

**The Ohio State University  
College of Medicine  
School of Health and Rehabilitation Sciences**

# **Radiologic Sciences and Therapy**

**Policy Manual and Student Handbook**

**2022 – 2023**

**Prepared by the Radiologic Sciences and Therapy Faculty, May 2022**



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# Radiologic Sciences and Therapy

## **Section 1 – General Program Policies**

Policy #: 1.01

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 4, 2022

### **Division Overview/Mission/Goals**

#### **Division Overview**

The Ohio State University's Division of Radiologic Sciences and Therapy, which has been in existence since 1971, offers a traditional undergraduate program in the radiologic sciences that is fully institutionally accredited by the North Central Association of Colleges and Schools. The Division offers three primary areas of specialization: Radiography, Radiation Therapy, and Diagnostic Medical Sonography. The Radiography Program and the Radiation Therapy program are programmatically accredited by the Joint Review Committee on Education in Radiologic Technology, and the Sonography program is programmatically accredited by the Commission on Accreditation of Allied Health Education Programs. Graduates of the program are eligible to apply to sit for the national certification examination through the American Registry of Radiologic Technologists or the American Registry of Diagnostic Medical Sonography and may be licensed to practice in the state in which they seek employment.

Ohio State academic programs are designed to prepare students to sit for applicable licensure or certification in Ohio. If you plan to pursue licensure or certification in a state other than Ohio, please review state educational requirements for licensure and certification and state licensing board contact information at <http://go.osu.edu/disclosures> for online programs and <http://go.osu.edu/onground> for on-campus programs. Ohio State makes every effort to ensure state licensure and certification information is current; however, state requirements may change. Please contact the applicable licensing board(s) in the state where you may want to pursue licensure or certification before beginning an academic program to verify whether a program meets educational requirements for licensure or certification in the state.

The Division has an excellent national reputation. Many graduates remain in clinical practice and/or continue to areas including but not limited to post-primary imaging areas; graduate education; administration; education; research. Graduates have assumed positions as physicians, physician assistants, nurse practitioners, physical therapists, chiropractors, department directors and managers, health physicists, radiologic science educational program directors and faculty, clinical researchers, dosimetrists, and clinicians in radiography, nuclear medicine, radiation oncology, and sonography.

Policy #: 1.01

Category: General Program Policies

Effective Date: January 1, 2007

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### **Mission Statement**

Prepare graduates for professional level careers in the radiologic sciences, in advanced clinical practice, in research, and in life-long scholarly activity.

The mission of the Division of Radiologic Sciences and Therapy is aligned with the School of Health and Rehabilitation Sciences and The Ohio State University's mission and is realized by students and graduates striving to reach and even exceed the following program goals.

### **Individual Program Goals**

Students will be able to:

1. Demonstrate critical thinking through evidence-based practice and professional decision making in the care of patients.
2. Demonstrate clinical competency through mastery of knowledge, psychomotor skills, and clinical reasoning while providing high quality patient care.
3. Communicate in a clear and effective manner, both verbally and in writing, with people of diverse backgrounds.
4. Cultivate a professional work ethic and interprofessional collaboration, demonstrating a positive attitude and leadership skills.

Policy #: 1.02

Category: General Program Policies

Effective Date: January 1, 2007

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### **Traditional Program – Radiography**

#### **Program Prerequisites**

1. Students applying for sophomore year admission should have completed approximately 30 credit hours and a plan for completing all the prerequisite courses or their equivalent prior to enrollment in the professional program must be included with the application. All program prerequisite courses must be completed with a grade of C- or better by the end of spring semester prior to enrollment in the professional program courses.
2. Prerequisite courses include:
  - A. Anatomy 2300.04 or 3300
  - B. Biology 1101, 1110, or 1113
  - C. EEOB 2520
  - D. English 1110 and a 2<sup>nd</sup> writing course
  - E. Health & Rehabilitation Sciences 2500, 5370 (or PUBHHMP 3610), 5500, 5900
  - F. Math 1150 or 1148 & 1149
  - G. Physics 1200 and 1201
  - H. Psychology 1100
  - I. Sociology 1101
  - J. Statistics 1350 or 1450
  - K. Chemistry 1110 or 1210

#### **Professional Curriculum**

1. The professional program is twenty-one months in length, including the summer between the third and fourth year. There is no provision for part-time or evening-only enrollment. During the final two years, students perform imaging procedures on patients during clinical education rotations. As the program progresses, students work with more difficult cases and during the final year, students choose to specialize in a post-primary clinical or non-clinical practicum. Students elect to enroll in one of three areas of specialization: *professional practice, education, or management*. Students will enroll in the appropriate course specific to the area of specialization for 2 semesters during the senior year. Students must maintain a passing grade of C- or higher in RadSci 4189 and 4289 to continue in the specialty practicum.
2. Following graduation, students are eligible to apply to sit for the national primary examination in Radiography from the American Registry of Radiologic Technologists and passing the primary examination will qualify the graduate to apply for an Ohio Radiographer License.
3. The Ohio State University Radiologic Sciences and Therapy Division Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology, North Central Association of Colleges and Schools, and The Ohio Department of Health. The program follows the standards set forth by the JRCERT (20 North Wacker Dr. Suite 2850, Chicago, IL, 60606-3182; (312) 704-5300, [mail@jrcert.org](mailto:mail@jrcert.org) ) for accredited Radiography Programs. The Standards may be found at <http://www.jrcert.org/programs->





Policy #: 1.03

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### **Traditional Program – Radiation Therapy**

#### **Program Prerequisites**

1. Students applying for sophomore year admission should have completed approximately 30 credit hours and a plan for completing all the prerequisite courses or their equivalent prior to enrollment in the professional program must be included with the application. All program prerequisite courses must be completed with a grade of C- or better by the end of spring semester prior to enrollment in the professional program courses.
2. Prerequisite courses include:
  - A. Anatomy 2300.04 or 3300
  - B. Biology 1101, 1110, or 1113
  - C. EEOB 2520
  - D. English 1110 and a 2<sup>nd</sup> writing course
  - E. Health & Rehabilitation Sciences 2500, 5370 (or PUBHHMP 3610), 5500, 5900
  - F. Math 1150 or 1148 & 1149
  - G. Physics 1200 and 1201
  - H. Psychology 1100
  - I. Sociology 1101
  - J. Statistics 1350 or 1450
  - K. Chemistry 1110 or 1210

#### **Professional Curriculum**

1. The professional program is twenty-one months in length, including the summer between the third and fourth year. There is no provision for part-time or evening-only enrollment. During the two professional years, students perform therapy procedures on patients during clinical education rotations.
2. Following graduation, students are eligible to apply to sit for the national primary examination in Radiation Therapy from the American Registry of Radiologic Technologists and passing the primary examination will qualify the graduate to apply for an Ohio Radiation Therapist License.
3. The Ohio State University Radiologic Sciences and Therapy Division Radiation Therapy Program is accredited by the Joint Review Committee on Education in Radiologic Technology, North Central Association of Colleges and Schools, and The Ohio Department of Health. The program follows the standards set forth by the JRCERT (20 North Wacker Dr. Suite 2850, Chicago, IL, 60606-3182; (312) 704-5300, [mail@jrcert.org](mailto:mail@jrcert.org)) for accredited Radiation Therapy Programs. The Standards may be found at <http://www.jrcert.org/programs-faculty/jrcert-standards/>. Students, faculty, and staff have the right to contact the JRCERT to report any standard the program is not in compliance with. The Radiologic Sciences and Therapy Division will then resolve the non-compliance issue with the JRCERT immediately upon notification.

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Policy #: 1.03

Category: General Program Policies

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**Scheduling Plan – Radiation Therapy Professional Program**

<b>THIRD YEAR</b>		<b>FOURTH YEAR</b>	
<b><u>Autumn Semester</u></b>	<b><u>Cr Hr</u></b>	<b><u>Autumn Semester</u></b>	<b><u>Cr Hr</u></b>
RadSci 3573	3	RadSci 4482	3
RadSci 3414	4	RadSci 4530	3
RadSci 3310	3	RadSci 4670	2
RadSci 3289	4	RadSci 4489	<u>6</u>
RadSci 3200	<u>2</u>		14
	16		
<b><u>Spring Semester</u></b>		<b><u>Spring Semester</u></b>	
RadSci 3471	3	RadSci 4630	2
RadSci 3672	3		
RadSci 3389	5	RadSci 4618	2
RadSci 3574	3	RadSci 4589	<u>8</u>
RadSci 3483	<u>3</u>		12
	17		
<b><u>May/Summer Semester</u></b>			
RadSci 4485	2		
RadSci 4389	6		
RadSci 4478	3		
GE	<u>3</u>		
	14		

Policy #: 1.04

Category: General Program Policies

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### **Traditional Program – Diagnostic Medical Sonography**

#### **Program Prerequisites**

1. Students applying for sophomore year admission should have completed approximately 30 credit hours and a plan for completing all the prerequisite courses or their equivalent prior to enrollment in the professional program must be included with the application. All program prerequisite courses must be completed with a grade of C- or better by the end of spring semester prior to enrollment in the professional program courses.
2. Prerequisite courses include:
  - A. Anatomy 2300.04 or 3300
  - B. Biology 1101, 1110, or 1113
  - C. EEOB 2520
  - D. English 1110 and a 2<sup>nd</sup> writing course
  - E. Health & Rehabilitation Sciences 2500, 5370 (or PUBHHMP 3610), 5500, 5900
  - F. Math 1150 or 1148 & 1149
  - G. Physics 1200 and 1201
  - H. Psychology 1100
  - I. Sociology 1101
  - J. Statistics 1350 or 1450
  - K. Chemistry 1110 or 1210

#### **Professional Curriculum**

1. The professional program is twenty-one months in length, including the summer between the third and fourth year. There is no provision for part-time or evening-only enrollment. During the two professional years, students perform imaging procedures on patients during clinical education rotations.
2. Following graduation, students are eligible to apply to sit for the national examination in sonography from The American Registry of Diagnostic Medical Sonography.
3. The Ohio State University Radiologic Sciences and Therapy Division Diagnostic Medical Sonography Program and Vascular Technology Program are accredited by the Commission on Accreditation of Allied Health Education Programs, and the North Central Association of Colleges and Schools, and The Ohio Department of Health. The program follows the standards set forth by the Joint Review Committee on Education in Diagnostic Medical Sonography JRC-DMS (6021 University Blvd., Suite 500, Ellicott City, MD 21043 – [mail@jrcdms.org](mailto:mail@jrcdms.org)). The Standards may be found at <https://www.jrcdms.org/pdf/DMSStandards9-2021.pdf>. Students, faculty, and staff have the right to contact the JRC-DMS to report any standard the program is not in compliance with. The Radiologic Sciences and Therapy Division will then resolve the non-compliance issue with the JRC-DMS immediately upon notification.

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Policy #: 1.04

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**Scheduling Plan – Sonography Professional Program**

<b>THIRD YEAR</b>		<b>FOURTH YEAR</b>	
<b><u>Autumn Semester</u></b>	<b><u>Cr Hr</u></b>	<b><u>Autumn Semester</u></b>	<b><u>Cr Hr</u></b>
RadSci 3430	3	RadSci 4520	3
RadSci 3486	3	RadSci 4325	3
RadSci 3310	3	RadSci 4689	7
RadSci 3489	4	GE	<u>3</u>
RadSci 3200	<u>2</u>		16
	15		
<b><u>Spring Semester</u></b>		<b><u>Spring Semester</u></b>	
RadSci 3431	3	RadSci 4630	2
RadSci 3672	3	RadSci 4789	7
RadSci 3487	3	RadSci 4521	<u>3</u>
RadSci 3589	<u>7</u>		12
	16		
<b><u>May/Summer Semester</u></b>			
RadSci 4530	3		
RadSci 4488	2		
RadSci 4432	2		
RadSci 3689	<u>7</u>		
	14		

Policy #: 1.05

Category: General Program Policies

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## **Baccalaureate Degree Completion Program**

### **Program Overview**

The Radiologic Sciences & Therapy Baccalaureate Degree Completion Program is designed for students who are registered in good standing with The American Registry of Radiologic Technologists (ARRT), the American Registry of Diagnostic Medical Sonography (ARDMS), or the Nuclear Medicine Technology Certification Board (NMTCB) and allows radiologic science professionals to earn credit for their previous medical imaging/therapy and college education. Credit may be earned by either the transfer of college credit or by providing documentation verifying completion of an ARRT approved educational program in a medical imaging field and examination credit.

Students who are graduates from an accredited Associate Degree Radiography, Radiation Therapy, Nuclear Medicine, or Sonography Program will be recommended to receive transfer credit for coursework specific to the stated modality.

### **Program Prerequisites**

1. Students must apply by January 31<sup>st</sup> to be considered for acceptance into the program for summer or autumn semester admission. Course work may be completed through enrollment in the School of Health and Rehabilitation Sciences (SHRS) prior to enrollment in the Division.
2. To be eligible for full acceptance into the Radiologic Sciences & Therapy Program the applicant must:
  - A. Satisfactorily demonstrate academic success at the post-secondary level as evidenced by achieving a minimum cumulative point hour ratio of not less than 2.5 on all work taken at all accredited academic institutions.
  - B. Complete majority of OSU GE courses and all program prerequisites.

### **University General Education (GE) Requirements**

1. Courses to fulfill the GE requirements must be selected from the SHRS approved list. Credit must be earned by enrollment, transfer credit, or EM credit. The OSU Professional Admissions Office will evaluate for credit all non-Radiologic Sciences & Therapy courses.
2. University GE Requirements
  - A. Writing and Related Skills (6 credits)
  - B. Data Analysis (3 credits)
  - C. Social Science (3 credits)
  - D. Math (4-5 credits)
  - E. Global Studies (0-6 credits)
  - F. Art (3 credits)
  - G. Science (10 credits)
  - H. Literature (3 credits)
  - I. Historical Study (3 credits)
  - J. Cultures & Ideas or 2<sup>nd</sup> Historical Study (3 credits)
  - K. Social Diversity in the US (1-3 credits)
  - L. Open Options (6 credits)

Policy #: 1.05

Category: General Program Policies

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### **Professional Curriculum**

1. Students must earn a total of 120 credit hours to graduate with a baccalaureate degree and a minimum of 30 credit hours must be earned at The Ohio State University to establish residency. Students should enroll in at least one course per semester to show adequate progress toward completion; however, the Division must be notified if circumstances arise that make it necessary for a student to drop a course or to not enroll for a particular semester. Non-enrollment of two consecutive semesters will be grounds for disenrollment from the BS Degree Completion Program and the Division.
2. All students must complete the core curriculum as outlined in the CAP sheet.
3. The chosen advanced radiography practicum for radiography students cannot be completed in a specialty area in which an individual already holds a post-primary certification.

Policy #: 1.06

Category: General Program Policies

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### **Honors Program**

#### **School of Health and Rehabilitation Sciences Honors and Research Distinction Programs**

The HRS Honors Programs offers undergraduate students the ability to distinguish themselves through academic achievement, research, and service. Students must have a cumulative 3.4 GPA to pursue the honors program. The honors opportunities available in the School consist of three components which may be pursued separately or combined. Details of honors programs are provided in a separate manual, on-line at:

<https://hrs.osu.edu/academics/hrs-honors-programs>. See the SHRS Student Handbook - Honors Opportunities for undergraduate professional students.

#### **Lambda Nu**

The Ohio State University is the Alpha Ohio Chapter of Lambda Nu is a National Honor Society for the radiologic and imaging sciences. The purpose of this Chapter is to foster academic scholarship; promote research and investigation in the radiologic sciences; and to recognize exemplary professionalism and ethics.

Introduction into the Lambda Nu Honor Society, sponsored by the Radiologic Science and Therapy Division, begins with students nominated throughout their professional program. Nominations are made by Division faculty and are reviewed by strict criteria that reflect the Lambda Nu's national guidelines and those agreed upon by the faculty. To qualify for membership during their professional program or upon graduation from the program, students must meet the following standards (<http://www.lambdanu.org/>):

- Foster academic scholarship at the highest academic levels
- Promote research and investigation in the radiologic and imaging sciences
- Recognize exemplary scholarship

OSU Nominees must satisfy the following criteria to be eligible for induction:

1. Professional course GPA above 3.5 on a 4.0 scale at the time of nomination and induction.

OSU Nominees will be evaluated on participation in the following:

1. Independent scholarship/research that originates outside of normal classroom activities. (ex. Completion of an honors project; submission of a scientific poster to any University Undergraduate Research Forum; submission of a scientific poster to a State, Regional, or National Professional Conference; submission of a scholarly paper to a State, Regional, or National Professional Conference, or a journal for publication.)
2. Service activities that foster leadership at the National, State, Regional, University, School or Divisional level (ex. Professional society service, Divisional committee service, etc.)

Nominees who have met these criteria but lack consistent professionalism in the classroom and or the clinic will not be considered. The expectations of our Lambda Nu members are an ongoing commitment as an ambassador for the Radiologic Sciences and Therapy programs.



