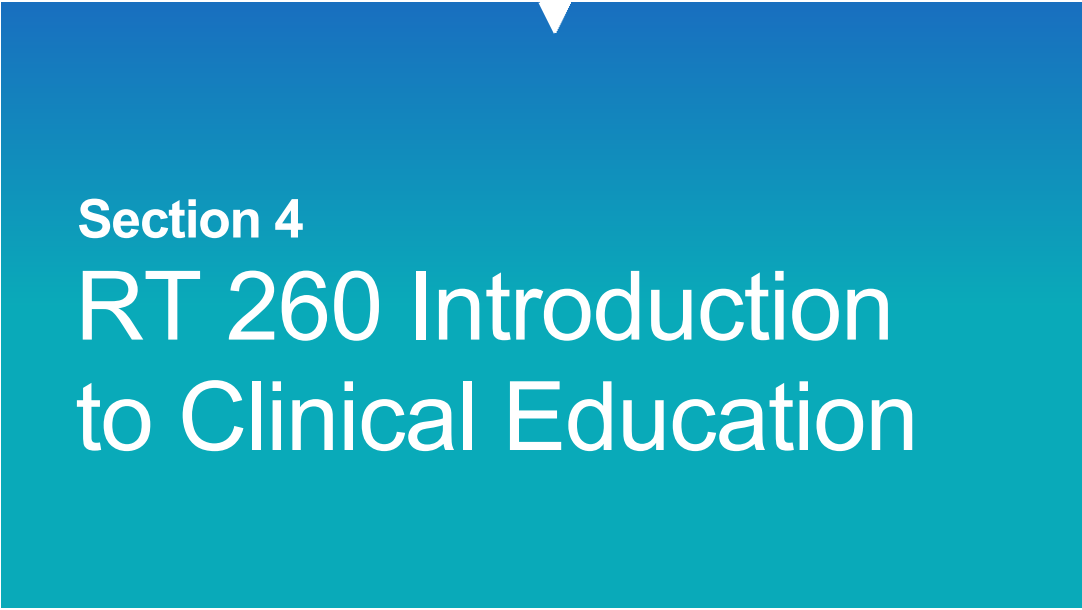
Date: _____

Class of (cohort year): _____

How to access Title 17 online

There are many paths to access Title 17 online, but here is just about the shortest way:

- www.oal.ca.gov
- California Code of Regulations (on the left hand side)
- Title 17. Public Health
- Division 1. State Department of Health Services
- Chapter 5. Sanitation (Environmental)
- Subchapters 4.0 or 4.5



Section 4

RT 260 Introduction to Clinical Education



Los Angeles City College Radiologic Technology Program



Verification of Direct/Indirect and Repeat Supervision Policy for LACC's Radiologic Technology Students

This policy serves to identify the current guidelines for clinical supervision of student radiographers in reference to the direct and indirect provisions stated in the Standards for an Accredited Educational Program in Radiologic Sciences.

DIRECT SUPERVISION

Parameters of direct supervision

All students are required to perform radiographic imaging procedures under direct supervision until they have achieved and documented successful completion of a core competency and a qualifying exam for a particular exam category.

- I. A qualified radiologic technologist reviews the request for examination in relation to the student's achievement.
- II. A qualified radiologic technologist evaluates the condition of the patient in relation to the student's knowledge.
- III. A qualified radiologic technologist is present during the duration of the examination to review and approve the radiographs.
- IV. After demonstrating competency, students may perform procedures with indirect supervision.
- V. All qualified radiologic technologists signing off student competencies must be an employee of the clinical organization for at least two years of employment.
(Registry/On-call technologists are NOT allowed to sign off students' competencies)
- VI. **Indirect supervision** is defined as supervision provided by a qualified radiologic technologist who is **Immediately Available** to assist students regardless of the level of student achievement.
- VII. **Immediately available** is defined as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use, including mobile radiography, emergency department

procedures, fluoroscopy, and procedures performed in surgery. Being available by phone, pager, or other communication is **NOT** considered immediately available.

INDIRECT SUPERVISION

After achieving and documenting successful completion of a core competency within a qualifying examination for a particular exam category, the student may perform those imaging procedures under indirect supervision.

Parameters of indirect supervision:

All students are required to perform radiographic imaging procedures under direct supervision until they have achieved and documented successful completion of a core competency and a qualifying exam for a particular exam category.

- I. A qualified radiographer certifies the student's ability to perform under indirect supervision.
- II. The student evaluates the request for examination and the patient's condition and consults with a qualified radiographer if necessary.
- III. The student performs the radiographic imaging procedure under indirect supervision.
- IV. A qualified radiographer reviews and approves all radiographic images.
- V. A qualified radiographer is present during any repeat exposures (Direct supervision).
- VI. NO provisions are made for performing the following examinations under indirect supervision.

Direct supervision guidelines must be followed regardless of the student's level of clinical competence:

- a. **Mobile examinations**
- b. **OR examinations**
- c. **Special procedures (Fluoroscopy)**
- d. **Repeated X-rays**

CLINICAL EDUCATION SUPERVISION / REPEAT RADIOGRAPHS

Radiography students must have direct supervision while performing radiographic procedures in which they have not achieved competency. The parameters of direct supervision are as follows:

- I. A qualified radiologic technologist reviews the request for examination in relation to the student's achievement.
- II. A qualified –radiologic technologist evaluates the condition of the patient in relation to the student's knowledge.
- III. A qualified radiologic technologist is present during the performance of the examination
- IV. A qualified radiologic technologist reviews and approves the radiographs.