Policy #: 1.07

Category: General Program Policies

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### Code of Ethics

1. Students are required to abide by the following Codes of Ethics while enrolled in the Radiologic Sciences and Therapy Division. Ethics violations will result in professional probation and may lead to disenrollment from the Division. **See the SHRS Student Handbook POLICY 1 Academic Standards: Code of Ethics.** Students are required to uphold the standards of the:
  - A. OSU SHRS Student Codes of Ethics (Policy 1) – All Students  
[HRS Student Handbook](#)
  - B. The American Registry of Radiologic Technologists Code of Ethics – Radiography & Therapy  
<https://www.arrt.org/pdfs/governing-documents/standards-of-ethics.pdf>
  - C. The Society of Diagnostic Medical Sonography Code of Ethics – Sonography  
<http://www.sdms.org/about/who-we-are/code-of-ethics>
  
2. Students are expected to follow practice standards and scopes of practice identified by radiologic science professional organizations in accordance with State and Federal agency requirements.
  - A. Practice Standards – Radiography - [https://www.asrt.org/docs/default-source/practice-standards/asrt-practice-standards-for-medical-imaging-and-radiation-therapy.pdf?sfvrsn=de532d0\\_24](https://www.asrt.org/docs/default-source/practice-standards/asrt-practice-standards-for-medical-imaging-and-radiation-therapy.pdf?sfvrsn=de532d0_24)
  - B. Practice Standards – Radiation Therapy - [https://www.asrt.org/docs/default-source/practice-standards/asrt-practice-standards-for-medical-imaging-and-radiation-therapy.pdf?sfvrsn=de532d0\\_24](https://www.asrt.org/docs/default-source/practice-standards/asrt-practice-standards-for-medical-imaging-and-radiation-therapy.pdf?sfvrsn=de532d0_24)
  - C. Scope of Practice – Sonography - <https://www.sdms.org/docs/default-source/Resources/scope-of-practice-and-clinical-standards.pdf?sfvrsn=8>

Policy #: 1.08

Category: General Program Policies

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### **Academic Misconduct**

1. Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational, and scholarly activities. ***Refer to the SHRS Student Handbook POLICY 2 Academic Standards: Academic Misconduct*** for further details and information.
2. Academic misconduct includes a wide scope of student behaviors, which include, but are not limited to:
  - A. Violation of program regulations;
  - B. Violation of course rules;
  - C. Knowingly providing or receiving information during a course exam or program assignment;
  - D. Possession and/or use of unauthorized materials during a course exam or program assignment;
  - E. Knowingly providing or using assistance in the laboratory or on a course assignment, unless such assistance has been authorized specifically by the course instructor or, where appropriate, a project/research supervisor;
  - F. Submission of work not performed in a course: This includes (but is not limited to) instances where a student fabricates and/or falsifies data or information for a laboratory experiment or other academic assignment. It also includes instances where a student submits data or information (such as a lab report or term paper) from one course to satisfy the requirements of another course, unless submission of such work is permitted by the instructor of the course for which the work is being submitted;
  - G. Submitting plagiarized work for a course/program assignment; course or supervisor of the research for which the work is being submitted;
  - H. Falsification, fabrication, or dishonesty in conducting or reporting laboratory (research) results;
  - I. Serving as or asking another student to serve as a substitute while taking an exam;
  - J. Alteration of grades to change earned credit or a grade;
  - K. Alteration and/or unauthorized use of University forms or records.
3. Procedures:
  - A. **Division/Program Level Review**

If academic misconduct is suspected or alleged, the faculty member, Program Director, and/or Division Director will meet with the student to discuss the details and circumstances of the claim of academic misconduct violation.

    - i. **No Violation**: If the Program/Division Director determines there was no evidence of or intent for an academic conduct violation, this meeting can be used as a learning opportunity to establish steps to avoid academic misconduct.
      - a. Undergraduate Students: Documentation of the meeting and its findings are sent to the Director of Academic Affairs within 7 business days and will be retained.
      - b. Graduate Students: Documentation of the meeting and its findings are sent to the Director of Graduate Studies and Director of Academic Affairs within 7 business days and will be retained.

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Policy #: 1.08

Category: General Program Policies

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ii. Referral to University Committee on Academic Misconduct (COAM)

If there is a suspicion of academic misconduct, the Director of Academic Affairs and/or Director of Graduate Studies in HRS is notified and the Faculty, Program Director and/or Division Director will make the referral to University Committee on Academic Misconduct (COAM) within 7 days of original meeting with student. This referral is made using the university reporting system for Academic Misconduct. Steps for this referral are located: <https://oaa.osu.edu/coam.html>

The student is notified via OSU email account within 7 days in writing that a referral to COAM has been made.

- a. If the allegations of academic misconduct are not resolved, the student's final grade in the course will be reported as an "I" (Incomplete).
- b. When allegations of academic misconduct are resolved by COAM, information from COAM will provide specific guidance for both student and faculty.
- c. If the student is cleared of academic misconduct, the faculty and student should meet to clarify the required steps to meet academic requirements within the course or academic program.

Policy #: 1.09

Category: General Program Policies

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### **Academic Standing and Adequate Academic Progress**

“The academic standards controlling warning, probation and dismissal of professional and graduate students shall be established by rule of the faculties of the college in which the professional student is registered...” (**Faculty Rule 3335-9-23 through 3335-9-28**) (<http://trustees.osu.edu/rules/university-rules/chapter-3335-9-attendance-and-graduation.html>) and by the School of Health and Rehabilitation Sciences Student Handbook Policy 1 – 20

### **Grievance Policy**

Any grievance or concern about a violation, misinterpretation, or inequitable application of any existing policy, procedure or regulation regarding the Radiologic Sciences and Therapy Division must be made in writing. Students must follow the steps below, in order, when addressing grievances or concerns involving the RST Division (**SHRS Student Handbook POLICY 20 – Academic Standards: Student Complaint**).

1. Contact the instructor of record for the complaint, in writing, outline the circumstances and rationale for request within 7 business days of the relevant event. This should include a written description of the details describing the reasons for the complaint. Letter should include the course number and any specific evidence that supports the student appeal. If resolution does not occur, appeal to Division/Program Director. If the student is dissatisfied with Step 1, they can file a written complaint/grievance with the RST program director. This must be done within **10** business days after the date of occurrence. If the incident or occurrence involves a clinical rotation site, the complaint must also be made to the appropriate RST clinical coordinator. The RST program director/clinical coordinator must respond to the student within **14** business days upon receipt of the written grievance.
2. If the student is still not satisfied, a letter clearly detailing the steps which have already been taken and contain the facts of the grievance. should be addressed to the Director of Academic Affairs within the School of Health and Rehabilitation Sciences within 7 business days of the date after the RST faculty reply. The Director of Academic Affairs will confer an appeal committee consisting of three faculty for division within the school (exclusive of the division from which the student is enrolled) within 7 business days of receiving the request for an appeal. The appeal committee will hold a hearing to review the appeal within **14** business days of receiving the request. The student will be notified of the hearing date, time, and location within 4 business days for the request and may submit additional supporting materials of their appeal. Within 7 business days following this hearing, the student will receive information regarding the decision from the appeal committee. The student may have supporters present at the appeal hearing. The student must submit a list of supporting individuals no less than **2** business days before the scheduled hearing. If this support is from a legal representative, notice must be given to the committee no less than **7** business days prior to the hearing. If a student has legal representation, the university’s legal representation will be required to be present for the appeal hearing. Legal representation may be present but may only provide consultation and cannot speak for the student.

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Policy #: 1.09

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Effective Date: January 1, 2007

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3. If resolution does not occur, appeal may be made to the School Director, who will form a committee of three Division Directors, not involved in the appeal, who will follow the same procedures of the initial review committee; this ad hoc committee is advisory to the School Director. The School Director will evaluate their recommendation along with all materials and communicate the results of the appeal to the student. If the student is not satisfied with the response from the School Director, the student may seek further review through the Vice Dean of Education in the College of Medicine where College rules for appeal will apply. If the student is not satisfied with the response from the Vice Dean of Education, the student may pursue further appeal based on OSU Rule 3335-7-23.

Policy #: 1.10

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 23, 2022

### **Academic Warning, Probation, Disenrollment, Re-Enrollment, and Dismissal**

1. A student with a *semester* point-hour ratio of below 2.20 will be given an academic warning issued by the HRS Academic Affairs Office. A student whose *cumulative* point-hour ratio is below 2.20 will be placed on academic probation issued by the HRS Academic Affairs Office. In consultation with the Division or Program Director, a written contract and conditions will be set forth. The student will meet with the Division or Program Director to outline the conditions and written documentation is placed in the student file.
2. All major courses that are required as part of the Radiologic Sciences and Therapy curriculum must be passed with a C- grade or better. A student who receives less than the required grade in a major course may sequentially continue in the program but shall be placed on academic probation and shall be required to repeat the course prior to graduation. (Note that the University does not offer each course every semester.) Conditions for removing probation will be specified at the time of probation and sent in writing to the student. The student may repeat the course only **once** to raise his or her grade to a “C” level within a three-year time period. Upon successful completion of the repeated course (grade of at least a “C” level), the student must be then reevaluated for continuation in the program. Due to the arrangements of the curriculum sequence, this may require an extra year in the program.
3. Conditions for removing probation from clinical courses will be specified at the time of probation and sent in writing to the student. Students will receive an incomplete for their clinical course until the conditions for removing probation have been met within at maximum one (1) semester. Upon successful completion of the probationary conditions, the student may be reevaluated on competencies if deemed necessary by the Clinical Coordinator and/or Program Director. Students may NOT receive an incomplete in a clinical course for two consecutive semesters. If adequate progress is not made within one semester, a failing grade will be issued for the sequential clinical course and the student will be “disenrolled” from the program. A list of major courses can be found in ***Policies 1.02, 1.03, and 1.04*** of this manual.
4. A student may be warned if he or she performs at a minimally acceptable level for didactic courses or clinical performance and shall be placed on probation if two or more causes of warning occur in two out of three semesters. Conditions for removing probation will be specified at the time of probation and sent in writing to the student. Probationary status shall continue until either the requirements for removing probation have been achieved, or the student has been *disenrolled* from the School of Health and Rehabilitation Sciences or *dismissed* from the University.
5. Students receiving below a C- or withdrawal from one course may be considered for re-enrollment based on space and/or clinical availability. If at any point the student must re-enroll, the program must be completed within three (3) years of initial acceptance.
6. Students may be *disenrolled* from a Radiologic Sciences and Therapy program for any of the following reasons:

Policy #: 1.10

Category: General Program Policies

Effective Date: January 1, 2007

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- A. Lack of progress evidenced by:
  - i. two or more grades below “C-” in required courses and/or
  - ii. two or more withdrawals from required courses and/or
  - iii. failure to earn a cumulative point-hour ratio above a 2.20 in RADSCI coursework and/or
  - iv. failure to meet the conditions of probation and/or
  - v. earning a grade below “C-” along with one withdrawal from required RADSCI courses
7. The student who is “*disenrolled*” from a Radiologic Sciences and Therapy Division program has not been dismissed from the University and is free to enroll in classes outside the division. The student who is “*dismissed*” may not enroll in any Ohio State University classes without going through a formal reinstatement process. No student shall be subject to *dismissal* from the University unless he or she is currently on probation. (**Faculty Rule 3335-9-26**) (<http://trustees.osu.edu/rules/university-rules/chapter-3335-9-attendance-and-graduation.html>)
8. Generally, no student will be *disenrolled* for academic reasons unless he or she has been on academic probation at some time during enrollment in the school. However, a student may be dismissed from the program. Please see the SHRS Student Handbook for a complete description of academic standards.
9. Students who voluntarily leave the Radiologic Sciences and Therapy Division while on academic probation, and who are subsequently permitted to re-enroll in the program, will resume their probationary status when they return.

### **Student Violation of SHRS Code of Ethics**

1. Any student whose professional behavior, conduct, competence, or interpersonal skills are judged unsatisfactory or unethical both in the classroom and/or clinic may be placed on program action related to professionalism which include program warning, program probation, or recommendation for program disenrollment. **See *POLICY 1 Academic Standards: Code of Ethics in the SHRS Student Handbook*.**

### **Appeal Process**

1. The student may appeal a specific grade or academic practice by following procedures outlined in ***POLICY 20 Academic Standards: Student Complaint in the SHRS Student Handbook***.

### **Concerns Not Addressed Through University Due Process or Other Policies**

An occasion may arise in which a concern is made regarding an aspect of the Radiologic Sciences and Therapy Division that does not fall within the realm of the University’s due process procedures or academic appeals process. Sources of such concerns may be clinical education sites, employers of graduates, or members of the public. When such a concern is brought to the attention of the program director, other program faculty, or clinical preceptor, the concern will be documented by the program director or appropriate clinical coordinator. Pertinent information and communications will be documented and include suggestions by parties involved for appropriate responses and include suggestions by parties involved for appropriate responses.

Policy #: 1.11

Category: General Program Policies

Effective Date: July 26, 2016

Revised Date: May 9, 2022

### **Technical Standards Requirements for Division of Radiologic Sciences and Therapy**

Upon admittance to the Division of Radiologic Sciences and Therapy, students will receive, sign, and return a technical standards statement prior to the commencement of the didactic program. The technical standards are cognitive and psychomotor skills that are expected of individuals practicing as imaging and therapy professionals. If these technical standards cannot be met by the student, the Division will work with the student and the Office of Student Life – Disability Services (SLDS) to determine reasonable accommodations for both classroom and clinical education needs. The student will be notified as to whether the necessary accommodations can be reasonably met by the didactic and clinical program. If at any point while enrolled in the program these conditions cannot be met, please contact SLDS who will work with the Program Director and/or Clinical Coordinator in making reasonable accommodations for your success.

A list of common technical standards for an imaging professional or therapist are listed below:

1. Must be able to stand and walk for 80% of the clinical time.
2. Must be able to transport, move, lift, and position patients of varying sizes.
3. Must have the verbal and written skills sufficient to respond promptly in communication with patients, visitors, co-workers, and physicians.
4. Must have sufficient vision to observe the condition of the patient while behind the control panel or equipment and:
  - A. evaluate images on computer screens.
  - B. discern colors for diagnostic purposes and evaluation of treatment plans.
    - i. colorblindness should be disclosed to program director for accommodations as necessary.
5. Must have verbal skills to instruct the patient while performing the duties of an imaging professional or therapist.
6. Must have sufficient hearing to respond to patient needs and to interact with the patient as well as respond to the audio sounds of the equipment.
7. Must have sufficient motor skills to be able to respond to medical emergencies and to manipulate the equipment. These motor skills may include but are not limited to the following:
  - A. Extend the hands and arms in any direction.
  - B. Seize, hold, grasp, turn and other wise work with both hands.
  - C. Pick, pinch, or otherwise work with fingers.
  - D. Move the hand and foot coordinately with each other in accordance with visual stimuli.
  - E. Must perform frequent lifting, carrying, pulling, and pushing of patient and equipment.
  - F. Lift and transfer patients safely without injury to patient, self, or other health care worker.
8. Have the intellectual and emotional skills to exercise discretions.
9. Have the cognitive ability to perceive environmental threats and stresses and deals with them appropriately:
  - A. Continue to function safely and efficiently during high stress periods.
  - B. Protect self and others from potential hazards in the health care environment, such hazards as infectious disease, contaminated equipment, needles and scalpels, and radiation.

**Disclaimer:**

The above statement is not intended as a complete listing of behaviors required for Radiologic Sciences and Therapy curricula but is a sampling of the types of abilities needed by the students to meet the program objectives and requirements. The program or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The program reserves the right to amend this listing based on the identification of additional standards or criteria for Radiologic Sciences and Therapy students.



Policy #: 1.12

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 9, 2022

### **Student Accessibility**

1. The Office of Student Life - Disability Services (SLDS) provides services, auxiliary aids, and accommodations for students with documented disabilities. Their mission is to collaborate with and empower students who have disabilities to coordinate support services and programs that enable equal access to an education and university life. Students are also requested to arrange a private meeting with their faculty advisor to discuss their specific needs. For more information, contact the Office of Student Life – Disability Services at:

098 Baker Hall

113 West 12<sup>th</sup> Avenue

Columbus, Ohio 43210

Phone: 614-292-3307

Fax: 614-292-4190

VP: 614-500-4445

General Questions: [slds@osu.edu](mailto:slds@osu.edu)

Exam/Quiz Accommodations: [slds-exam@osu.edu](mailto:slds-exam@osu.edu)

<http://www.slds.osu.edu>

2. There are two legal mandates that protect students from discrimination and ensure equal access to all aspects of university life. These laws include Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The SLDS works with faculty, staff, and students to make sure services follow the law by offering the following services areas but are not limited to:
  - A. Exam Accommodations
  - B. Accessible Media
  - C. Sign Language Interpreting/Transcribing Services
  - D. Assistive Technology and Training Center (ATTC)
  - E. Note Taking Assistance
  - F. Counseling and Auxiliary Aids Staff Support
  - G. Adaptive Transportation
  - H. Disability Parking

Policy #: 1.13

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 9, 2022

## Attendance

### Didactic Courses

1. Students are expected to attend all regularly scheduled lectures, laboratories, and meetings unless illness or a legitimate excuse such as religious participation makes it inadvisable or impossible to be present. The student is required to inform appropriate faculty of any event which will prevent attendance at regularly scheduled academic assignments. Students are responsible to contact the instructor for each course regarding the instructor's policy concerning absences. Repeated absences in any course may lead to failure of the course and disciplinary action.
2. Didactic courses within the Division are intended to function as a work group in which every member is responsible to provide insights and questions about the course content and readings for the shared discussion. Students are expected to be prepared by carefully reading the material prior to class and to be fully engaged in the discussions. The student will be responsible for obtaining, understanding, and completing the material covered during an absence. Specific attendance policies for each course are listed on the course syllabus.
3. In accordance with *University Faculty Rule 3335-8-21* (<http://trustees.osu.edu/rules/university-rules/chapter-3335-8-instruction.html>), marking of non-attendance may also accompany marks for all course grading options. A numeral is given to indicate the week a student stopped attending class. For a student who does not attend class for three or more weeks, an “EN” will be entered as the Fn/Alt grade.