In support of professional responsibility for the provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiologic technologist, regardless of the student's level of competency.

Radiography students are directly supervised for their clinical education until they have proven competency in radiographic procedures and then function under indirect supervision for those exams in which they have proven competency.

According to the 2022 Standards for an Accredited Educational Program in Radiography, JRCERT defines indirect supervision as supervision provided by a qualified radiographer immediately available to assist a student regardless of the level of student achievement. Immediately Available is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed.

Student's Name: _____

Student's Signature: _____

Date: _____

Clinical Education Orientation



LOS ANGELES CITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

Objectives

1. Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
 2. Review and discuss program policies regarding clinical education
 3. Review and discuss clinical obligations for students
 4. Review and discuss protocol on how to report any issues
- 

JRCERT Standards

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Documentation:

LACC Clinical Obligation Document

LACCD Harassment Policy

LACC RT and Clinical Duties

LACC RT Compliance Hotline Survey:

<https://docs.google.com/forms/d/e/1FAIpQLScsey3AvU7yuleVVOQVwd0aJ1BKLqjlxPwMecmtfo4vUjfgLw/viewform>

JRCERT Standards

1.2 Provides equitable learning opportunities for all students.

The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Equitable does not mean equal

Example: Tim has 5 rotations in O.R., and Marco has 3 rotations in OR

Documentation:

LACC Clinical Obligation Document

3.3 Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies.

JRCERT Standards

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations.

With the exception of observation site assignments, students must be provided the opportunity to complete **required program competencies** during clinical assignments.

The student to radiography **clinical staff ratio must be 1:1**. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Documentation:

Clinical Obligation Document

Procedure Tracking Log

Standard 1.3 Student Procedure Tracking Log Form



JRCERT Standards

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

The JRCERT defines the operational hours of traditional programs as Mon. – Fri. 5:00am- 7:00 pm

Clinical placement must be non-discriminatory in nature and solely determined by the program.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they **may not be assigned to clinical settings on holidays** that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments.

Documentation:

LACC Clinical Obligation Document

Make Up Time Policy

Program Faculty Site Visits

Program Director Site Visits

JRCERT Standards

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

Documentation:

LACC Clinical Obligation Document

Program Faculty Site Visits

JRCERT Standards

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

Explanation:

A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation.

Documentation:

LACC Clinical Obligation Document

LACC Grievance Policy Website:

<http://www.lacitycollege.edu/services/sao/studentgrievance.html>

JRCERT Standards

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:

The program must assure students are cognizant of the **STANDARDS** and must provide contact information for the JRCERT.

Documentation:

LACC Clinical Obligation Document

JRCERT Website: <http://www.jrcert.org/>

JRCERT Standards

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:

The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. **A competency-based curriculum allows** for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Documentation:

LACC Clinical Obligation Document

Competency Binder

Remediation for students: Clinical Instructor, Faculty Roles

JRCERT Standards

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:

The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program's prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. **Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies;** however, these clinical rotations are strongly encouraged to enhance student learning.

Documentation:

LACC Clinical Obligation Document

Competency Binder



JRCERT Standards

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

Explanation:

Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Documentation:

LACC Clinical Obligation Document

Competency Binder

Clinical Instructor Evaluations (Semester)

Student Clinical Performance Evaluations (Semester) CI's & LACC CC

JRCERT Standards

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results | regularly to assure instructional responsibilities are performed.

Explanation:

The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. **Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s)** being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Documentation:

- LACC Clinical Obligation Document
- Competency Binder
- Didactic Instructor Evaluations
- Clinical Instructor Evaluations
- Student Evaluations

JRCERT Standards

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Documentation:

Radiation Exposure policy

Landuer Badge Readings/ Hospital Badge Readings (Requirement: 1st of every month, Landuer)

JRCERT Standards

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

Written notice of voluntary declaration, option for student continuance in the program without modification, and option for written withdrawal of declaration.

Explanation:

Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Documentation

LACC Pregnancy Policy (Student Manual)



JRCERT Standards

4.3 Assures that students employ proper radiation safety practices.

Explanation:

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Documentation

RT 240 Course

LACC Clinical Obligation Document

LACC Student Manual



JRCERT Standards

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

Explanation:

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge.

JRCERT Standards

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

Explanation:

is physically present during the conduct of the procedure, and reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Documentation
LACC Clinical Obligation Document
Program Faculty Site Visit
Clinical Site Evaluation

JRCERT Standards

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

Explanation:

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

Documentation

LACC Clinical Obligation Document

Program Faculty Site Visit

Clinical Site Evaluation

JRCERT Standards

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:

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

Documentation
LACC Clinical Obligation Document
Program Faculty Site Visit
Clinical Site Evaluation



JRCERT Standards

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

Explanation:

Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Documentation
LACC Clinical Obligation Document
Program Faculty Site Visit
Clinical Site Evaluation
LACCD Harassment Policy



JRCERT Standards

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:

Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.