### Clinical Courses

1. Students are scheduled for clinical rotations during each semester of their professional program. These rotations are designed to assist the student in developing the skills, values, and attitudes that are essential in all radiologic science professions, therefore students are expected to attend all regularly scheduled clinical assignments unless illness (*see Policy 3.05 #4*) or a legitimate excuse, such as religious obligation, makes it inadvisable or impossible to be present. The student is required to inform the Clinical Coordinator or Program Director and the clinical site of any event which will prevent attendance at regularly scheduled clinical assignments as stated in the course syllabus, prior to the scheduled start of the rotation. All students not reporting a clinical absence prior to the scheduled time shall be subject to an official warning. Future occurrences may lead to professional probation, failure of the course, and disciplinary action.
2. Students are required to follow the attendance policy stipulated on their clinical course syllabus. All make-up time must be correlated with each modality's clinical coordinator and clinical sites.
3. In accordance with *University Faculty Rule 3335-8-21* (<http://trustees.osu.edu/rules/university-rules/chapter-3335-8-instruction.html>), marking of non-attendance may also accompany marks for all course grading options. A numeral is given to indicate the week a student stopped attending class. For a student who does not attend class for three or more weeks, an “EN” will be entered as the Fn/Alt grade.

Policy #: 1.13

Category: General Program Policies

Effective Date: January 1, 2007

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### **Extended Periods of Absence**

1. Students missing an extended period of time due to a legitimate excuse such as hospitalization, pregnancy, military duty, or an issue covered by the Americans with Disabilities Act must meet with the program director and faculty members to jointly determine the acceptable period of absence. All students returning to the program after an extended leave must demonstrate continued competency in both didactic and clinical courses through examination and clinical simulations. Remedial coursework may be required to ensure adequate progression through the program. For additional information, *see Policies 1.12 (Students Accessibility) and 1.14 (Military Leave) and the SHRS Student Handbook POLICY 19 Academic Standards: Leave of Absence.*
2. Enrollment of a pregnant student requires careful planning of both the didactic and clinical components of the Radiologic Sciences and Therapy curriculum. For further information *refer to Policy 1.18 (Student Pregnancy).*

Policy #: 1.14

Category: General Program Policies

Effective Date: January 1, 2007

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### **Military Duty**

#### **Reserve Duty**

1. Students who are called to report for reserve duty for less than 4 weeks should present their military orders to the division director and program faculty as soon as the notice is served. Arrangements will be made on an individual basis regarding missed course work and clinical education time.

#### **Active Duty**

1. In accordance with the University Registrar's policy regarding students called to active military duty, you are encouraged to withdraw from all OSU courses. It is anticipated that if you are recalled you may be required to serve for up to 24 months and it will be virtually impossible for you to try to continue your course work from afar and be successful. The Division Director/Program Director should review your circumstances on a case-by-case basis.
2. Students called to active duty must present their military orders. They shall coordinate with the SHRS Student Affairs Office and their academic advisor to formally withdraw from the University.

The Radiologic Sciences and Therapy curriculum is cumulative, requiring completion of coursework in sequential order. Therefore, it does not allow for program interruptions. If the student is in good academic standing, they will be eligible for reinstatement into the semester in which they unenrolled upon returning from active duty. The returning student must contact the Division Director. The Division Director will contact Student Affairs and request an update in the student database, thus giving the student a segment and a window to schedule classes the following semester. The student shall be reevaluated on competencies if deemed necessary by the Clinical Coordinator and/or Program Director

For more information, please consult the OSU Registrar's Military Call to Active-Duty webpage at:  
<https://registrar.osu.edu/policies/militarycall.asp>.

Policy #: 1.15

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 9, 2022

### **Information Technology System Security**

#### **Clinical Information and Data Systems**

1. It is the policy of The Radiologic Sciences and Therapy Division that patient protected health information (PHI) is confidential and shall be protected. The security and confidentiality of the clinical site's Hospital Information Systems, Radiation Therapy Information Systems, and Radiology Information Systems are maintained through controlled access and distribution of reports. Students are not authorized to release confidential information. Any individual obtaining information through the Hospital Information System, Radiation Therapy Information Systems, or Radiology Information Systems must adhere to the Division and the specific clinical site guidelines regarding confidentiality.
2. Access to information shall be limited to situations in which a legitimate need and purpose can be demonstrated. Access to computer files shall be controlled through security codes known only to authorized users. Passwords are intended for individual use only, are confidential and should not be posted, shared, or distributed, and should be changed every one-hundred and eighty (180) days.
3. For therapy students, to obtain an authorized password for clinical use, the student must complete the appropriate Security Authorization Request Forms and sign the Confidentiality Statement provided by the clinical facility.
4. All students involved in the creation, use, maintenance, transport and/or destruction of PHI shall be aware of the obligation to preserve the confidentiality of the data and shall complete confidentiality computer-based training modules. Your hospital student ID badge number is required to access the system.
  - A. Computer Based Learning (CBL) address issues related to protecting patient information, thus meeting Health Insurance Portability and Accountability Act (HIPAA) training requirements relating to specific knowledge and behaviors to protect patients' rights, and to implement certain provisions. The modules cover both hospital and office issues and are intended to help in everyday practice.
  - B. Content includes: a general overview of HIPAA; specific patient rights; administrative requirements and office practice issues; special situations, disclosures by law, marketing, and fundraising. Tests at the end of each module are designed to assess mastery of the information presented and are recorded on your transcript.
  - C. Students upload a copy of their transcript into the E\*Value reporting system at the completion of the modules. CBL's are required on a yearly basis.
5. Students found in violation of HIPAA compliance will be subjected to review according to ***SHRS Student Handbook Policy 13 Academic Standards for Clinical Practice: HIPAA Compliance.***

Policy #: 1.15

Category: General Program Policies

Effective Date: January 1, 2007

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### **School of Health and Rehabilitation Sciences Student Computers and Internet Service**

1. Hours of operation of the computer labs in Atwell Hall are 7:30 a.m. to 5:30 p.m. Monday through Friday. The fourth-floor computer lab is closed to general use when computer classes are scheduled. Reserved times for Lab 435 will be posted on the outside door of room 435. The second-floor lab will always remain open and cannot be reserved or closed for group sessions.
2. Students are prohibited under **any** circumstances to install any software on the computers.
3. Students are responsible for saving their work on flash drives which they must supply. Students can save data to the Shared Student (S:) drive, but this is a public domain and files can be copied, edited, or deleted at any time by anyone.
4. Food and drink are not permitted in the computer labs at any time. All computer lab areas are to be left clean and free of debris.
5. Paper is provided in the fourth-floor lab. The office associate in room 106 will provide paper to you when necessary. If you do not feel comfortable in loading the printer, please ask for assistance. Paper waste is a concern in both labs. Please remember that paper is provided by the School as a courtesy and will be discontinued if abused. All students are limited to printing 10 duplex pages at a time to limit abuse of printing.
6. Violations of the rules of use will result in suspension of the student's use of the computer lab facilities.
7. Wireless Internet service is available to all students within Atwell Hall. For more information, please visit: <http://wireless.osu.edu/>.
8. Please report any problems to the Director of Information Systems for Atwell Hall: phone 614-685-1560; pager 614-731-3817.

Policy #: 1.16

Category: General Program Policies

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### **Release of Student Information**

1. The Ohio State University policies and procedures regarding FERPA can be found online at: [https://parent.osu.edu/resources/academic\\_/ferpa](https://parent.osu.edu/resources/academic_/ferpa). The School of Health and Rehabilitation Sciences cannot release names and addresses or certain other data without prior student permission. Faculty and staff are also prohibited from releasing student/graduate credentials to prospective employers without a written request or permission. ***See SHRS Student Handbook POLICY 8 Academic Standards: Family Education Rights and Privacy Act (FERPA).***
2. Students who want to authorize release of information by faculty/staff members (for letters of recommendation, news releases, job references, etc.) should complete a "Consent for Release of Information" authorization form available on the School's website: <https://hrs.osu.edu/academics/academic-resources/forms>. The form may be completed at any time, but the graduate who expects to have prospective employers or graduate schools request information should have this form on file on or before they file an application to graduate.
3. If you have questions about FERPA or completing release forms, consult the University Registrar's Office at <https://registrar.osu.edu/> or (614) 292-0300.

Policy #: 1.17

Category: General Program Policies

Effective Date: June 22, 2007

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### **Radiation Safety**

1. **General Standards:** Students are required to become familiar with each clinical site's safe operating procedures. In addition, the Radiologic Science and Therapy Division has developed general standards itemized in this policy that is presented to students prior to working with radiation at clinical sites. Failure to follow established radiation safety techniques may lead to warning, probation, or disenrollment.
  - A. All students are required to become familiar with The Ohio State University Radiation Safety Standards. These documents are available electronically on the Environmental Health and Safety website at: [https://ehs.osu.edu/resources?title&field\\_file\\_subject\\_tid%5B0%5D=52](https://ehs.osu.edu/resources?title&field_file_subject_tid%5B0%5D=52).
  - B. Prior to the brachytherapy rotation, radiation therapy students are responsible to read the Ohio Department of Health, [Notice to Employees](#), which is also posted in the James Cancer Hospital Radiation Therapy Department's Brachy suite and at the Gamma Knife. The James Cancer Hospital Radiation Therapy Department Radiation Safety manual is available in the Radiation Therapy SharePoint for review at any time.
  - C. In accordance with Ohio regulations regarding the instruction of personnel and training for radiation workers, general radiation safety guidelines are presented to each student in the Radiologic Sciences 3310 - Introduction to the Radiologic Sciences class prior to the student initiating clinical rotations.
  - D. Prior to working in the energized lab, the students are instructed in the radiation safety and safe operating procedures of the laboratory area.
2. **Personnel Monitoring:** In accordance with Ohio State University Radiation Safety Standards (II)(C) (February, 2020), the Radiation Safety Section of Environmental Health & Safety is responsible for insuring the safe use and the disposition of all sources of radiation in accordance with the laws, rules and regulations established by the Federal and State government and their agencies including, but not limited to, the Ohio Department of Health, the U.S. Nuclear Regulatory Commission, the Department of Health and Human Services (especially the Food and Drug Administration), the U.S. Department of Transportation, and the U.S. and Ohio Environmental Protection Agencies. The Radiologic Sciences and Therapy Division will conform by these rules by issuing all students a personnel dosimeter (TLD) while enrolled in the program. The cost of TLD dosimeter service is approximately \$25.00 per year.
  - A. **Reports:** Radiation dosimetry reports are kept on file in the OSU Office of Radiation Safety. They are also posted (quarterly) on the Division bulletin board and kept in a locked file within the Division. Posted reports are de-identified with only the wearer ID visible for confidentiality purposes. Students are notified via email (within 30 days of receipt) when new reports are posted. In accordance with ODH Rule 3701:1-38-10, each individual monitored for radiation will be notified in writing of their annual dose using an appropriate form. Students are responsible for reviewing dosimetry reports posted by the Division. If individuals are monitored at other places of employment, it is the responsibility of that individual to provide a copy of the exposure record to the Individual Responsible for Radiation Protection (IRRP) / Radiation Safety Officer (RSO) at least quarterly.



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- B. Proper Use of Personnel Monitoring Devices: All students are required to wear their dosimeter whenever they are in laboratories or in an imaging/therapy department. Any student present without his or her dosimeter during clinical rotations will be required to leave, get his/her dosimeter, and return to the clinical area. The time missed will count as free hours used for the semester. Students are required to follow these guidelines in the use of personnel monitoring devices:
- i. A personnel dosimeter should be worn at all times in the Radiologic Sciences and Therapy laboratories and while on clinical assignments.
  - ii. The personnel dosimeter should be worn on the trunk of the body at collar level during all imaging procedures including (but not limited to): portable, fluoroscopic, computed tomography, vascular interventional and brachytherapy; it should be worn outside the protective lead apron.
  - iii. The student shall report to the Division immediately if the personnel dosimeter is lost, damaged, or inadvertently exposed to radiation while not being worn.
  - iv. The student is responsible for storing the personnel dosimeter in a secured area, free from radiation sources when not in use.
  - v. Do not lend your personnel dosimeter to anyone. Wear only the dosimeter assigned to you. Do not wear it when you are having medical or dental x-rays of yourself or when flying on an airplane.
  - vi. Personnel monitoring devices issued by the Radiologic Sciences and Therapy Division are not to be worn at any other place of employment.
  - vii. The personnel dosimeter is exchanged quarterly, and the University **must account for every monitoring device**. Lost/damaged badges require completion of an OSU Office of Radiation Safety forms, RS-10 and RS-12, and payment of a \$15.00 fee.
  - viii. Monitored personnel are required to immediately inform the IRRP / RSO if a dosimeter is known or suspected to have been over exposed or contaminated. An example of this would be leaving a dosimeter in a radiation area when not being worn or accidentally flying with it. The IRRP / RSO will investigate circumstances of known or suspected deceptive exposures and review basic radiation safety procedures with the individual.
- C. Personnel Exposure Limits: The occupational exposure limits to ionizing radiation as established by the NCRP and Ohio Department of Health (3701-38-12) are as follows:

**Total Effective Dose Equivalent**

(Annual Whole-Body Dose)	50 mSv/yr.
Total Organ Dose Equivalent	500 mSv/yr.
Lens of Eye Dose	150 mSv/yr.
Skin or Extremity Dose	500 mSv/yr.
Embryo/Fetus	5 mSv/9 months

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Category: General Program Policies

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- D. Notification: The director of the Ohio Department of Health will be notified in writing within 30 days of the discovery of any of the following events by the OSU IRRP / RSO:
- i. Any individual receiving in excess of 50 mSv whole body, 150 mSv to the lens of the eye or 500 mSv to any extremity.
  - ii. Declared pregnant women who receive in excess of 5 mSv during their gestation period.

The report to the State must include the individual's dose, the level of radiation and concentration of the radioactive material involved (as applicable), the cause of the elevated exposure and the corrective steps taken to prevent a recurrence, including the schedule for achieving conformance with applicable limits and ALARA constraints. The name, social security number, and date of birth of the overexposed individual must be included in a format that is separate and detachable from the report. An overexposed embryo or fetus will be identified using the mother's data.

The IRRP / RSO will also notify the individual and badge coordinator and perform an investigation. This investigation should also include the program director and/or clinical coordinator.

- E. ALARA Program: In an effort to maintain occupational doses "As Low As Reasonably Achievable," various levels of personnel exposure have been established that correspond to a particular dose reduction action. These levels are a quarterly dose limit and will be evaluated during reviews conducted by the IRRP / RSO.
- i. INVESTIGATIONAL LEVEL I NOTIFICATION:  
If an individual whole-body badge receives 1.25 mSv deep dose equivalent (DDE) or more, and if a ring badge receives 12.50 mSv shallow dose equivalent (SDE) or more, in a quarter, Radiation Safety will notify the individual in writing.
  - ii. INVESTIGATIONAL LEVEL II NOTIFICATION:  
If an individual whole-body badge receives 3.75 mSv DDE or more, or if a ring badge receives 37.50 mSv SDE or more, in a quarter, Radiation Safety will notify the individual and his/her supervisor in writing. Radiation Safety will investigate the exposure and implement reasonable corrective actions to avoid or reduce additional exposure.

Policy #: 1.18

Category: General Program Policies

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### **Student Pregnancy**

When a student thinks they may be pregnant or becomes pregnant, it is their choice to voluntarily declare their pregnancy by informing the program director in writing and submitting an RS-13 form, “Declaration of Pregnancy”, to the OSU Radiation Safety Office. The Division does not require that a pregnant student disclose their pregnancy; however, in the absence of voluntary, written declaration, a student cannot be considered pregnant. The Division encourages any student who is pregnant or may become pregnant to discuss with their healthcare provider any potential risks and limitations. Upon written notification by a student that they are pregnant, the prenatal radiation dose will be restricted to less than 5 mSv per NCRP regulations during the entire gestation period. This pregnancy declaration must be kept on file for the life of the registration or license. The student may revoke their declaration of pregnancy in writing at which time the lower dose limit for the embryo/fetus will no longer apply. If the declaration is not withdrawn, the written declaration will be considered expired one year after submission. The following policies are in effect for occupationally exposed, pregnant students:

1. Although it is unlikely that the student will exceed the exposure limits for a pregnant radiation worker during their clinical rotations, a student who has chosen to declare their pregnancy during the program year shall be reviewed by the program director and the IRRP / RSO to determine the extent to which the student may perform their clinical rotations. Literature and guidelines concerning pregnant radiation personnel will be provided to the student by Radiation Safety.
2. Following the recommendation set forth by Radiation Safety, the student will meet with the program director to determine the course of action the student wants to pursue regarding completing their academic program. Pregnancy does not prohibit a student from continuing in their program. Students disclosing a pregnancy are encouraged to have their healthcare provider document any restrictions that may assist the Division in providing reasonable accommodations when required.
  - A. If the student’s healthcare provider indicates that there are restrictions, once officially notified in writing, the Division is required to abide by the restrictions. If these restrictions are significant enough to prohibit or compromise the student’s ability to continue in a laboratory course and/or clinical placement, the student may be required to withdraw from the program and re-enter the following year to complete the remainder of their program.
  - B. If the student’s healthcare provider indicates that there are no restrictions, the student may continue in her laboratory and/or clinical placement without any changes.
3. Following counsel with the program director, the student must inform the Division, in writing, regarding their plans to continue in the program without any interruption or to withdraw.
  - A. If the student chooses to withdraw from the program, they may be reinstated into the program the following year to complete the remainder of their program sequence. Upon re-entering the clinical environment, the division director, program director and/or clinical coordinator will re-evaluate the student’s clinical competencies. Repeat and/or additional remedial work may be required prior to the student’s re-entry into the clinical environment.