RT 260 Competency Binder Checkoff List:



- Verify Documents on the Table of Contents in Binder
 - Verify all necessary documents are signed
- Timesheets (from Trajecys)
 - 16 hrs. weekly
- ARRT Patient Care Competencies (10 Mandatory)
- Required Competencies per Semester
 - Competencies (51 Total: 36 M, 15 E)
 - **Summer (11 Total: 7M, 4E)**
 - **Fall (19 Total: 15M, 4E)**
 - **Winter (9 Total: 6m, 3E)**
 - **Spring (12 Total: 8M, 4E)**
- Clinical Instructor (CI) & Clinical Coordinator Evaluations
- Fluoroscopy Procedure Log
- Radiography Exam log (i.e., assisted, performed)
- Resume and CV

Print Student Name

Student Signature

Date

Clinical Coordinator Name

Clinical Coordinator Signature

Date

If any of the documents above are missing from your binder, you will not get a passing grade for RT 260: Introduction to Clinical Training.

Section 5
Trajecys
Time Keeping

Appendix II

Timekeeping Policy and Student Evaluations using Trajecsys

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

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

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

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

Procedures:

The following regulations will apply:

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

Habitual Tardiness and Clocking Out Early Disciplinary Action:

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

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

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

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

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

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

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

Student & Clinical Preceptor Evaluation

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

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

Student Name: _____

Date: _____

Student Signature: _____

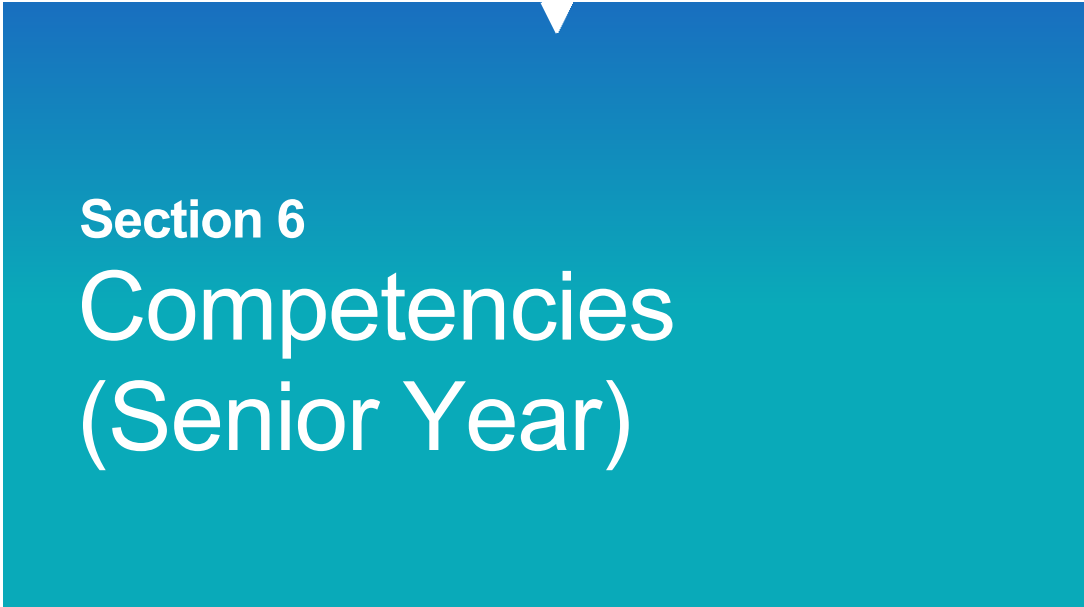
Date: _____

Clinical Coordinator Signature: _____

Date: _____

Director Signature: _____

Date: _____



Section 6

Competencies (Senior Year)



Abdomen

Los Angeles City College, Radiologic Technology Program

Abdomen Upright (M)

Use only one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

Section # 1 Patient Care & Communication						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
Section # 2 Position & Technical Requirements						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
Section # 3 Film Critique						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
Section # 4 Radiation Protection						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/staff/parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Abdomen Decubitus (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "2" in any of the above categories, then he/she MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Abdomen Supine (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "2" in any of the above categories, then he/she MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Intravenous Urography (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "2" in any of the above categories, then he/she MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Chest & Thorax

Los Angeles City College, Radiologic Technology Program**Chest AP (wheelchair or Stretcher) (M)****Use one form for each competency (REQUIRED)**

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Chest Lateral Decubitus (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Chest Routine (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Ribs (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Soft Neck Tissue (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Sternoclavicular Joints (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Sternum (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

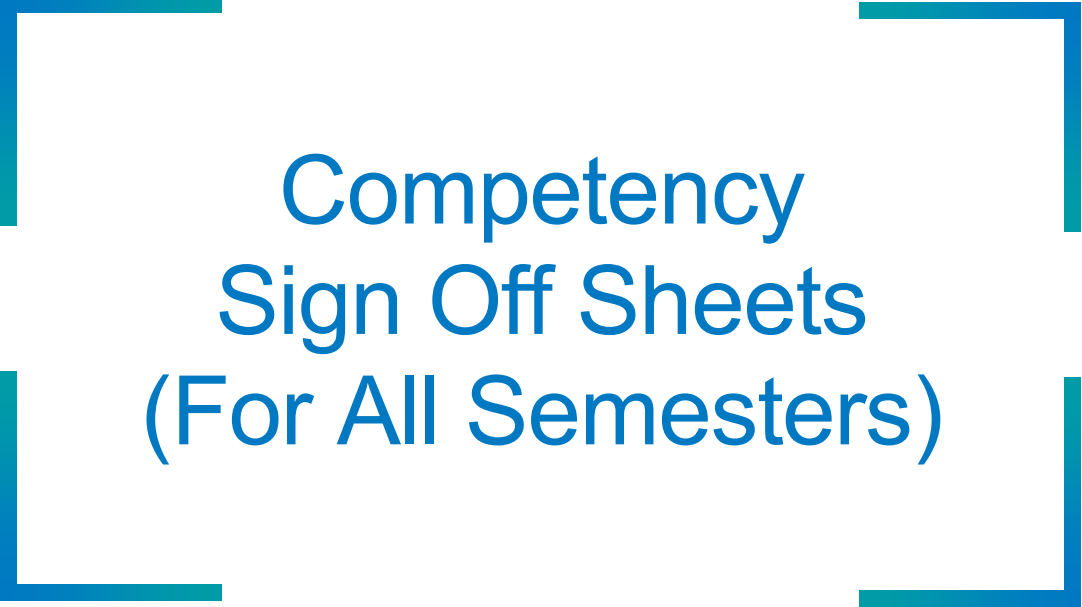
*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Competency Sign Off Sheets (For All Semesters)