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Policy #: 1.18

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Effective Date: June 22, 2007

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- B. If the student chooses to remain in the program without any modification or interruption, all missed clinical hours or course work must be completed according to the course guidelines.
  - i. The student accepts full responsibility for their own actions and the safety of their fetus.
  - ii. The student relieves The Ohio State University, its faculty and staff, and clinical sites in case of adverse effects.
  - iii. In order to minimize fetal dose to radiation, clinical placement of students in the radiography program who elect to continue without interruption may be modified. The student has the right to defer time spent in fluoroscopy, surgery, and portable examinations during their pregnancy.
4. For students enrolled in radiation therapy and involved with non-HDR interstitial and intracavitary applications using radioactive sources:
  - A. The pregnant student may continue the program without modification.
  - B. If the student's anticipated due date is after graduation and they have completed the Brachytherapy rotation, they will continue the program as scheduled unless unforeseen problems with the pregnancy occur. A plan to continue the program will then be determined on an individual basis.
  - C. If the student's anticipated due date is after graduation and they have not completed the Brachytherapy rotation, graduation will be extended. The student will continue their didactic education and complete their clinical rotations after delivery.
5. The dose to the fetus will be estimated from the date of conception to the date of notification by performing a review of personnel monitoring device reports for that period.
6. If not already in place, a second dosimeter will be requested for monitoring at the waist level and under a protective apron (when utilized). The dose received by this monitor may be assumed to be the fetal exposure.
7. The fetal dose records will be reviewed by the IRRP / RSO.
8. During periodic review of the prenatal exposure, if the exposure exceeds 0.5 mSv in one month, reassignment of duties may be necessary.
9. In fluoroscopic areas, declared pregnant students will reduce the amount of time handling patients within the imaging room during fluoroscopic procedures. Students may be assigned to non-fluoroscopic areas throughout their pregnancy to reduce fetal dose.
10. The program will work with the OSU Title IX Coordinator and/or legal counsel to discuss and resolve any specific circumstances.

Policy #: 1.19

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### Safe Operating Procedures

#### 1. Clinical Safe Operating Procedures

- A. **Students are not permitted to hold patients for examinations or to intentionally expose other students or staff members to ionizing radiation during clinical rotations.** Students violating this policy shall be subject to immediate dismissal from the clinical assignment.
- B. No one may be exposed to the useful beam for the purposes of training, demonstration, or other non-medical procedures.
- C. Any room utilizing radiation emitting equipment is considered a restricted area. If the entrances to these areas are secured, use caution when entering by knocking first and awaiting a response.
- D. Any questions, concerns or complaints issued by the patients should be immediately addressed with IRRP / RSO.
- E. Students must be accompanied/supervised by a credentialed radiographer, sonographer, or radiation therapist at all times during examinations, patient setups, or treatments.
- F. All individuals present in fluoroscopic examination rooms, brachytherapy, operating room procedures, or CT procedures will wear protective lead aprons. Protective lead gloves shall be required and used by individuals who are required to have their hands in or near the useful beam.
- G. All students are required to become familiar with the safe operating procedures of each clinical site in their rotations.
- H. All students are required to report to their respective Clinical Coordinator or Program Director any condition of equipment or action by personnel that may be deemed unsafe to patients, other personnel, or other students.

#### 2. Radiologic Sciences and Therapy Learning Laboratories Safe Operating Procedures:

- A. The radiography and radiation therapy learning laboratories will only be used under the supervision of a credentialed/licensed faculty member or credentialed/licensed radiographer/therapist **or** when the energized generator is “keyed” to the off position, The room is to be secured and locked when faculty members are not present.
- B. Radiation generating equipment will be operated only by faculty or students of the Radiologic Sciences and Therapy Division of The Ohio State University. All equipment shall be secured against unauthorized use and **shall not be used for human exposure**. No radiation exposure shall be taken by students without the authorization of a division faculty member.
- C. Notice to Employees and the Certificate of Registration shall be posted in the RST Learning Laboratories and copies of the Ohio Radiation Protection rules are maintained in the laboratories.

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Policy #: 1.19

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

- D. Students must wear their radiation badge to lab whenever exposures will be made. Dosimetry badge reports are on file in the Division office and posted on the Division bulletin board. Incidents of overexposure (1.25 mSv) whole body dose will be evaluated by the IRRP / RSO.
  - E. All occupants of the laboratory shall remain behind the protective barrier when making exposures or generating a radiation beam. Radiographic exposure switches or interlocks have been located to ensure operators remain protected behind the protective walls. Faculty must ensure that all students and faculty present during an exposure are wearing a personal radiation badge.
  - F. The laboratory door shall be closed during a radiation exposure for radiation protection purposes and the proper signage displayed on the door. Under all conditions, RST faculty and students are to keep their radiation exposure As Low As Reasonably Achievable.
  - G. The useful beam shall be restricted to the area of clinical interest and shall never be directed toward the protective barrier. Unless specified by an instructor for experimental purposes, the useful beam should not be larger than the image receptor size. All individuals have been trained in the competent use of beam restriction devices.
  - H. Exposures will be minimized by proper maintenance of the x-ray generating equipment. For radiographers, a technique chart for phantom exposures is posted in the lab and should be consulted.
  - I. All unusual incidents with radiographic equipment shall be reported to an RST faculty member immediately.
3. Mobile Radiographic Equipment
- A. Operators shall verbally warn personnel and clear the immediate area prior to exposure.
  - B. During exposures, operators should stand  $\geq 2$  meters from the x-ray unit.
  - C. The x-ray control switch shall allow the operator to stand  $\geq 2$  meters from the x-ray unit.
  - D. All occupants of the laboratory shall remain behind the protective barrier when making exposures with the mobile radiographic equipment.
4. Control Panel & Technique
- A. Techniques may be programmed into the control panel, or;
  - B. Posted on a chart near the control panel.
5. Linear Accelerator Equipment
- A. The gantry and couch movements during labs shall be monitored to prevent collision with the treatment table. When using accessories, assure they are firmly secured before moving equipment.

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- B. All personnel in the Linear Accelerator Laboratory should avoid directly looking into the alignment laser beams.
  - C. When operating the Linear Accelerator, toxic byproducts can be formed when SF<sub>6</sub> is exposed to arcing (in the microwaves guides). If any pungent or unpleasant odor is noticed, personnel must quickly get themselves into fresh air and notify the radiation oncology physicist.
  - D. If there is any water leakage in the vicinity of the gantry, turn off the power with the wall mounted emergency off button and contact the radiation oncology physicist.
  - E. All personnel shall be familiar with the location and use of all emergency off buttons and the main circuit breaker, and the posted Emergency Shutoff procedures.
6. Following any laboratory activity, all x-ray equipment shall be turned off and the linear accelerator left in the standby mode securing against unauthorized use. The radiographic tables cleaned, and all accessory equipment put away.
  7. Operators shall be oriented and trained on the equipment in the lab to assure competency.
  8. The safe operating procedures are posted in the learning laboratories.
  9. Inquiries concerning radiation protection should be made to the IRRP / RSO (614-688-2599) or CRE for Radiation Oncology (614-685-9481).

Policy #: 1.20

Category: General Program Policies

Effective Date: May 2, 2022

Revised Date: May 2, 2022

### **Magnetic Resonance Imaging (MRI) Policy**

1. While not all students in the Radiologic Sciences and Therapy Program may have a direct interaction with the MRI modality, every student must understand basic safety practices prior to assignment to clinical settings. MRI Safety is covered during the RADSCI 3310 - Introduction to Radiation Sciences course prior to the start of clinical rotations. All students are required to complete an MRI safety computer-based learning module and successfully pass a quiz with a 75% or higher. In addition, students complete the Radiologic Sciences and Therapy Division MRI Screening Form which is reviewed by the MRI course instructor prior to the start of clinical rotations.
2. **All students are mandated to report changes to their health status that could cause a safety issue relative to MRI, as soon as possible.**
3. If any items within the screening form need further review, there will be a meeting with the student to discuss methods to protect themselves from the MR environment (ex: reinforce education on MR safety zones and refraining from Zone III). An attestation of this discussion will be signed by both the student and MRI course instructor.



Policy #: 1.21

Category: General Program Policies

Effective Date: February 18, 2010

Revised Date: May 2, 2022

### **Guidelines for Appropriate Use of Social Networking Websites**

1. Social networking websites provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner that does not embarrass the students, the Division of Radiologic Sciences and Therapy, the School of Health and Rehabilitation Sciences, and The Ohio State University. It is also important to ensure patient information is not made publicly available. ***See SHRS Student Handbook POLICY 6 Academic Standards: Social Networking*** for details, procedures, and committee actions.
2. Personal Privacy
  - A. The Division recommends setting your profiles on social networking sites so that only those individuals whom you have provided access may see your personal information.
  - B. The Division recommends evaluating photos of yourself that are posted to these sites and “untagging” photos that depict you in what may be construed as compromising situations.
  - C. Be sure you are aware of the security and privacy options available to you at any sites where you post personal information. Keep in mind that privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with “Friends Only” access.
3. Protection of Patient Information
  - A. HIPAA rules apply online, and students may be held criminally liable for comments or images that violate HIPAA. Images captured on personal devices while on clinical assignments are in violation of HIPAA policies.
  - B. Comments made on social networking sites should be considered the same as if they were made in a public place in the hospital.
  - C. Remember that simply removing the name of a patient does not make them anonymous. Family members or friends of that patient or of other patients you are caring for may be able to determine to whom you are referring based on the context.
4. Professionalism
  - A. Use of social networking sites or applications can have legal ramifications if used inappropriately. Images, video, and/or comments regarding patient care or that portray you and/or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
  - B. Statements made under your profile are attributable to you and are treated as if you verbally made that statement in a public place.

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Policy #: 1.21

Category: General Program Policies

Effective Date: February 18, 2010

Revised Date: May 2, 2022

- C. We recommend using discretion when choosing to log onto a social networking site at school or in a clinical environment during breaks. **Keep in mind that the use of these sites during lecture and clinical assignments is prohibited.**
- D. Keep in mind that photographs and statements made are potentially viewable by future employers.
- E. Students may be subject to disciplinary actions within the School of Health and Rehabilitation Sciences for comments or images that are either unprofessional or violate patient privacy.
- F. Keep in mind that you are representing OSU, the Division of Radiologic Sciences and Therapy, and the School of Health and Rehabilitation Sciences when you log onto a site and make a comment or post an image.

Policy #: 1.22

Category: General Program Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### **Distance Learning Fee**

Distance education courses are defined as those courses with no scheduled in-classroom or on-site activities where the course instruction occurs via technology. A distance education administration surcharge of \$100 per student per term is charged for any student who is enrolled for only courses tagged as distance education courses. Non-resident students enrolled exclusively in a for-credit online degree/certificate program will have a Distance Education non-resident surcharge of \$200 assessed each term.

Site-based fees (e.g., COTA Bus Service Fee, Recreational Fee, Student Activity Fee and Student Union Facility Fee) will not be charged to students enrolled in all distance education courses. The revenue generated from this fee funds 24/7 distance education support. If a student has any regular or “hybrid” (regular courses that also have a significant distance education component but are not exclusively distance education) courses in addition to distance education classes, all regular fees will be assessed. Programs specifically designed as Distance Learning will have an individualized fee table located at: <http://registrar.osu.edu/FeeTables/MainFeeTables.asp>.

Policy #: 1.23

Category: General Program Policies

Effective Date: May 16, 2022

Revised Date: May 16, 2022

### **Inclement Weather**

1. Notifications of closures or delayed starts will be communicated through the university's Buckeye Alert notification system. Students should subscribe to Buckeye Alerts through [BuckeyeLink](#). When The Ohio State University main campus is closed, clinical education is also cancelled. If an announcement concerning closing is not made before a student must leave for campus or their clinical education setting, then the student must use good judgement in deciding as to whether to attend. If the student does not attend when the campus is open and operating normally, then the day is considered an absence and the student may use free hours or be permitted to make-up the missed hours at a later date without penalty.

## Radiologic Sciences and Therapy

### **Section 2 – Admission Policies**

Policy #: 2.01

Category: Admission Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### **Admissions Process – Traditional Students**

1. The admissions process for undergraduate students is based on academics that have been completed at the time of the application deadline. Students are also required to complete a limited number of observation hours to ensure that this is an appropriate career choice.
2. To complete an application for the Division of Radiologic Sciences and Therapy, the student must:
  - A. Have achieved a cumulative GPA greater than a 2.5/4.0.
  - B. Completed the prescribed number of observation hours (8) in each discipline in which the student would like to be considered.
  - C. Completion of American Society of Radiologic Technology modules.
  - D. Provide a personal statement outlining interest in the radiologic sciences and therapy.
3. Once the application has been electronically filed with OSU Professional Admissions, the application file will be built and sent to the Office of Student Services in HRS. Applications must be submitted no later than January 31st to be considered for autumn admission.
4. Upon receipt of the applicant's file, the Office of Student Services in HRS enters the student's information in a database that is divided into the following quantitative scoring categories:
  - A. Overall GPA- this can include transfer credit from other universities.
  - B. Science GPA- this is composed of the grades achieved in courses such as Physics, Math, Statistics, Biology, Anatomy, Chemistry, Pathology, and EEOB.
  - C. Students shall complete a minimum of 8 hours of observation in the specific discipline for which they are applying (radiography, sonography, & radiation therapy).
5. The individual quantitative scores are summed for all applicants and the top candidates are invited for a personal interview by faculty. A standard set of interview questions and faculty graded blind copy of an essay prompt, administered at the time of interview, are utilized, and scored. Following the interview, these points are entered into the applicant data base.
6. The final quantitative scores are based on overall GPA, science GPA, interview score, and graded essay. All scores are provided to a committee of faculty who make the selections and seat the prospective students based on the total quantitative scoring. The number of students offered positions in the Division for specific studies is based on the openings that exist and the number of clinical sites available for each student.
7. Letters of offer are sent to the top candidates and are contingent on the following conditions:
  - A. Completion of any outstanding prerequisite coursework by Summer Semester prior to the start of the program with no less than a C-.
  - B. Completion of a criminal background check. ***See SHRS Student Handbook POLICY 14 Academic Standards for Clinical Practice: Background Check.***
  - C. Completion of the required HRS drug screening with a negative result.
  - D. Completion of HRS immunizations as described in the ***SHRS Student Handbook POLICY 16 Academic Standards for Clinical Practice: Immunization Requirements.***
  - E. Completion of BLS/CPR for Healthcare Providers during the summer preceding autumn commencement of the professional program.

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Effective Date: January 1, 2007

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8. Letters of offer are specific to the areas of study and these offers are made based on availability and the desire of the students to study in these specific areas of medical imaging/therapy. Once all student availability has been offered, a small number of alternates are selected to ensure that a complete class of students can begin in the fall semester.
9. Alternate students are provided with letters that inform them of their status and the need to honor the above-mentioned conditions as well as the need to remain available for an unexpected vacancy in the program of study that is designated. Alternate students are encouraged to work with their advisors to make sure they have a back-up plan if an opening does not occur during study designated.

Policy #: 2.02

Category: Admission Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### **Admissions Process – Degree Completion Students**

1. The Baccalaureate Degree Completion Program is designed for imaging professionals who are registered in good standing with The American Registry of Radiologic Technologists (ARRT) or the American Registry of Diagnostic Medical Sonography (ARDMS). The program allows professionals to earn credit for previous medical imaging/therapy and college education by either the transfer of college credit or by providing documentation verifying completion of an AMA approved educational program in a medical imaging field and completion of a written, comprehensive examination.
2. Students apply no later than January 31st for consideration of a Summer or Autumn Semester admission and must enroll in courses the first semester of enrollment.
3. To complete an application for the Division of Radiologic Sciences and Therapy BS Degree Completion Program, the student must:
  - A. Satisfactorily demonstrate academic success at the post-secondary level as evidenced by achieving a minimum cumulative point hour ratio of not less than 2.5 on all work taken at all accredited academic institutions.
  - B. Complete the [OSU University requirements](#).
  - C. Provide an active copy of professional certification.
  - D. Provide a writing sample per the “Personal Statement” portion of the program application specifying specialty interest for the Traditional BS completion program. (Selection of specialty not required for online AS to BS program)
  - E. Submit three letters of reference. (1 academic, 1 clinical, 1 personal)
4. Once enrolled in the program, students must be enrolled in at least 2 sequential semesters per year to remain in good standing and show adequate progression toward degree completion.
5. Annual program planning meetings with Division faculty are required.