RT 281 Competency Binder Checkoff List:



- Verify Documents on the Table of Contents in Binder
 - Verify all necessary documents are signed
- Timesheets (from Trajecys)
 - 38-40 hrs. weekly
 - Total for only Fall Semester
- ARRT Patient Care Competencies (10 Mandatory)
 - Signed by Instructor
- Required Competencies per Semester
 - Competencies (51 Total: 36 M, 15 E)
 - Fall (19 Total: 15M, 4E)
- Clinical Instructor (CI) & CC Evaluations for Fall
- Fluoroscopy Procedure Log
- Venipuncture

Print Student Name

Student Signature

Date

Clinical Coordinator Name and Signature

Date

If any of the documents above are missing from your binder, you will not get a passing grade for RT 260: Introduction to Clinical Training.



Winter Competency Binder Checkoff List:



Winter (9 Total: 6M, 3E)
Timesheet (32hrs – 40 hrs.)
Clinical Instructor (CI) Evaluations
Dosimetry Reports: Hospital (OSL)
Fluoroscopy Procedure Log

Print Student Name

Student Signature

Date

Clinical Coordinator Name and Signature

Date

If any of the documents above are missing from your binder, you will not get a passing grade for RT 260: Introduction to Clinical Training.



Last Semester Competency Binder Checkoff List:



- Verify Binder Table of Content)
- Timesheets (any make-up time; must add to 1850+ hours) *Please total your time*
- ARRT Patient Care Competencies (10 Mandatory)
- ARRT Competencies Requirements
 - Organize your competencies in the ARRT Clinical Requirements order.*
 - Competencies (51 Total: 36 Mandatory, 15 Electives)
 - Note: 15 elective imaging procedures were selected from a list of 34 procedures;
 - One of the 15 elective imaging procedures must be selected from the head section, and
 - Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.
- Clinical Instructor (CI) & Clinical Coordinator Evaluations
- Dosimetry Reports (Hospital or School (OSL)
- Venipuncture Certificate and 10 Sticks
- Radiographic Equipment Orientation signoffs
- Fluoroscopy Equipment Orientation signoffs
- Fluoroscopy Procedure Log

Print Student Name

Student Signature

Date

Clinical Coordinator Name

Clinical Coordinator Signature

Date

If any of the documents above are missing from your binder, you will not get a passing grade for RT 260: Introduction to Clinical Training.



Summer Competency Binder Checkoff List:



Summer (11 Total: 7M, 4E)
Timesheet (32hrs – 40 hrs.)
Clinical Instructor (CI) Evaluations
Clinical Coordinator (CC) Evaluations
Dosimetry Reports: Hospital (OSL)
Fluoroscopy Procedure Log
Completed RadReview

Print Student Name

Student Signature

Date

Clinical Coordinator Name and Signature

Date

If any of the documents above are missing from your binder, you will not get a passing grade for RT 260: Introduction to Clinical Training.



Fluoroscopy Studies

Los Angeles City College, Radiologic Technology Program Arthrography (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
Total points for Section # 4:						

**** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Contrast Enema, Single or Double Contrast (E)
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3: Minimum Passing Points: Maximum Points:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4: Minimum Passing Points: Maximum Points:					

**** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Cystography or Cystourethrography (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program ERCP

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4:					

***** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. *****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Esophagus (not MBSS) (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4:					

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Hysterosalpingography (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4:					

***** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. *****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Myelography (E)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4:					

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Small Bowel (E) Series

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
N/A	Total points for Section # 4:					

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Upper GI Series, Single or Double Contrast (E)
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Communication skills: speaks clearly.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoroscopy time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.
Total points for Section # 2:						
N/A	<u>Section # 3 Film Critique</u>					
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.
Total points for Section # 4:						

***** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. *****

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

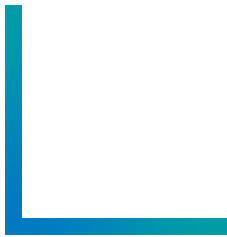
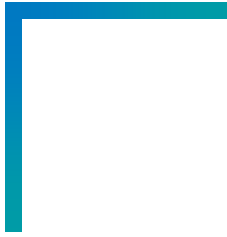
*****In order for this form to be valid, the technologist must be registered by the ARRT for at least 2 years. *****

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Geriatric Patient



Head



Los Angeles City College, Radiologic Technology Program

Facial Bones (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.

Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Mandible (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/staff/parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Nasal Bones (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Orbits (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Paranasal Sinuses (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Skull (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Temporomandibular Joints (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Lower Extremity

Los Angeles City College, Radiologic Technology Program

Ankle (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Calcaneus (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Femur (M) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Foot (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Knee (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Patella (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Tibia-Fibula (M)(S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Toes (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Trauma Lower Extremity (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

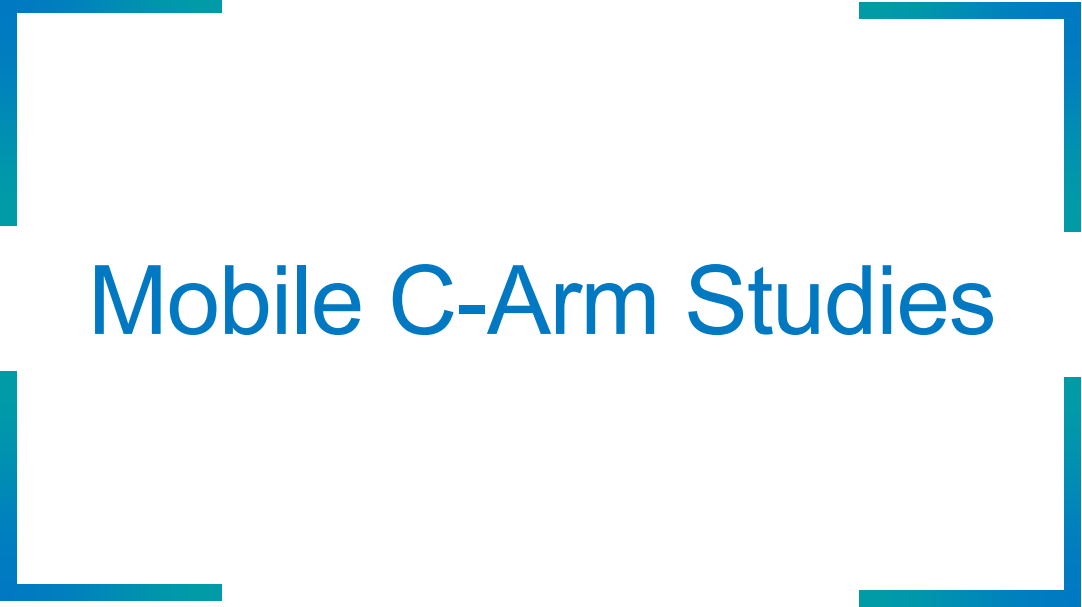
*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Mobile C-Arm Studies

Los Angeles City College, Radiologic Technology Program
C-Arm Procedure (M) requiring Manipulation to Obtain More Than One Projections
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

Section # 1 Patient Care & Communication

N/A	0	1	2	3	4	1. Verifies correct patient.
N/A	0	1	2	3	4	2. Verifies correct procedure.
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.
N/A	0	1	2	3	4	4. Provides clear and complete explanation of procedure to age-appropriate patient.
N/A	0	1	2	3	4	5. Speak clearly and efficient in English Language.
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.

Total points for Section # 1:

Section # 2 Position & Technical Requirements

N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	11. Appropriate fluoro time documentation.
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.

Total points for Section # 2:

Section # 3 Film Critique

N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.

Total points for Section # 3:

Section # 4 Radiation Protection

N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\parents.
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.

Total points for Section # 4:

***** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. *****

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

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

Clinical Preceptors must approve of the competency exams on Trajecs.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
C-Arm Procedure (M) requiring Manipulation to Around a Sterile Field)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