Policy #: 2.03

Category: Admission Policies

Effective Date: June 5, 2019

Revised Date: May 16, 2022

### **Admissions Process - Transfer Students**

1. Students transferring to The Ohio State University for admission to a program within the Division of Radiologic Sciences and Therapy must submit transcripts from their previous institutions.
2. Prerequisite and general electives are considered for potential transfer credit and will be evaluated by the university.
3. The student will be required to take all professional courses outlined by the discipline's curriculum guide. Professional courses (Rad Sci) completed by a student at another institution will **NOT** be considered for transfer credit.

Due to the integrated and complex nature of our curriculum design and the challenges associated with ensuring that all curricular content is adequately covered, we do not allow courses from other Radiography, Sonography, or Radiation Therapy programs to substitute for courses in OSU Radiologic Sciences and Therapy programs. Students who have attended other radiography, sonography, or radiation therapy programs who wish to transfer to our program are welcome to apply for admission according to the standard admission dates and policies.

ALL transfer students are encouraged to contact a School of Health and Rehabilitation Sciences academic advisor prior to submitting an application.

For students taking prerequisite coursework at another college in Ohio: <https://transferology.com/index.htm>

For students taking prerequisite coursework at out-of-state colleges and universities in the US: [collegesource.org](https://collegesource.org)

Policy #: 2.04

Category: Admission Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### **Liability Insurance**

1. All students having contact with patients are required to be covered by a professional liability insurance policy. The student coverage is provided by the University at no additional cost to the student; however, the policy is only in effect during scheduled, clinical education hours. The insurance does **NOT** cover an individual working outside of the assigned, formal education rotations.

Policy #: 2.05

Category: Admission Policies

Effective Date: January 1, 2007

Revised Date: May 16, 2022

### **Student Orientation**

1. A series of mandatory orientation meetings will be held for students who have confirmed their letter of acceptance. The purpose of the orientation meetings is to assist newly accepted students and to acclimate them to the Division and their respective course of study.
2. During spring semester, a brief orientation meeting will be provided by the Division to welcome students and answer questions about the preparation activities required during the summer break. The spring orientation is focused on:
  - A. Completion of student information document
  - B. Hospital ID/Criminal background check procedures and scheduling
  - C. BLS/CPR for healthcare provider requirements
  - D. Immunization requirements prior to the start of clinical rotations
  - E. Textbook and resource requirements
  - F. Introduction to SHRS Honors Programs
  - G. Radiation monitor badge application
  - H. Completion of Technical Standards document
  - I. Uniform requirements
3. A fall orientation meeting is planned each year to:
  - A. Obtain photograph identification
  - B. Review the SHRS and RST Division Handbooks
  - C. Review the Code of Ethics
  - D. IT orientation, IHIS, Imaging Informatics, and mandatory computer-based learning (CBL) for OSU Wexner Medical Center and OhioHealth
  - E. Uniform requirements (refresher) and opportunity to purchase Division patches (\$5 each) for uniforms
  - F. Standards for Accreditation  
JRCERT for Radiation Therapy and Radiography  
JRC-DMS for Sonography
  - G. Collect dosimeter fee (\$25)
  - H. Immunization verification
  - I. Completion of OhioHealth Onboarding Release Form
  - J. Brief introduction to E\*Value Reporting System
  - K. Discuss discipline specific information

## Radiologic Sciences and Therapy

### **Section 3 – Clinical Education Policies**

Policy #: 3.01

Category: Clinical Education Policies

Effective Date: June 26, 2007

Revised Date: May 16, 2022

### **Access to Medical Records/Confidentiality**

1. All students working with patient protected health information (PHI) are required to maintain and respect the patient's right to confidentiality. All information made known while providing treatment or generated in connection with patient care activities is confidential and is not to be released without the patient's consent except as provided by law. Students must complete CBLs and all other on-boarding requirements for each institution prior to accessing electronic medical records.
2. Information generated through contact between patients and healthcare providers is confidential and the expectation of confidentiality extends to all forms of information regardless of how the information is maintained and stored (electronic, paper, etc.).
3. Students with access to patient PHI may only obtain information that is necessary to conduct the imaging or therapy procedure. It is the student's responsibility to limit their access to patient's PHI to perform an imaging or therapy procedure or class assignment.
4. Patient diagnostic and therapeutic PHI may not be displayed where it is visible from any public area. Reports, documents, and other media which contain PHI must be disposed of by shredding or other secure means of destruction. Items containing PHI should **NOT** be removed from the institution. Patient-identifiable information may only be discussed with other staff or students if they are participating in the care of the patient. Discussions should be held in areas where the public will not overhear the discussions.
5. Inappropriate disclosure of confidential information, intentional or unintentional, shall result in disciplinary action and professional probation.
6. Students are required to participate in confidentiality/HIPAA training modules prior to beginning clinical rotations and again during the summer of their senior year. Students may be required to complete additional training at specific clinical sites.

Policy #: 3.02

Category: Clinical Education Policies

Effective Date: June 26, 2007

Revised Date: May 23, 2022

### **Healthcare and Immunization Requirements**

The following are required vaccines and/or tests that must be completed by all students prior to the start of clinical rotations. All are available through OSU Student Health Services. All documents must be uploaded into the E\*Value reporting system prior to the first day of clinical rotations. ***See SHRS Student Handbook POLICY 16 Academic Standards for Clinical Practice: Immunization Requirements. Refer to Appendices A, B, and C for additional immunization information.***

#### ***One-Time Only Documentation***

1. Complete history and physical performed by healthcare provider
2. Hepatitis B – Vaccine (Engerix B) vaccine *with positive serum anti-body titer*
  - A. If a student must start the vaccine process and/or has a negative titer for Hepatitis B, they must at least obtain the first 2 doses prior to the start of clinical rotations. It is the student’s responsibility to follow-up with the 3<sup>rd</sup> vaccination and provide a positive titer result.
    - i. If a positive titer result is not obtained after 3 doses, the student will need to repeat the vaccinations until a positive titer is obtained.
3. Measles (Rubeola), Mumps, and Rubella – vaccine documentation *or positive blood titer*
4. Tetanus/Diphtheria/Pertussis booster – vaccine documentation (needed every 10 years)
5. Varicella (Chickenpox) – vaccine *(titer only recommended if previously infected with the disease (chickenpox), or proof of vaccination is unable to be located)*
  - A. History of disease is NOT acceptable evidence of immunization to varicella
6. COVID-19 Vaccination - as of August 24, 2021, Ohio State requires every student to be vaccinated against COVID-19 with an FDA approved vaccine, FDA Emergency Use Authorization (EUA) vaccine, or a World Health Organization (WHO) Emergency Use Listing (EUL) vaccine.
  - A. COVID-19 vaccines that will qualify under this policy are listed below:
    - i. Full FDA approval
      - a. Pfizer (2 dose)
    - ii. FDA Emergency Use Authorization (EUA)
      - a. Johnson & Johnson/Janssen (1 dose)
      - b. Moderna (2 dose)
    - iii. WHO Emergency Use Listing (EUL)
      - a. AstraZeneca
      - b. Serum Institute of India
      - c. Sinovac COVID-19 vaccine
  - B. Booster doses for COVID-19 are currently voluntary and not required by Ohio State.

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- C. A limited set of exemptions will be approved on a case-by-case basis.
  - i. Medical exemptions
    - a. Individuals requesting a medical exemption must submit appropriate documentation from their treating health care provider (forms can be found on Safe and Healthy Buckeyes website).
    - b. In addition, those with a history of allergic reactions to other vaccines/injections will be considered for exemption once proper documentation is received.
    - c. Individuals with a history of either documented COVID-19 infection or history of having received a COVID-19 monoclonal antibody infusion will be eligible for a temporary exemption until it is appropriate for them to receive the vaccine.
  - ii. Religious exemptions
    - a. An exemption based on religious beliefs or practices can be requested.
    - b. Requests for religious exemptions must include a reason and explanation for seeking exemption, and the required form must be notarized to be accepted.
  - iii. Personal exemptions
    - a. An exemption based on personal beliefs (non-medical and/or non-religious) can be requested, and requests will be reviewed on a case-by-case basis
    - b. Requests for personal exemptions must include a reason and explanation for seeking exemption, and the required form must be notarized to be accepted.
- D. Due to a rule enforced by the Centers for Medicare and Medicaid (CMS), OSUWMC is no longer permitted to allow personal exemptions from the COVID-19 vaccine requirement for employees.
  - i. This rule applies to health professional students who are also considered student employees at OSUWMC, including students in the College of Medicine.
- E. All vaccine exemptions are subject to change, including revocation, due to legal and regulatory requirements.
- F. If an exemption request is approved, the individual will be required to:
  - i. Complete an eLearning (computer-based learning) module on appropriate workplace conduct to reduce the risk of transmission of the virus as an unvaccinated individual. This eLearning will be required to be completed within 14 days of being assigned.
  - ii. Complete weekly COVID-19 testing until a determination is made that the risk of transmission in our community has reached a minimal level based on U.S. Centers for Disease Control and Prevention criteria.
    - a. The cost will be covered by Ohio State and testing appointments will be scheduled through MyChart.
  - iii. Always wear a face mask while indoors if the individual is also a Wexner Medical Center employee.
- G. Exemption protocols may be updated to reflect changes in the prevalence and spread of COVID-19.
- H. Failure to receive a full COVID-19 vaccination or failure to have an approved exemption on file

Policy #: 3.02

Category: Clinical Education Policies

Effective Date: June 26, 2007

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will result in non-compliance with the requirement, and the student may be subject to progressive disciplinary action including:

- i. Starting in Spring 2022, existing students will be ineligible to participate in on-campus experiences, including in-person classes, living in the residence halls, visiting dining facilities, utilizing recreation centers, or coming to any campus for any reason.
  - ii. Students who intend to enroll for the first time in spring 2022 will be subject to the same vaccination requirements to participate in in-person classes, live in university residence halls, or otherwise take part in on-campus experiences.
- I. The COVID-19 vaccination requirement applies to ALL students at Ohio State, even those that are taking all virtual classes or not living on campus; proof of vaccination or an approved exemption is still required.
  - J. Students must submit their COVID-19 vaccine documentation or exemption paperwork to MyBuckMD to satisfy both their health professional program requirement as well as the university requirement.
    - i. Students will select the appropriate COVID-19 document tags to ensure proper routing of the documentation.
  - K. Students must adhere to all OSU guidelines related to COVID-19. Up-to-date information can be found at: <https://safeandhealthy.osu.edu/covid-19-vaccine-requirement>.

### ***Annual Documentation***

1. Tuberculosis (TB) Test
  - A. First test must be a 2-step TB test or a QFT-G (IGRA) blood test prior to the start of clinical rotations (1<sup>st</sup> year of program)
  - B. Second test can be a 1-step or IGRA
  - C. Negative QTF-G (IGRA) within last year or negative CXR within last year required if previously tested positive on skin test. Please consult Preventive Medicine Coordinator at Student Health Services ASAP to determine appropriate next steps.
2. Influenza Vaccine
  - A. Must be obtained by every student to continue clinicals.
3. Other vaccinations that become available and deemed appropriate by the Radiologic Sciences and Therapy Division.

### **Guidelines for Students Who Contract an Infectious Disease**

Students who contract a serious or infectious disease during the program must immediately seek appropriate medical care and contact their division/program director. For more information, please refer to the ***SHRS Student Handbook POLICY 18 Academic Standards: Student Change in Medical Status***



Policy #: 3.03

Category: Clinical Education Policies

Effective Date: June 26, 2007

Revised Date: May 23, 2022

### **Background Check and Drug Screening Requirements**

A BCI/FBI background check and drug toxicology screen are required annually to remain in good standing with clinical facilities, the Division, and the School. Background checks and drug screenings are assigned by the program manager and/or clinical coordinators prior to the start of clinical rotations every autumn semester. See the ***SHRS Student Handbook POLICY 14 Academic Standards for Clinical Practice: Background Checks***. The program manager and/or clinical coordinators will enter in clear dates for background checks. Students are required to upload toxicology reports from MyBuckMD into the E\*Value reporting system. If substance abuse is identified, students should refer to the ***SHRS Student Handbook POLICY 17 Academic Standards for Clinical Practice: Drug Testing***.

Students must meet basic requirements in ethics and education to apply to sit for the certification examination. Items which require an ethics investigation into eligibility include conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the exception of speeding and parking violations.

In the event of a positive background check and/or drug screening, the student will be required to complete a pre-application to the American Registry of Radiologic Technologists or American Registry of Diagnostic Medical Sonographers for an ethics review. The student will assume the cost for the pre-application fees and must provide required documentation. This MUST be completed and presented to the Division Director. If the ARRT/ARDMS deems the student ineligible to take the credentialing examination, the student has the right to stay or withdraw from the program.

Policy #: 3.04

Category: Clinical Education Policies

Effective Date: June 26, 2007

Revised Date: May 4, 2022

### **Professional Appearance**

1. Students are expected to maintain a professional personal appearance and demeanor in both the academic classroom and clinical education sites. Suitable dress is expected to be appropriate for the professional setting of the academic or clinical education area. Clothing that is soiled, unkempt, in disrepair, or offensive to the academic or clinical faculty is unacceptable and students will be denied access to classrooms, laboratories, or clinical facilities. Body cleanliness is important in all academic and clinical settings. Improper personal hygiene may result in a lowered course grade and dismissal of the student from classroom or clinical facilities.
2. Smoking is prohibited on the Medical Campus area and all clinical sites. Evidence of abuse of alcohol or other chemical agents are grounds for professional probation and may result in immediate disenrollment. Eating is prohibited in the laboratories and clinical care areas within the health care institutions.
3. Student uniforms must be worn **only** during educational clinical rotations. The student dress code is as follows:
  - A. Ceil blue scrub top and pants or scrub skirt (length must be at knee or longer). A division seal must be secured to **left** upper chest of scrub top.
    - i. Scrub attire should fit appropriately so students are able to move freely while maintaining modesty.
    - ii. Pants must fit at or above the waist and must not reveal underwear or the skin below the waist.
    - iii. Tops must either be tucked in or come below the level of the pants so that will not ride up when bending over or reaching overhead.
  - B. Shoes with closed toes and closed heels. Athletic shoes are acceptable. Socks are required.
  - C. A Division approved jacket, white lab coat, or a solid ceil blue/white scrub jacket may be worn for warmth. Sweatshirts are not permitted in the clinic.
  - D. A plain, all white or black turtleneck or tee shirt may be worn under the scrub top for warmth. Shirts with designs and/or colors are unacceptable attire.
4. Hair must be clean, neat, professional in appearance and worn off the shoulders. Hats, caps, head wraps or scarves are not permitted unless they are worn for religious or health-related reasons. Earphones are not to be worn in the clinical setting. Facial hair must be kept trimmed and a neat and orderly fashion. Extreme styles are not accepted.
5. Excessive cosmetics, cologne, perfume, or after-shave are not permitted.
6. In adherence with the dress code policies at various clinical education sites:
  - A. Jewelry must be worn with discretion and facial piercing or wearing of jewelry or studs anywhere on the face or tongue are prohibited.
  - B. Visible tattoos may need to be covered based on the clinical site's discretion.
  - C. Artificial fingernails are prohibited due to infection control. Natural nail must be clean and well-groomed to no longer than ¼ inch. Nail polish or gel is NOT permitted.

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- D. Other visible body or hair modifications must be approved by your Program Director/Clinical Coordinator.
- 
- 7. Student identification badges must be worn above the waist with the name and picture visible. Stickers, position markers, etc. should NOT cover the student's name or picture.
    - A. If using an over-the-neck lanyard, it should be of the "break away" type for workplace safety.
  - 8. Noncompliance with these policies may result in dismissal from clinical site, professional probation, decrease in the course grade, written warning, and potential disenrollment.

Policy #: 3.05

Category: Clinical Education Policies

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### **Clinical Competence and Professional Conduct**

1. Terminal clinical objectives of the Radiologic Sciences and Therapy Division include the following:  
Upon graduation, the student will be able to:
  - A. Demonstrate a base of knowledge and attitudes upon which to build personal growth in professional practice and leadership.
  - B. Perform diagnostic imaging and/or therapeutic procedures in accordance with the code of ethics and standards of practice which underlie the radiologic sciences profession for the purpose of diagnosis and treatment of disease.
  