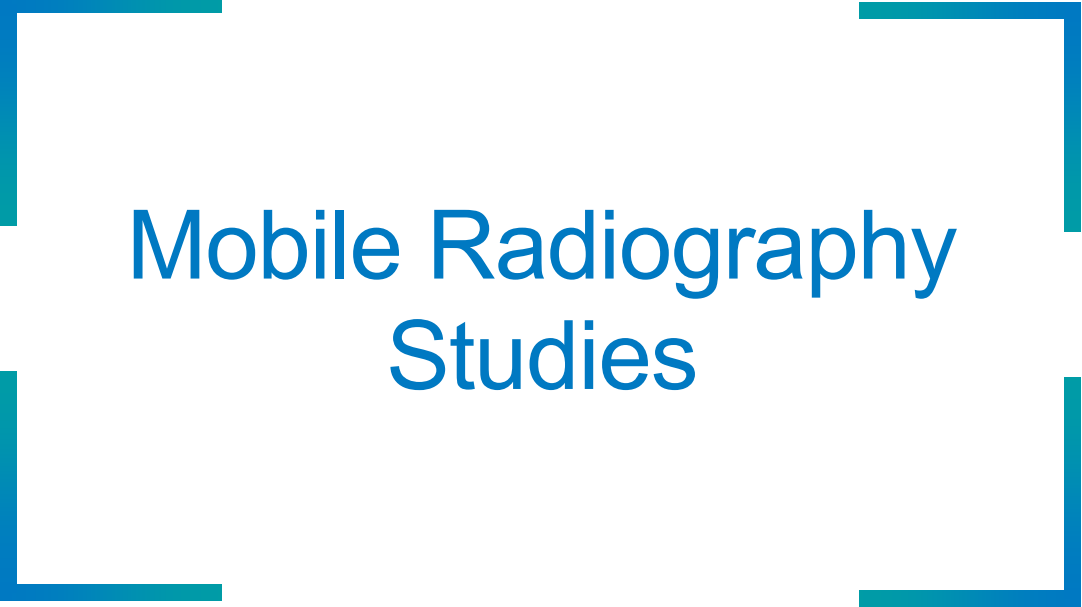
<u>Section # 1 Patient Care & Communication</u>							
N/A	0	1	2	3	4	1. Verifies correct patient.	
N/A	0	1	2	3	4	2. Verifies correct procedure.	
N/A	0	1	2	3	4	3. Verifies correct clinical diagnosis/indication.	
N/A	0	1	2	3	4	4. Provides clear and complete explanation of procedure to age-appropriate patient.	
N/A	0	1	2	3	4	5. Speaks clearly and proficient in English Language.	
N/A	0	1	2	3	4	6. Assists Radiologist/RN/anesthesiologist with patient care.	
N/A	0	1	2	3	4	7. Assists in proper patient movement if necessary.	
Total points for Section # 1:							
<u>Section # 2 Position & Technical Requirements</u>							
N/A	0	1	2	3	4	1. Correctly enters patient information	
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.	
N/A	0	1	2	3	4	3. Assists when needed using proper patient transfer method.	
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.	
N/A	0	1	2	3	4	5. Uses proper immobilization devices.	
N/A	0	1	2	3	4	6. Ensures patient safety and comfort	
N/A	0	1	2	3	4	7. Properly adjusts x-ray tube to the proper area of interest.	
N/A	0	1	2	3	4	8. Properly stores supplies if necessary.	
N/A	0	1	2	3	4	9. Properly films exam using correct windows and level.	
N/A	0	1	2	3	4	10. Properly archives images to PACS or prints images.	
N/A	0	1	2	3	4	11. Appropriate fluoro time documentation.	
N/A	0	1	2	3	4	12. Assists Radiologist and scrub personnel during procedure.	
N/A	0	1	2	3	4	13. Properly adds instruments or supplies to the room.	
Total points for Section # 2:							
<u>Section # 3 Film Critique</u>							
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density).	
N/A	0	1	2	3	4	2. Positioning demonstrates anatomy properly.	
N/A	0	1	2	3	4	3. Positioning demonstrates pathology properly.	
Total points for Section # 3:							
<u>Section # 4 Radiation Protection</u>							
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, childbearing age, adolescent, etc.)	
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient/parents.	
N/A	0	1	2	3	4	3. Uses proper shielding and radiation protection for staff.	
N/A	0	1	2	3	4	4. Uses proper collimation of the body part.	
Total points for Section # 4:							

***** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. *****

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

*****In order for this form to be valid, the technologist must be registered by the ARRT for at least 2 years. ***
Clinical Preceptors must approve of the competency exams on Trajecs.**

Updated 12/10/2024 JW/JBO



Mobile Radiography Studies

Los Angeles City College, Radiologic Technology Program

Mobile Abdomen Upright (M)

Use only one form for each competency (REQUIRED)

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

Section # 1 Patient Care & Communication						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
Section # 2 Position & Technical Requirements						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
Section # 3 Film Critique						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
Section # 4 Radiation Protection						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Mobile Chest (M)

Use only one form for each competency (REQUIRED)

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Mobile Upper or Lower Extremity (M)
Use only one form for each competency (REQUIRED)

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Pediatric Patient

Los Angeles City College, Radiologic Technology Program
Pediatrics Abdomen Clinical Competency Form (E, S)
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Pediatrics Chest Clinical Competency Form (M, S)
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Pediatrics Mobile Study Clinical Competency Form
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

***** If the student receives a "3" OR above categories in each category to be considered competent. Any below "3" MUST redo the competency exam. *****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Pediatrics Upper or Lower Clinical Competency Form (M, S)
Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

***** If the student receives a "3" OR above categories in each category to be considered competent. Any below "3" MUST redo the competency exam. *****

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Spine & Pelvis

Los Angeles City College, Radiologic Technology Program

Cervical Spine (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Cross-Table Lateral Hip (M) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Cross-Table Lateral Spine (M) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Hip (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Lumbar Spine (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Pelvis (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Sacroiliac Joints (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Sacrum and Coccyx (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Scoliosis Series (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Thoracic Spine (M) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO



Trajecys Comps Student Resource

Trajecys Competency Process

Students will begin competency in RT 280 (Summer). All competencies must be based on ARRT Clinical & Didactic, CA-states RHB, and program requirements. Instructions to get competency approved and validated by the clinical preceptor and clinical coordinator:

Trajecys Resources for Students

Register Tutorial: Trajecys [Registration](#)

Student Navigation: [Navigation](#)

Student Role: [Tutorial](#)

Competency Steps:

Please utilize the LACC Radiology Competency Form

1. The student will take the form of a technologist (see JRCERT requirements for technologists)
2. The technologist will observe the student for the procedure and or radiography exam.
 - a. Technologists **must** in no way, shape, or form assist the student when they are ready to comp
 - b. Students **cannot** get competency if there is a repeat during the procedure/radiography exam.
 - c. Technologists **must** score the students appropriately and sign the form.
3. Students will log into trajecys to alert the clinical receptor to approve the competency form.
4. Then, the student must deliver the competency form to the nearest LACC competency box.
5. The clinical Preceptor will utilize trajecys to approve the competency.
6. The clinical coordinator will validate and finalize Trajecys' competency.
7. The form is returned to the student to file it into their binder.
8. All students **must earn 3 points or greater** under each technical category.