2. Clinical Performance
  - A. All Radiologic Sciences & Therapy students participating in the RadSci Practicum courses will receive letter grades each semester in which they are enrolled. Each course will be evaluated on a combination of factors listed on the specific course syllabus. Course requirements vary by semester and increase in difficulty and complexity as the student progresses through the program. Students **must receive a C- or higher** in each course and may not receive an “incomplete” for two consecutive semesters.
  - B. Radiography students must maintain a minimum of a C- in the 4089, 4189, 4289 courses to enroll in and complete the specialty practicum 5089-5589 courses during the senior year.
  - C. The American Registry of Radiologic Technologists (ARRT) has designated certain procedures in which the Radiography and Radiation Therapy student must demonstrate competency prior to eligibility to apply to sit for the national certification examination; and the American Registry for Diagnostic Medical Sonography (ARDMS) has designated procedures and minimum number of clinical exams in which the Sonography student must demonstrate competency prior to eligibility to sit for the national certification examination. Each semester, a specified number of competency evaluations must be satisfactorily completed as indicated on the course syllabus. All competencies must be performed in the presence of and signed off by a designated registered technologist, therapist, or sonographer. All required clinical competencies, as outlined in individual course syllabi, must be completed to graduate.
  - D. Throughout each semester, registered radiographers, sonographers, or therapists assigned to the clinical areas are requested to complete an affective/clinical evaluation form for each student rotating in their specific area. The affective/clinical evaluations assess the students’ observed behavior in terms of knowledge, attitude, technical and patient care skills, and professional demeanor. An academic advising session will be conducted throughout each semester. Consistent professional conduct is mandatory and therefore, certain skill sets must be achieved and maintained to remain in the clinical environment. Students falling below this minimum standard may be dismissed from the clinical education sites and may be disenrolled from the Radiologic Sciences and Therapy Division.
  
3. Students are expected to conform to the ASRT and/or SDMS Standards of Practice specific to their discipline while enrolled in each clinical course within the program. The Practice Standards are available at [www.asrt.org](http://www.asrt.org) and [www.sdms.org](http://www.sdms.org).

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4. Although attendance in assigned clinical rotations as outlined in the course syllabus is expected, students should not report for clinical assignment in the case of illness. Students must obtain a provider's excuse to document illness, return to clinical, and allow for make-up time in the clinical environment as outlined in the syllabus. Examples of excused illness include, but are not limited to:
  - A. Positive COVID-19 test
  - B. Fever
  - C. Hand dermatitis
  - D. Open wounds if the wound is located on the hands or face and is draining or not healed over or if the wound is located under clothing but dressings are saturated by the end of the assigned clinical shift.
  - E. Generalized rash with an unknown cause or a rash accompanied by a fever.
  - F. Active Herpes simplex lesions (cold sores) on the hands or face.
  - G. Burns located on the face or hands or burns that are weeping or blistered.
  - H. Pediculosis (lice)
  - I. Impetigo
  - J. Conjunctivitis with excessive tearing with discharge, sensitivity to light, itching, redness, or swelling. Clinical rotations may be resumed upon completion of 24 hours of medication.
  - K. Cough accompanied by a fever or lasting >2-week duration and accompanied by night sweats, fever, weight loss, hemoptysis, or a positive chest radiograph after a positive PPD (tuberculosis test). Severe or persistent coughing spells.
  - L. Sore throat accompanied by a fever, white spots on tonsils, swollen glands, or skin rash. In the case of a positive strep throat culture, clinical rotations may be resumed upon completion of 24 hours of medication.
  - M. Nasal congestion accompanied by a fever, sinus pain, and colored discharge.
  - N. Diphtheria – Do not report for clinical rotations until antimicrobial therapy completed and two cultures at least 24 hours apart are negative.
  - O. Influenza
  - P. Upper Respiratory Infections requiring antibiotics. Students may return to clinical assignments with medical permission following 24 hours of medication.
  - Q. Nausea, vomiting, and/or diarrhea. In the case of Convalescent Salmonella students may return to clinical assignments following documentation of 2 consecutive negative stool cultures, 24 hours apart.
  - R. Any medical condition requiring narcotic prescription drugs, due to the potential side effects and altered mental status.
  
5. At no time shall the student be used as an interpreter. For the purposes of communication between the student, clinical instructor/preceptor and patient, all conversations shall be in English or mediated by a trained interpreter. This is to assure consistent and correct instruction as well as facilitate seamless patient care treatment. If a student becomes aware that a patient is unable to speak English or has difficulty understanding the English language, thus inhibiting the patient care process, the student shall seek permission from the preceptor to solicit information from the patient to assist in obtaining a trained interpreter.

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6. If a patient requests to converse with the student in a language other than English, the student may respond solely to inform the patient that during the treatment of the patient, and for the patient's safety, the conversation must either be in English or through the assistance of a trained interpreter.
7. The use of personal cellular phones, smart phones/watches, and other electronic communication devices are prohibited in the clinical education sites. In some sites these devices may interfere with medical equipment and must be turned off while in the medical facility. See course syllabi specifics on electronic device usage.
8. OSU and all clinical affiliate sites are NOT responsible for personal possessions. All valuables and money should be monitored closely by each individual.
9. At no time shall the student be used as a medical chaperone. Although HRS students qualify as a medical chaperone within OSUWMC facilities, it is the Division's policy that students shall not be utilized as a medical chaperone during assigned clinical rotations. IF a student is asked to be a medical chaperone, the student should refer to this policy and have the clinical preceptor or clinical staff contact the Division with additional questions or concerns.

Policy #: 3.06

Category: Clinical Education Policies

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Revised Date: May 18, 2022

### Clinical Supervision

1. All students must be **directly supervised** when performing procedures. This applies to radiation therapy students throughout the entire clinical education period; however, sonography and radiography students may move to indirect supervision once they have demonstrated and documented competence. It is the student's responsibility to ensure the radiographer or sonographer that they have demonstrated competence in an exam or procedure prior to continuing without direct supervision.
  - A. **Direct Supervision** is defined as student supervision by a credentialed radiographer, sonographer, therapist, dosimetrist, or physicist who:
    - i. reviews the procedure in relation to the student's achievement,
    - ii. evaluates the condition of the patient in relation to the student's knowledge,
    - iii. is physically present during the conduct of the procedure, and
    - iv. reviews and approves the procedure and/or image before the patient is dismissed

\* Students must always be directly supervised when with a patient, this includes being within arm's reach anytime ionizing radiation is in use. Supervision of students over closed-circuit monitors is not acceptable.

**B. Indirect Supervision** is defined as:

- i. having a credentialed radiographer/sonographer immediately available for guidance, but not necessarily with the student in the examination room. "Immediately available" is interpreted as the physical presence of a qualified radiographer/sonographer adjacent to the room or location where a radiographic procedure is being performed
- ii. having the credentialed radiographer/sonographer review and approve the procedure and/or images before the patient is dismissed,
- iii. in the event a repeat image is needed, the situation will revert to direct supervision.

\* There are NO exceptions to the student supervision policy.

2. Students must always be directly supervised during all surgical and all mobile (including fluoroscopy) procedures, regardless of the level of competency.
3. Students must always be directly supervised in all specialty modalities in which they rotate. There are NO exceptions.
4. ***It is the duty of the staff member to review the procedure request and determine if the student is capable of performing the study.***
5. ***All images whether directly or indirectly supervised must be checked and approved by the supervising radiographer or sonographer and all clinical work in the radiation therapy area must be checked by a registered therapist.***
6. If any aspect within this policy is not followed, the incident will be documented within the E\*Value Reporting System via a progress note entered by a faculty member and the student will be brought up on a violation of Professional Conduct.

Policy #: 3.07

Category: Clinical Education Policies

Effective Date: May 24, 2016

Revised Date: May 18, 2022

### Repeat Policy

#### 1. Radiography – Repeat Images

- A. All radiographic images completed by a student must be approved by a credentialed radiographer. In the event that a repeat is required for an examination being performed by a student, a credentialed radiographer must first evaluate and critique the original image(s) and identify what corrections are needed. All repeat images must be conducted with a credentialed radiographer directly supervising the repeated image(s). If a repeat is necessary, the student shall have a credentialed radiographer check the position and technique before the exposure is made, regardless of whether the student has passed the competency or not. If no radiographer is available, the student **SHALL NOT** repeat the radiograph until a radiographer becomes available to assist with the repeat image(s). The initials of the supervising radiographer **MUST** be present on the repeat image(s) to document direct supervision. It is the responsibility of the student to assure direct supervision by a credentialed radiographer. If the student is found making exposures on a repeat radiograph without direct supervision and/or the initials of the supervising technologist do not appear on the repeat image(s), the incident will be documented within the E\*Value Reporting System and the student will be brought up on a violation of Professional Conduct.

#### 2. Sonography – Repeat Images and Call-Back Patients

- A. Sonography students are **NOT** permitted to perform repeat imaging on a patient that was previously scanned by themselves or by a clinical preceptor. Additionally, sonography students are **NOT** permitted to perform exams on call-back patients who are brought in at a later date to provide supplemental images for a study which was originally performed by a student sonographer or clinical preceptor. It is the responsibility of the student to always follow this policy. If the student is found to be performing repeat images or scanning call-back patients, the incident will be documented within the E\*Value Reporting System and the student will be brought up on a violation of Professional Conduct.

#### 3. Mammography – Repeat Images and Call-Back Patients

- A. Radiography students who specialize in Mammography are **NOT** permitted to perform repeat exposures on a patient during a screening, diagnostic, or interventional Mammography exam. Additionally, Mammography students are **NOT** permitted to perform exams on call-back patients who are brought in at a later date for repeat views of a screening or diagnostic Mammography study which was originally performed by a student or clinical preceptor. It is the responsibility of the student to always follow this policy. If the student is found to be performing repeat exposures or exposing call-back patients, the incident will be documented within the E\*Value Reporting System and the student will be brought up on a violation of Professional Conduct.



Policy #: 3.08

Category: Clinical Education Policies

Effective Date: May 24, 2016

Revised Date: May 24, 2016

**Holding Patients for Examinations**

1. All efforts must be made to prevent anyone from holding a patient for an examination. Students should work with staff to ensure all methods of immobilization have been attempted. ***Under no circumstances shall a student be permitted to hold a patient for an examination.***

Policy #: 3.09

Category: Clinical Education Policies

Effective Date: May 24, 2016

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### **Equitable Learning Opportunities for All Students**

1. The Division will provide equal learning opportunities to all students who wish to perform breast imaging. This includes the following:
  - A. ***Breast Ultrasound*** – The scan lab located on the first floor of Atwell Hall is used for breast ultrasound instruction through the utilization of a breast phantom. Students are instructed by faculty members and perform simulated examinations during scheduled classes or during clinical hours. Instruction includes the evaluation of breast tissue in relation to positions on a clock in both the sagittal and transverse planes. The phantom contains simulated pathology (cysts) in which the students are instructed to properly evaluate. High-frequency ultrasound transducers are used for optimal scanning of breast tissue. Students are instructed on proper patient positioning and comfort during examinations.
  - B. ***Breast Imaging Quality Assurance (QA) and Quality Control (QC) Testing*** – Students are instructed by faculty members about breast imaging quality assurance standards and quality control testing throughout two consecutive semesters in Rad Sci 5289 (Mammography). Students rotate to clinical sites and assist with daily QA/QC testing. Students also have access to assist with phantom imaging performed on a weekly basis via collaboration between the Clinical Coordinator and the clinical sites.
  - C. ***Mammography*** – Radiography students can request the opportunity to participate in clinical mammography rotations. The program will make every effort to place students in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to students. Students are advised that placement in a mammography rotation is not guaranteed and is at the discretion of a clinical setting. Students participate in didactic coursework instructed by faculty members throughout two consecutive semesters in Rad Sci 5289 (Mammography). Female students may be scheduled at various locations throughout the Central Columbus area for clinical placement. Male students who are interested in Mammography will initially have clinical rotations scheduled with Dr. Kevin Evans, Ph.D., R.T., (R) (M) (BD), R.D.M.S, R.V.S., FSDMS during assigned hours. Dr. Evans will instruct the student on proper positioning and compression techniques, image criteria and analysis, equipment positioning and operation, patient communication and modesty, and the ability to present cases in a diagnostic setting. After sufficient instruction, the Clinical Coordinator will collaborate with clinical sites regarding when male patients are scheduled for mammograms. The Division and Clinical Coordinator will work with male students to provide them with sufficient hands-on time with male patients. Male students are informed that a traditional clinical rotation in Mammography is not guaranteed and highly unlikely. All male students interested in Mammography are made aware of the statistical data involving employment rates, opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.
2. The Division will provide equal learning opportunities to all students who perform scrotal imaging. The scan lab located on the first floor of Atwell Hall is used for scrotal ultrasound instruction through the

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utilization of a phantom. Students are instructed by faculty members and perform simulated examinations during scheduled classes or during clinical hours. Instruction includes how to properly examine each testicle in both the sagittal and transverse planes. Certain pathology, such as torsion, cysts, hydroceles, and varicoceles, are discussed during didactic courses within the curriculum. Students are instructed on proper patient positioning and comfort during examinations.

3. The Division will provide equal learning opportunities to all students who perform transvaginal imaging. The scan lab located on the first floor of Atwell Hall is used for transvaginal ultrasound instruction through the utilization of a phantom and computer-based simulation (CBS). Students are instructed by faculty members and perform simulated examinations during scheduled classes or during clinical hours. Instruction includes how to properly examine female reproductive anatomy. The phantom and CBS contain simulated pathology in which the students are instructed to properly evaluate. Proper techniques for cervical imaging are reviewed during didactic coursework within the curriculum. Students are instructed on proper patient positioning and comfort during examinations.
4. The Division will provide equal learning opportunities to all students who perform obstetric (OB) imaging. The scan lab located on the first floor of Atwell Hall is used for OB ultrasound instruction through the utilization of computer-based simulation (CBS). Students are instructed by faculty members and perform simulated examinations during scheduled classes or during clinical hours. Instruction includes how to properly examine fetal anatomy. The CBS contains simulated pathology in which the students are instructed to properly evaluate. Proper techniques for OB imaging are reviewed during didactic coursework within the curriculum. Students are instructed on proper patient positioning and comfort during examinations.
5. The Division will provide equal learning opportunities to all students who perform radiation therapy procedures. All students will be required to perform treatment, simulation, and brachytherapy procedures on all sites including breast, female reproductive anatomy, prostate, testicular, etc. Each student will have the opportunity to rotate to disease site specific clinical rotations such as the dedicated breast and prostate facilities without discrimination. Students are instructed on proper patient positioning, treatment techniques, comfort, and modesty during procedures.

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### **Infection Control**

All students are required to follow the infection control practices established by The Ohio State University Wexner Medical Center Infection Control Committee and the policies in effect at the specific clinical site.

#### **1. Bloodborne Pathogens**

- A. Bloodborne pathogens are pathogenic microorganisms that can cause disease in humans and include, but are not limited to, human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus HCV. Bloodborne pathogens may be transmitted through percutaneous or mucosal exposures, or exposure of nonintact skin, to blood and other potentially infectious materials (OPIM). Also considered potentially infectious material is any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids, and any unfixed tissue or organ (other than intact skin). The Ohio State University Wexner Medical Center (OSUWMC) Bloodborne Pathogens Exposure Control Plan provides for a coordinated risk reduction program which includes provisions for staff education, observance of Universal Precautions, implementation of engineering and work practice controls, use of personal protective equipment, vaccination, and postexposure follow-up to minimize or eliminate workplace exposure, transmission, and infection with bloodborne pathogens.

#### **2. Prevention of Exposure to Blood and Body Fluids (Methods of Compliance)**

- A. Standard Precautions - Standard precautions are a major tenet of the infection control system designed to prevent transmission of infectious agents through direct or indirect contact with the blood and body fluids/substances of patients. Blood and other potentially infectious material (OPIM) from all patients are considered potentially infectious for **bloodborne** pathogens. Unless they contain visible blood, the risk of transmission of bloodborne pathogens from feces, nasal secretions, sputum, sweat, tears, urine, and vomitus is extremely low or non-existent. However, these substances may be a source of other infectious agents, and the Health System's standard precautions also apply to these fluids and materials. Standard precautions must be utilized by all healthcare workers to prevent contact with blood or OPIM by providing barriers between the individual and infectious materials.

#### **3. Work practice controls in effect at the OSUWMC include, but are not necessarily limited to, the following:**

- A. Handling of Contaminated Needles and Sharps  
Sharp objects shall be handled in such a manner to prevent accidental cuts or punctures during procedures, when cleaning used instruments, and during disposal. Contaminated needles and other sharps shall not be bent, recapped, or removed unless there is no feasible alternative, or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished using a mechanical device or a one-handed procedure.
  - i. Disposable Sharps - Disposable sharps must be discarded intact immediately after use into an upright, impervious needle disposal box that is readily accessible. The needle box shall be replaced when  $\frac{3}{4}$  full, and not allowed to overfill. Contaminated needles and sharps shall not be bent, broken, reinserted into their original sheath. Broken

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glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps, and must be discarded in an impervious biohazard container.

- ii. Reusable Sharps - Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, red, or labeled with a biohazard symbol, closable and leakproof on the sides and bottom. All reusable trays must be secured in a clear biohazard bag at the point of use. Sharps, instruments, and containers that are contaminated with blood or other potentially infectious material shall be handled in a manner that will minimize the risk of percutaneous injury to the employees.

#### B. Hand hygiene

- i. The most important means of controlling the transmission of microorganisms is by effective hand hygiene. Hands must be cleaned prior to and upon completion of patient contact, immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. Employees are also required to clean their hands and any other contaminated skin surfaces with soap and water, and/or flush eyes or mucous membranes with water immediately, or as soon as possible, following contact of such body areas with blood or OPIM.

#### C. Cough Etiquette: Containment of infectious respiratory secretions in symptomatic patients, beginning at the initial point of the encounter (i.e., triage, reception areas, check-in area etc.).

- i. Persons with cough (staff, patient, or visitor) are to cover their mouth and nose when sneezing or coughing; use tissues and dispose in a receptacle (no touch is preferred); spatial segregation is encouraged (> 3 feet whenever possible) and hand hygiene is performed if hands are soiled with respiratory secretions.
- ii. Persons with symptoms of infectious respiratory secretions; (fever with cough, sneezing/runny/stuffy nose, sore throat etc.), are to don a procedure mask if tolerated; spatial segregation with hand hygiene is advised or placement in a private room is an alternative if the mask is not tolerated.
- iii. Cough etiquette signs and supplies will be posted as education for visitors, patients and others entering the facility.

#### D. Specific Restrictions for Imaging and Therapy Work Areas

- i. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- ii. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

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#### 4. Personal Protective Equipment

- A. Personal Protective Equipment (PPE) shall be provided by each institution where there is a potential for exposure. Equipment includes, but is not limited to, gloves (vinyl, latex, nitrile, or heavy-duty rubber), gowns (fluid resistant or fluid proof), masks, goggles, protective eyewear with side-shields, face shields, and resuscitation bags or other ventilation devices.
- B. The PPE is to be worn by all students and/or personnel when having contact with or at risk of exposure to the blood or body fluids from **all** patients.
- C. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the student's and/or personnel's clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. **Scrub uniforms do not prevent the passage of blood or OPIM and are not considered personal protective equipment.**
- D. All PPE shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- E. Gloves
  - i. Gloves shall be worn when the potential exists for contact with blood and body fluids, mucous membranes, or non-intact skin of all patients. They must also be worn when handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. While gloves reduce the incidence of contamination of hands, they cannot prevent penetrating injuries caused by sharp instruments.
  - ii. Latex-free gloves are available throughout the clinical sites for routine use. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those students who are allergic to the gloves normally provided.
  - iii. **Gloves must be changed after contact with each patient. Gloves must be changed if moving from a contaminated-body site to a clean-body site during patient care.** Used gloves shall be discarded into an appropriate trash receptacle. Gloves shall be changed after contact with a patient's excretions or secretions, and clean gloves reapplied if patient care has not been completed. Environmental surfaces are not to be touched with contaminated gloves.
  - iv. Gloves shall be worn when cleaning or disinfecting environmental surfaces contaminated with blood or body fluids.
- F. Protective Gowns
  - i. Gowns and similar protective attire are indicated if clothes are likely to be contaminated with blood or body fluids.
  - ii. If blood or OPIM penetrate the garment(s), the garment(s) shall be removed immediately or as soon as feasible.
  - iii. Gowns shall be worn only once and discarded into an appropriate container.

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#### G. Masks and Protective Eyewear

- i. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- ii. Patients on airborne precautions in which their condition indicates the necessity for healthcare providers to wear a N-95 mask shall not be performed by a Radiologic Sciences & Therapy student until the student has been properly fit tested through OSUWMC Safety and Emergency Preparedness. Fit testing sessions are arranged by faculty members during fall semester prior to students starting clinical rotations. Beards or stubble may interfere with the seal of the mask to the face; therefore, students may be required to shave facial hair unless the facial hair is due to religious beliefs.
- iii. Non-disposable protective eyewear contaminated with blood or body fluids shall be cleaned with an appropriate disinfectant. Disposable protective eyewear shall be discarded into an appropriate receptacle.
- iv. Masks shall be removed before leaving the work area.

#### H. Donning and Doffing Personal Protective Equipment

- i. The Centers for Disease Control and Prevention have recommended the sequence or both donning (putting on) and doffing (removing) personal protective equipment (PPE). The sequence for both is shown in a diagram at the CDC link <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

#### I. Resuscitation Devices

- i. Individual resuscitation devices must be readily available in all patient care areas for use by student and/or personnel in performing resuscitation procedures. Protective devices shall be used to avoid direct contact with the patient's mouth or tracheostomy stoma, as blood or other potentially infectious materials may be expelled during resuscitation.

5. **Housekeeping** - The work site shall be **maintained in a clean and sanitary condition**. All potentially contaminated reusable hospital and patient care equipment shall be decontaminated on a regularly scheduled basis and immediately or as soon as feasible upon visible contamination. Students should follow the defined policies set by the individual clinical sites.

#### 6. **Significant Work Exposure**

A significant exposure is defined as direct contact with mucous membranes (eyes, nose, mouth) or broken skin or percutaneous contamination with a patient's blood, semen, vaginal secretions, spinal fluid, synovial, pleural, peritoneal, pericardial, or amniotic fluid.

#### 7. **Post Exposure Management**

If a student is injured or exposed to hazardous waste/materials in clinic, he/she should use the following procedure in seeking treatment:

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- A. Remove contaminating material immediately, or as soon as feasible.
- B. Wash contaminated area with soap and water, or flush exposed mucous membranes with water.
- C. Make a note of the patient's name, hospital number, attending physician, and location.
- D. The student should immediately report the injury or exposure to in charge person (clinical preceptor or supervisor) of the area in which the injury or exposure occurred as well as their clinical coordinator and/or program director.
- E. Report the injury as soon as possible to Hospital Epidemiology and OSU Wilce Student Health Center. Notify the attending physician of the patient. Usually, this is done by Hospital Epidemiology or OSU Wilce Student Health Center, since it is the hospital's responsibility to have the patient's blood drawn and tests done.
- F. In the case of exposure to a Blood Borne Pathogen (BBP), the student should refer to the OSU Wilce Student Health Center web site: <https://shs.osu.edu/posts/documents/bbp-handout-for-public-site.pdf>.
- G. If outside of regular hours or if there is an emergency in addition to the exposure, go to the ER (if in town in Columbus or otherwise possible, to the OSU ER). Otherwise, go to the OSU Wilce Student Health Center.
- H. In the event of a needle stick, the student should call the OSU Wilce Student Health Center Appointment Line at 614-292-4321. They should identify themselves as a health and rehabilitation sciences student who has had a needle stick injury, and they should be routed to the triage nurse for an ASAP appointment. Reports of tests should be sent to OSU Wilce Student Health Center for follow-up and appropriate medical recording.
- I. Depending upon the extent of the injury, the student may be directed to their personal physician or OSU's Wilce Student Health. The student is responsible for the cost of any provided medical care.
- J. The clinical preceptor or supervisor should complete any incident report forms required by the agency and inform the clinical coordinator and/or program director. Any follow-up testing and treatment expenses that are incurred are the responsibility of the student.

#### 8. **Management of Student Who is a Source of Pathogenic Organism**

Students who have been diagnosed with an infectious disease should understand that they may pose a risk to patients, particularly highly vulnerable populations like neonates, oncology patients and those immunocompromised from disease or treatment. Students have an ethical duty to be aware of their immunity status or chronic infectious disease (Hepatitis B, HIV) status to ensure they do not place others at risk of infection. Students who know they are infected are encouraged to voluntarily inform their program director who will refer the student to Student Life Disability Services for modifications or accommodations in clinical education. Such modifications will be made on a case-by-case basis considering compliance with CDC recommendations and University policy.



Policy #: 3.11

Category: Clinical Education Policies

Effective Date: June 27, 2007

Revised Date: May 23, 2022

### **Cardiopulmonary Resuscitation (CPR) Requirements**

1. All students enrolled in the Division must hold and maintain a current certification in Basic Life Support (BLS) for the Healthcare Provider with in-person skills testing. It is the student's responsibility to recertify, if necessary, to ensure the certification remains current for the entire time the student is assigned to a clinical educational area while enrolled in a Radiologic Sciences and Therapy program.
2. Current copies of BLS/CPR certification documentation must be uploaded into the E\*Value Online Reporting System.
3. Failure to maintain current certification may result in removal from the clinical educational experience and may result in a failing grade for the specific clinical course.

Policy #: 3.12

Category: Clinical Education Policies

Effective Date: June 27, 2007

Revised Date: May 23, 2022

### Venipuncture and Contrast Media Administration

1. Upon satisfactory completion of didactic and laboratory venipuncture education, students shall be competent to perform IV contrast injections in the clinical education environment. However, students must abide by the institutional policy while on clinical assignment.
2. Under no circumstances shall an injection of contrast media be made without direct supervision by a technologist/therapist and a physician being in the immediate area at the time of the injection or during the infusion.
3. A student shall not attempt venipuncture on a patient more than two (2) times. If the student should have trouble performing venipuncture, they shall request a technologist/therapist or nurse to complete the procedure.
4. The location of emergency equipment shall be known by all students and department personnel and the equipment/supplies shall be readily available prior to beginning the injection.
5. All injections are performed following Standard Blood and Body Fluid Precautions.
6. If a patient has a subcutaneous accessory port, such as a Mediport, the student **shall not** access the catheter. Only VIR students are permitted to participate in port access procedures under the direct supervision of a clinical preceptor only after proper education and training has been completed.
7. Students must confirm the proper order has been placed by a healthcare provider or physician prior to initiating the procedure. In addition, students (under the direct supervision of a technologist/therapist) must also check appropriate lab values within the patient's medical record to rule out any contraindications prior to the injection of a contrast agent.
8. Students shall properly communicate the right patient, dose, medication, route, time, and location to the supervising preceptor for proper documentation in the RIS and patient record.
9. Suspicion of an adverse reaction to the contrast media should be immediately reported to a healthcare provider or physician.
10. If there is suspicion of an infiltration or extravasation, the injection should be immediately stopped, and the event reported to a healthcare provider or physician

Policy #: 3.13

Category: Clinical Education Policies

Effective Date: June 27, 2007

Revised Date: May 23, 2022

### **Documentation of Identifying Information on Images**

1. Identification - All images will be permanently identified with the correct patient name, patient medical record number, date and time of exam, procedure, and procedure ID number. Failure to comply with this policy will result in failure of student competency evaluations and possible disenrollment from the program.
2. Marking Images
  - A. All images, except for portable infant radiographs (to protect infants from infectious agents), will be permanently marked with a letter (R or L) identifying the correct side of the patient.
  - B. Patient ID and laterality markings must be a permanent part of the image; therefore, annotated identification is NOT acceptable. It is the responsibility of the student to own and use proper laterality markers.
  - C. Images that are mis-marked, not marked, or have markers that are not clearly visible, must be annotated properly prior to sending the images to a radiologist or healthcare provider/physician. It is the student's responsibility to report any annotations or mismarked images to a supervising technologist.
  - D. All repeat radiographs must be conducted with a registered radiographer directly supervising the repeated examination. The initials of the supervising radiographer MUST be present on the repeat image to further document direct supervision.

# Radiologic Sciences and Therapy

## **List of Appendices**



## APPENDIX A: Immunization Standards

### The Ohio State University Student Life Student Health Services Health-Care Professional Student Immunization Compliance Standards

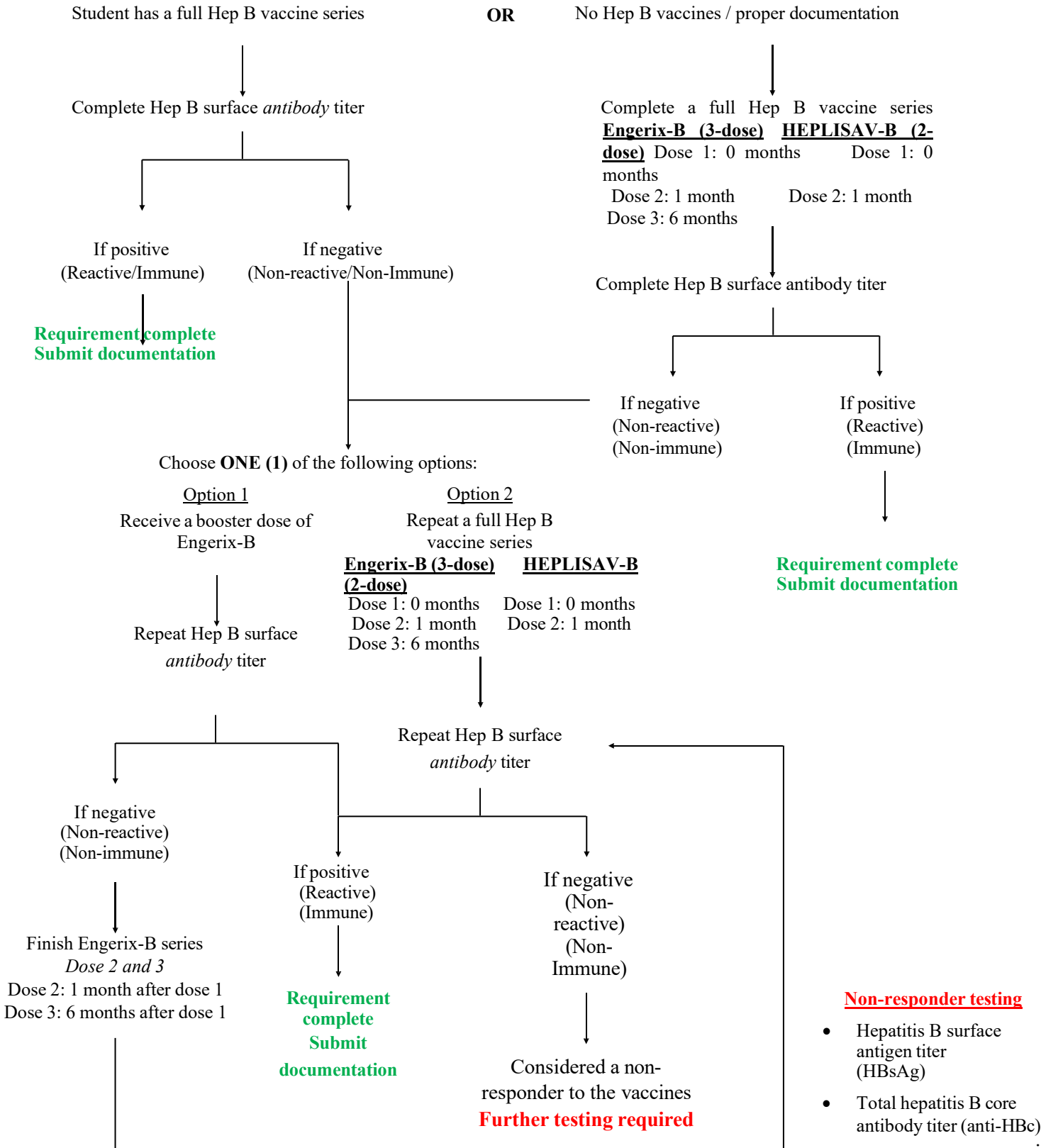
*The following immunization compliance standards are based on recommendations from the Centers for Disease Control's (CDC) Advisory Committee on Immunization Practices (ACIP) on immunizations for health-care personnel.*

#### **Hepatitis B: a complete vaccine series AND positive surface antibody titer (blood test) required**

- Students who have never been vaccinated for hepatitis B must complete either the 3-dose vaccine series (Engerix-B) or the 2-dose vaccine series (HEPLISAV-B) before having a titer drawn.
- Students with no proof of hepatitis B vaccination must complete a full hepatitis B vaccine series (either 2-dose or 3-dose) prior to completing a titer, regardless of any previous titer results.
- Students with proper documentation of a full hepatitis B vaccine series should have a *quantitative* surface **antibody** titer drawn to determine immunity.
  - Positive result (usually  $\geq 10$  mIU/mL) = immune = **compliant**
  - Negative result ( $< 10$  mIU/mL) = non-immune = **non-compliant** -> **re-vaccination required**
- Re-vaccination options:
  - 1) Receive booster dose of Engerix-B, then re-titer one month after vaccine administration.
    - Positive titer = immune = **compliant**
    - Negative titer = non-immune = **non-compliant** -> must finish doses 2 and 3 of Engerix-B vaccine series, then have a 3rd titer collected one month after last dose
  - 2) Repeat entire HEPLISAV-B or Engerix-B vaccine series, then re-titer one month after last dose.
    - Positive titer = immune = **compliant**
    - Negative titer = non-immune = **NON-RESPONDER** -> **further testing required**
- Students should have no more than 2 full hepatitis B vaccine series when attempting to reach compliance.
  - If a student has received 2 full hepatitis B series with negative titers after each, they are considered a non-responder to the vaccines, meaning they will probably never produce an immune response.
- Non-responders must complete a hepatitis B surface **antigen** titer (HBsAg) and a total hepatitis B **core antibody** (anti-HBc) titer to rule out possible infection with the disease.
  - Students with a negative hep B surface antibody titer, negative hep B surface antigen titer, and negative total hep B core antibody titer will be considered medically exempt from the hepatitis B requirement of their health professional program.