Upper Extremities

Los Angeles City College, Radiologic Technology Program

Acromioclavicular Joints (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Clavicle (M) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Elbow (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

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Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Forearm (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Hand (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Humerus (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Scapula (E) (S)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Shoulder (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Thumb or Finger (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program
Trauma Shoulder or Humerus (M) MUST include (Scapula Y, Transthoracic or Axial)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
 Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Trauma Upper Extremity (Non-Shoulder) (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Los Angeles City College, Radiologic Technology Program

Wrist (M)

Use one form for each competency (REQUIRED)

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

Student Name: _____ Procedure/Exam Name: _____ Time (PACS) or Acc#: _____

Date of Examination: _____ Patient Age #: _____ Clinical Rotation Name: _____

Scale: 0=Unacceptable; 1= Incompetent; 2= Needs Improvement; 3=Average; 4=Competent

<u>Section # 1 Patient Care & Communication</u>						
N/A	0	1	2	3	4	1. Verifies correct patient, procedure, and clinical diagnosis/indication.
N/A	0	1	2	3	4	2. Communication skills: Provides clear & complete explanation of procedure to age-appropriate patient, surname use, etc.
N/A	0	1	2	3	4	3. Obtains patient assessment, preparation, and history.
N/A	0	1	2	3	4	4. Ensures patient privacy and dignity.
N/A	0	1	2	3	4	5. Knows emergency protocol for Code situations.
N/A	0	1	2	3	4	6. Ensures patient safety and comfort throughout procedure.
N/A	0	1	2	3	4	7. Practices safe patient care methods including falling precautions.
N/A	0	1	2	3	4	8. Properly operates bedside controls and remembers to put side rail up after the exam.
N/A	0	1	2	3	4	9. Obtains clearance from physician for possible spine injury cases when applicable.
N/A	0	1	2	3	4	10. Removes unnecessary personnel/family members during exposures.
Total points for Section # 1:						
<u>Section # 2 Position & Technical Requirements</u>						
N/A	0	1	2	3	4	1. Correctly enters patient information
N/A	0	1	2	3	4	2. Selects appropriate exam protocol or adjusts as necessary.
N/A	0	1	2	3	4	3. Adjusts exposure factors and selects proper image receptor.
N/A	0	1	2	3	4	4. Positions patient efficiently and correctly for the examination.
N/A	0	1	2	3	4	5. Uses proper immobilization devices.
N/A	0	1	2	3	4	6. Uses tube angulations properly.
N/A	0	1	2	3	4	7. Knows storage location of necessary supplies.
N/A	0	1	2	3	4	8. Examination completed in a timely fashion.
N/A	0	1	2	3	4	9. Properly archives images to PACS or prints images.
N/A	0	1	2	3	4	10. Uses proper SID.
N/A	0	1	2	3	4	11. Uses correct film sizes.
N/A	0	1	2	3	4	12. Uses proper alignment of x-ray tube to film. (Bucky or grid)
N/A	0	1	2	3	4	13. Uses proper central ray location.
N/A	0	1	2	3	4	14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise)
N/A	0	1	2	3	4	15. Uses personal lead markers on all images.
Total points for Section # 2:						
<u>Section # 3 Film Critique</u>						
N/A	0	1	2	3	4	1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols.
N/A	0	1	2	3	4	2. Patient positioning demonstrates anatomy and pathology properly.
N/A	0	1	2	3	4	3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.)
Total points for Section # 3:						
<u>Section # 4 Radiation Protection</u>						
N/A	0	1	2	3	4	1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.)
N/A	0	1	2	3	4	2. Uses proper shielding and radiation protection for patient\staff\parents.
N/A	0	1	2	3	4	3. Uses proper collimation of the body part.
N/A	0	1	2	3	4	4. Uses appropriate patient body positioning to ensure gonad radiation protection.
Total points for Section # 4:						

*** If the student receives a "3" OR above categories in each category to be considered competent.
Any below "3" MUST redo the competency exam. ***

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

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

Clinical Preceptors must approve of the competency exams on Trajecys.

Updated 12/10/2024 JW/JBO

Section 7

Equipment Orientation and Log



CA-RHB Clinical Objectives for Radiology Technology Program



Digital Radiology Equipment Orientation

Los Angeles City College

RT 260 Introduction to Clinical Education

Digital Radiography Equipment Serial Numbers	Type of Equipment Portable or Stationary Radiography	Room Numbers or Portable Number (if any)	Locations (Inpatient/OR, etc.)



CA-RHB Clinical Objectives for Radiology Technology Program

Digital Radiology Equipment Orientation Check-Off List

Los Angeles City College

RT 260 Introduction to Clinical Education



Competency: Student Can:

Yes	No	N/A	Orientation Check Off List
			1. Turn on and off Digital Imaging system.
			2. Identify Control Panels: kVp and mAs ranges, Focal spot
			3. Correctly select the appropriate Image Receptor for the exam.
			4. Identify Table Bucky, Tabletop, Wall Bucky, Detent, Collimation (PBL), & Central Ray
			5. Correctly erase all cassettes prior to imaging patients (CR cassettes only).
			6. Correctly use the scanner to identify the cassette/plate/IR number to the image processor before and after exposure.
			7. Correctly enter patient data into the computer manually during downtime.
			8. Correctly and understand annotation for images.
			9. Select the proper histogram Look Up Table.
			10. Use the Window Level and Window Width selectors to adjust the contrast and brightness of the image.
			11. Send the image to the PACS system for Radiologist review
			12. Identify the exposure bottom.
			13. Cassette/plate/IR handling, charging and storing.
			14. Knows portable distance before exposure: 6ft.
			15. Correctly manipulate the angulations.
			16. Understands the exposure index or S number for each equipment