**Hepatitis B Flow Chart**





**Hepatitis B (cont.)**

- The Centers for Disease Control have answered popular questions related to the hepatitis B recommendation for health-care personnel, as seen below:
  - **If a person who works in a health-care setting had one dose only of hepatitis B 1+ years ago, should the series be restarted?**
    - No. The hepatitis B vaccine series should not be restarted when doses are delayed; rather, the series should be continued from where it stopped.
  - **At our facility we do routine pre-employment hepatitis B surface antibody testing regardless of whether the employee has documentation of a hepatitis B vaccination series and consider those with a positive antibody titer to be immune. Is this the recommended strategy?**
    - No. HCP with written documentation of receipt of a properly spaced 3-dose series of hepatitis B vaccine AND a positive surface antibody titer can be considered immune to HBV and require no further testing or vaccination. However, antibody testing of unvaccinated or incompletely vaccinated HCP and those without written documentation of vaccination is not recommended and is potentially misleading because positive surface antibody titer results as a correlate of vaccine-induced protection has only been determined for persons who have completed a vaccination series. Persons who cannot provide written documentation of a complete hepatitis B vaccination series should complete a documented series (2- or 3-dose), then be tested for antibodies 1-2 months after the final dose.
  - **Several physicians in our group have no documentation showing they received hepatitis B vaccine. They are relatively sure, however, that they received the doses many years ago. What do we do now?**
    - Because there is no documentation of vaccination, a vaccination series (2- or 3-dose) should be administered and surface antibody testing post-vaccination should be performed 1-2 months after the last dose of the vaccine. There is no harm in receiving extra doses of the vaccine. Care should always be taken to document vaccine lot, date, manufacturer, route, and vaccine dosages. Post-vaccination testing results should also be documented, including the date the testing was performed.
  - **An employee thinks she had the 3 doses of hepatitis B vaccine in the past but has no documentation of receiving those doses. We obtained a surface antibody titer and the result was positive. With this lab result, can't we assume she is immune?**
    - No. A positive surface antibody titer indicates that the vaccinated person is immune at the time that the person was tested but does not assure that the person has long-term immunity. Long-term immunity has been demonstrated only for people attaining an adequate surface antibody titer result after completing a full hepatitis B vaccination series. The most direct way to deal with this is to vaccinate the employee with a full series of hepatitis B vaccine (either the 2-dose or 3-dose series); test for antibodies in 1-2 months and document the result in the employee's health record. An adequate surface antibody titer result from a documented full vaccine series would assure not only seroprotection, but long-term protection.



**Measles, Mumps, Rubella (MMR): 2-dose vaccine series *OR* positive blood titers required**

- Students who have never been vaccinated for MMR must complete the 2-dose vaccine series to satisfy the requirement of their health professional program.
- Students with no proof of MMR vaccination can follow **ONE** of two options:
  - 1) Complete the full 2-dose MMR vaccine series
  - 2) Have titers drawn for measles, mumps, and rubella
    - Positive titers = immune = **compliant**
    - Negative titers = non-immune = **non-compliant** -> **re-vaccination required**
- Revaccination: 2-doses of the MMR combined vaccine. **NO REPEAT TITERS REQUIRED.**
- Students with proper documentation of the 2-dose MMR vaccine series have met the requirement of their health professional program and are considered **compliant**.
  - The CDC does **NOT** recommend the measles, mumps, and rubella titers for those with proper documentation of the vaccine series.
- MMR vaccines must be given **AFTER** the first birthday with at least one month in between doses.
- History of diseases are not accepted for compliance. Vaccine series or titers are required to prove immunity.
- See end of document for additional information regarding live vaccine administration rules.

**Varicella (Chickenpox): 2-dose vaccine series *OR* positive blood titer required**

- Students who have never been vaccinated for varicella must complete the 2-dose vaccine series to satisfy the requirement of their health professional program.
- Students with no proof of varicella vaccination can follow **ONE** of two options:
  - 1) Complete the full 2-dose varicella vaccine series
  - 2) Have a titer drawn for varicella
    - Positive titer = immune = **compliant**
    - Negative titer = non-immune = **non-compliant** -> **re-vaccination required**
- Revaccination: 2-doses of the varicella vaccine. **NO REPEAT TITER REQUIRED.**
- Students with proper documentation of the 2-dose varicella vaccine series have met the requirement of their health professional program and are considered **compliant**.
  - The CDC does **NOT** recommend the varicella titer for those with proper documentation of the vaccine series.
- Varicella vaccines must be given **AFTER** the first birthday with at least one month between doses.
- History of disease is not accepted for compliance. Vaccine series or a positive titer is required to prove immunity.
- See end of document for additional information regarding live vaccine administration rules.





**Tuberculosis (TB): initial negative 2-step PPD or QFT-G blood test; annual testing varies by program**

- For their first year in the health professional program, students are required to have an initial negative 2-step TB skin test (PPD).
  - Traditional 2-step PPD: Two separate TB skin tests completed within 1-3 weeks of each other.
  - Also accepted: 2 consecutive negative TB skin tests completed within 1 year of each other.
- One negative QuantiFERON-TB Gold (QFT-G) blood test will satisfy the initial 2-step PPD requirement.
- As of 2019, the CDC no longer recommends annual TB testing for health professionals or students.
  - Annual testing is only recommended for personnel with a high occupational risk of exposure
  - Those with a high risk of exposure can include pulmonologists, respiratory therapists, or personnel who work in areas where known TB transmission has occurred in the past (tuberculosis wards/departments, emergency rooms, etc.)
- For those programs who still require annual TB testing, students in years 2-4+ are required to have a 1-step annual PPD update as tuberculosis tests expire after one year.
  - Negative QFT-G blood tests will be accepted for the annual TB update.
- Students who have received the BCG vaccine are encouraged to complete the QFT-G blood test to avoid false positive results.
- Students with documented proof of a positive TB test (PPD and/or QFT-G) are deferred from annual testing and must submit ALL the following documentation to become compliant:
  - Proof of any past positive PPD or QFT-G.
  - Baseline chest x-ray completed at time of positive TB test diagnosis.
  - Tuberculosis symptoms and exposures questionnaire (form is required annually).
- The following information is required for all PPDs to be entered into the medical records system:
  - Placement date
  - Read/evaluation date
  - Induration (millimeters)
  - Overall result
- When deciding which TB test to complete for each year of the program, students should complete the same type of TB test performed in their first year.
  - For continuity reasons, students are encouraged not to switch between PPDs and QFT-Gs when completing the annual updates.
- See end of document for additional information regarding TB tests and live vaccine administration rules.



**Tdap (Tetanus, Diphtheria, Pertussis): one Tdap vaccine within the last 10 years required**

Students are required to have one Tdap (Adacel, Boostrix) vaccine within the last 10 years

- Initial Tdap vaccine must be given at or after 11 years of age.
- 1) If Tdap vaccine was administered in the last 10 years = **compliant**.
  - If Tdap vaccine is greater than 10 years old, a TD vaccine within the last 10 years is acceptable.
- 2) If TD vaccine was administered in the last 10 years with no history of Tdap vaccine = **non-compliant**  
-> Tdap vaccination required.

**Influenza: one dose of the most current Influenza vaccine required**

- Students must receive one dose of the most current Influenza vaccine each autumn.
- To exempt from the Influenza requirement, students must submit a letter or form signed by a medical provider.

**Physical Exam: requirement varies by program; either initial or annual exam required**

- Students whose program requires a physical exam must submit documentation with the following information:
  - Name, date of birth or ID number
  - A note regarding the student's clearance or ability to participate in the program/clinical
  - Date physical was completed
  - Medical provider's information and signature
- Physicals are good for one year following date of completion.

**Drug Screen: requirement varies by program; usually an initial or annual negative 12-panel screen**

- Students whose program requires a drug screen must submit documentation with the following information:
  - Name, date of birth or ID number
  - Full lab results of the drug screen including:
    - List of drugs tested
    - Results of each component tested or overall result
    - Date drug screen was completed
- The following drugs are an example of what should be tested for clinical compliance:

• <b>Amphetamines</b>	• <b>Ecstasy</b>	• <b>Opiates/Morphine</b>
• <b>Barbiturates</b>	• <b>Marijuana</b>	• <b>Oxycodone</b>
• <b>Benzodiazepine</b>	• <b>Methadone</b>	• <b>Phencyclidine</b>
• <b>Cocaine</b>	• <b>Methamphetamine</b>	• <b>Tricyclic Antidepressants</b>



### Live Vaccines and TB Testing: administration rules and guidelines

- MMR and varicella are **live virus vaccines** and must follow specific administration guidelines to ensure proper immunity is conveyed.
- Live vaccines can be given together at the same appointment along with other non-live vaccines.
- If the live vaccines (MMR and varicella) are not administered together, *the student must wait 4 full weeks (28 days) before having the second dose or another live vaccine administered.*
- If two live virus vaccines are administered less than 4 weeks apart and not on the same day, the vaccine given second will be considered **invalid** and will need to be repeated for compliance.
  - The repeated dose should be administered at least 4 weeks after the invalid dose.
- Tuberculosis tests (PPDs or QFT-Gs) can be completed before or during the same appointment as live virus vaccine administration.
- If the TB test and live vaccines are not administered together and the live vaccine was completed first, *the student must wait 4 full weeks (28 days) before having a TB test completed.*
- If a PPD or QFT-G test is completed within 28 days of a live vaccine, the TB test will be considered invalid and will need to be repeated for compliance
  - The repeated TB test should be completed 28 days from the last live virus vaccine.

### Examples:

1. MMR #1 given 1/1/17  
Varicella #1 given 1/15/17 = **INVALID** (too soon after live vaccine)
2. MMR and varicella #1 given 2/1/17  
MMR and varicella #2 given 3/1/17 = **VALID** (at least 28 days in between doses)
3. Varicella #1 and PPD #1 given 4/1/17  
PPD #2 given 4/15/17 = **INVALID** (too soon after live vaccine)
4. PPD #1 given 1/1/17  
MMR and varicella #1 given 1/5/17  
MMR, varicella, PPD #2 given 2/5/17 = **VALID** (at least 28 days in between doses)

*For questions regarding the immunization compliance standards, please contact the Preventive Medicine department at Student Health Services:*

*614-247-2387 or [preventivemedicine@osu.edu](mailto:preventivemedicine@osu.edu)*



**COVID-19 Vaccination: approved vaccination or approved exemption required**

- As of August 24, 2021, Ohio State requires every student to be vaccinated against COVID-19 with an FDA approved vaccine, FDA Emergency Use Authorization (EUA) vaccine, or a World Health Organization (WHO) Emergency Use Listing (EUL) vaccine.
- COVID-19 vaccines that will qualify under this policy are listed below:
  - Full FDA approval
    - Pfizer (2 dose)
  - FDA Emergency Use Authorization (EUA)
    - Johnson & Johnson/Janssen (1 dose)
    - Moderna (2 dose)
  - WHO Emergency Use Listing (EUL)
    - Astra-Zeneca
    - Serum Institute of India
    - Sinopharm
    - Sinovac COVID-19 vaccine
- Booster doses for COVID-19 are currently voluntary and not required by Ohio State.
- A limited set of exemptions will be approved on a case-by-case basis.
  - Medical exemptions
    - Individuals requesting a medical exemption must submit appropriate documentation from their treating health care provider (forms can be found on Safe and Healthy Buckeyes website).
    - In addition, those with a history of allergic reactions to other vaccines/injections will be considered for exemption once proper documentation is received.
    - Individuals with a history of either documented COVID-19 infection or history of having received a COVID-19 monoclonal antibody infusion will be eligible for a temporary exemption until it is appropriate for them to receive the vaccine.
  - Religious exemptions
    - An exemption based on religious beliefs or practices can be requested.
    - Requests for religious exemptions must include a reason and explanation for seeking exemption, and the required form must be notarized to be accepted.
  - Personal exemptions
    - An exemption based on personal beliefs (non-medical and/or non-religious) can be requested, and requests will be reviewed on a case-by-case basis
    - Requests for personal exemptions must include a reason and explanation for seeking exemption, and the required form must be notarized to be accepted.



**COVID-19 Vaccination (cont.)**

- Due to a rule enforced by the Centers for Medicare and Medicaid (CMS), OSUWMC is no longer permitted to allow **personal** exemptions from the COVID-19 vaccine requirement for employees.
  - This rule applies to health professional students who are also considered student employees at OSUWMC, including students in the College of Medicine.
- All vaccine exemptions are subject to change, including revocation, due to legal and regulator requirements.
- If an exemption request is approved, the individual will be required to:
  - Complete an eLearning (computer-based learning) module on appropriate workplace conduct to reduce the risk of transmission of the virus as an unvaccinated individual. This eLearning will be required to be completed within 14 days of being assigned.
  - Complete weekly COVID-19 testing until a determination is made that the risk of transmission in our community has reached a minimal level based on U.S. Centers for Disease Control and Prevention criteria.
    - The cost will be covered by Ohio State and testing appointments will be scheduled through MyChart.
  - Wear a face mask at all times while indoors if the individual is also a Wexner Medical Center employee.
- Exemption protocols may be updated to reflect changes in the prevalence and spread of COVID-19.
- Failure to receive a full COVID-19 vaccination or failure to have an approved exemption on file will result in non-compliance with the requirement, and the student may be subject to progressive disciplinary action including:
  - Starting in Spring 2022, existing students will be ineligible to participate in on-campus experiences, including in-person classes, living in the residence halls, visiting dining facilities, utilizing recreation centers, or coming to any campus for any reason.
  - Students who intend to enroll for the first time in spring 2022 will be subject to the same vaccination requirements to participate in in-person classes, live in university residence halls, or otherwise take part in on-campus experiences.
- The COVID-19 vaccination requirement applies to ALL students at Ohio State, even those that are taking all virtual classes or not living on campus; proof of vaccination or an approved exemption is still required.
- Students must submit their COVID-19 vaccine documentation or exemption paperwork to My BuckMD to satisfy both their health professional program requirement as well as the university requirement.
  - Students will select the appropriate COVID-19 document tags to ensure proper routing of the documentation.



## APPENDIX B: Drug Screen Procedure

### 14 Panel Urine Drug Screen

As a student in the College of Medicine, you are required to have a clear annual drug screen from the Wilce Student Health Center. The drug panel checks for the following drugs:

1. **Benzodiazepines**
2. **Barbiturates**
3. **Cocaine**
4. **Marijuana**
5. **Methamphetamine**
6. **Opiates/Morphine**
7. **Methadone**
8. **Tricyclic Antidepressants**, which are: *Amitriptyline, Amoxapine, Desipramine (Norpramin), Doxepin, Imipramine (Tofranil, Tofranil-PM), Maprotiline, Nortriptyline (Pamelor), Protriptyline (Vivactil), Trimipramine (Surmontil)*
9. **Oxycodone**
10. **Ecstasy**
11. **Phencyclidine**
12. **Amphetamine**
13. **Propoxyphene**
14. **Buprenorphine Glucuronide**

In addition to the drugs listed above, the drug screen will also measure levels of creatinine, nitrite, pH, oxidants, specific gravity, and temperature to verify the sample is valid.

The drug screens are done on a walk-in basis during normal business hours: Monday through Friday from 9:00am-4:30pm in the Wilce Student Health Center, 1875 Millikin Rd. You will present to the ground floor Registration area to check-in, update personal information, and pay for the test as it is not billable to insurance. You will then be directed to the SHS Lab to provide their specimen. The process should take no longer than 30 minutes.

Once the drug screens are reviewed, your compliance status will be automatically updated with your specific academic program. Your personal immunization record will also show the results for this drug screening. Students enrolled in *My BuckMD* will also receive notification of their results via secure email.

#### **Students must bring:**

1. Photo Identification
2. Current list of medications and prescription bottles
3. Payment which can be accepted in the form of cash, check, Buck-ID, or credit card.

SHS prefers that the students come in small groups or individually, so their testing can be handled with greatest efficiency.



## **APPENDIX C: Acceptable Documentation for Health Professional Program**

### **Acceptable Documentation for Health Professional Program Immunization Compliance Requirements**

Students in health professional programs must have documentation of the required vaccines and testing in order to become compliant. All documentation must be submitted to Student Life Student Health Services Preventive Medicine department in order to meet the requirements of the specific program. Documentation can be submitted via any of the following methods:

- Email as an image or PDF attachment to [preventivemedicine@osu.edu](mailto:preventivemedicine@osu.edu)
- Fax to 614-292-7042, ATTN: Preventive Medicine
- Upload to MyBuckMD via [shs.osu.edu](https://shs.osu.edu)
- Mail to Preventive Medicine Dept, 1875 Millikin Rd, Columbus, OH 43210

#### **Acceptable Documentation**

All documentation must contain the students full name and a second patient identifier (date of birth and/or student ID number) in order to be entered into the medical record. The document must also list the full name of the vaccine/test completed, along with a complete date that the service was provided. Please find examples of acceptable documentation below:

- Official forms provided by the health professional program
  - Must be completed and signed by a medical provider (MD, DO, CNP, RN)
- An immunization history printed from your primary care provider, high school, local health department, previous university/college, etc.
- An appointment summary that specifically shows the name of the service and the date it was completed, along with any necessary results or important notes.
- Hand written notes **signed** by a medical provider explaining the services provided
- Official vaccination/tuberculosis cards provided by the medical office where the service was completed
- For titers (blood tests) and toxicology screens, the full lab report needs to be submitted with all other forms
  - Lab report must list each item tested with a result for each panel

#### **Unacceptable Documentation**

- Receipts for medical services are NOT accepted for compliance, as they usually do not contain the necessary information to enter into a medical record
- Typed Word documents or editable immunization histories are NOT accepted for compliance, as they must come from an official institution to be considered valid
- Any document that does not contain a name, second identifier, service, and/or date