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

Radiologic Technologist Name: _____ Date: _____

Radiologic Technologist Signature: _____ Date: _____



CA-RHB Clinical Objectives for Radiology Technology Program

Digital Fluoroscopy Equipment Orientation

Los Angeles City College

RT 260 Introduction to Clinical Education



Digital Fluoroscopy Equipment Serial Numbers	Type of Equipment C-Arm or Stationary Fluoroscopy	Room Numbers or C-Arm Number (if any)	Locations (Inpatient, OR, Outpatient, etc.)



CA-RHB Clinical Objectives for Radiology Technology Program

Digital Fluoroscopy Equipment Orientation Check-Off List



Los Angeles City College

RT 260 Introduction to Clinical Education

Competency: Student Can:

Yes	No	N/A	Orientation Check Off List
			1. Connect cord to equipment, turn on and off fluoroscopy system.
			2. Correctly enter/retrieve patient data into the fluoroscopy monitor manually.
			3. Identify Control Panels: kVp and mAs ranges, magnification ranges.
			4. Correctly and understand annotation for images.
			5. Identify the exposure bottom(s), save bottom,
			6. Correctly select the appropriate procedure.
			7. Demonstrate how to drive C-arm and park.
			8. Identify fluoroscopy timer, locking and disabling key or bottom
			9. Identify C-arm cones in Xray tube.
			10. Demonstrate how to position C-Arm into Lateral position.
			11. Raise and lower x-ray tube/Image Intensifier by using the vertical lock.
			12. Move the x-ray tube/Image Intensifier the length of the table using the longitudinal lock
			13. Move the x-ray tube/ Image Intensifier the width of the table using the transverse lock.
			14. Angle the Image Intensifier cephalic and caudal to any given degree.
			15. Demonstrate how to angle the x-ray table (Trendelenburg) by using the table controls as well as the "tower" controls.
			16.
			17. Use the Window Level and Window Width selectors to adjust the contrast and brightness of the image.
			18. Correctly manipulate the fluoroscopy/C-Arm image annotations.
			19. Send the image to the PACS system for Radiologist review (Bottom only).

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

Radiologic Technologist Name: _____ Date: _____

Radiologic Technologist Signature: _____ Date: _____

Section 8

Evaluations (Per Semester)



Clinical Evaluation Policy

Clinical Evaluations must be completed every semester, beginning in RT 260 Introduction to Clinical Education. Students and clinical preceptors must complete evaluations for their clinical sites. The clinical coordinator schedules evaluations on Trajecys two weeks before the end of each semester. Clinical Evaluations account for 20-25% of every clinical education course grade.

I, _____, have read and understood that my clinical evaluations from my clinical preceptors are graded. I will account for my clinical education courses each semester. I am responsible for reminding my clinical preceptor to complete my evaluation per semester and accountable for completing an assessment for my clinical preceptor. I am also responsible for keeping copies of my evaluation inside my binder.

Student Signature: _____

Date: _____



Section 9

Venipuncture



RON CHAPMAN, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

DATE: November 8, 2012

TO: ALL CALIFORNIA APPROVED RADIOLOGIC TECHNOLOGY AND
THERAPY SCHOOLS

SUBJECT: REVISED VENIPUNCTURE LAW

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

- The amended law states that the 10 venipunctures may be performed by students on a human or a mannequin under personal supervision.
- Once a student has satisfactorily completed the venipuncture training, the school shall issue to the student a completion document. Possession of this completion document does not by itself authorize the document holder to perform venipuncture or administer contrast materials.
- If the technologist will be performing venipuncture at his or her place of employment, then the technologist must also perform 10 additional venipunctures on live humans under the personal supervision of a qualified supervisor at that facility. The supervising individual must be a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified to provide personal supervision. It will then be determined by that supervisor whether the technologist is competent to perform venipuncture. If the technologist is judged competent, the facility shall document this determination.

The direct text of Senate Bill 1199 can be found online at <http://leginfo.ca.gov/bilinfo.html>. FAQs regarding the amended law can be found on the Radiologic Health Branch website at www.cdph.ca.gov/rhb.

All California Approved Radiologic Technology and Therapy Schools
Page 2
November 8, 2012

For additional information regarding this notice, please contact Marilyn Cantrell, Senior Health Physicist, Certification Unit at marilyn.cantrell@cdph.ca.gov.

Sincerely,

Original signed by Gonzalo L. Perez
Gonzalo L. Perez, Chief
Radiologic Health Branch



Radiologic Technology Program
Venipuncture Log

Student Name: _____

- A student may **NEVER** perform venipuncture without direct supervision even after 10 successful supervised venipuncture sticks.
- A Student **MUST** be directly supervised by a physician or a registered nurse or a person the physician or nurse has previously deemed qualified to provide personal supervision.
- After successfully completing the venipuncture course and 10 successful supervised venipuncture sticks, the student will be eligible to obtain the LACC Venipuncture Certificate upon graduation from the RT Program.

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

Overview of Venipuncture Law

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Radiologic Technology Program
Venipuncture Log

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