

Stony Brook University
School of Health Technology and Management

Radiologic Technology Program

2020-2021
Clinical Student Handbook



Technical Standards for Admission and Retention

Stony Brook University (SBU) complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If a prospective student who is otherwise qualified, requires a reasonable accommodation, he or she should contact Disability Support Services at SBU. Technical Standards/Essential Functions must be met with or without accommodation.

- Students must be able to communicate in the English language, both verbally and in written format, with co-workers, hospital staff and patients.
- Students must be able to read and comprehend written material in the English language.
- Students must be able to reach and adjust the x-ray tube or gamma camera that is at a height of 76-80 inches from the floor.
- Students must assist or move patients from wheelchairs and carts onto the examination tables. This requires the use of their backs and muscles to support and move patients. Students must be able to lift a minimum of thirty pounds and possess the ability to support up to 175 pounds.
- Students' eyesight must be 20/40, either naturally or through correction. Students must be able to read the printed words in a textbook, read and adjust the x-ray/camera control panel, read radiographic technique charts/patient dose charts, and read a radiographic or scintigraphic image.
- Students must be able to hear instructions from co-workers and be able to respond to verbal requests by patients at a distance of 6 to 10 feet.
- Students must be able to give clear verbal commands to a patient who is positioned for an imaging examination at a distance of 6 to 10 feet from the control area.
- Students must be able to assess the condition of all patients assigned for an imaging examination.
- Students must be able to write legibly with proper spelling of medical terms.
- Students must be able to move around and stand without assistance for long periods of time.
- Students must be physically free of use of non-prescription drugs, illegal drugs, and alcohol.
- Students must demonstrate professional demeanor and behavior and must perform all aspects of work in an ethical manner in relation to peers, faculty, staff and patients.
- Students must adhere to the codes of confidentiality.
- Students must conform to appropriate standards of dress, appearance, language and public behavior.
- Students must show respect for individuals of different age, ethnic background, religion and/or sexual orientation.

Professional Behavior

Performance Skills and Attitudes – Assessment Procedures

In addition to mastery of cognitive skills and knowledge, students will be evaluated on their performance skills and attitudes. These include:

- Adherence to the Stony Brook University/SHTM Code of Conduct
- Ability to work with and relate to peers, patients, faculty and other members of the health care team
- Attitude & behavior
- Attendance and punctuality
- Appearance and professional demeanor

Successful completion of each area of study requires that the student continuously maintain high standards. This means that regardless of one's level of achievement in cognitive skills and knowledge, if one's professional behavior is not appropriate, he/she may not meet minimum requirements for successful completion of the Radiologic Technology Program.

Unsatisfactory Performance Skills or Attitudes

Unsatisfactory behavior, such as, but not limited to: disruption of class activities, expression of derogatory or disrespectful remarks to an instructor or another student, inability to work with peers, or excessive absences or tardiness may be cause for warning or further disciplinary action.

A student that has exhibited unsatisfactory behavior that may affect their final evaluation and academic standing shall receive a written warning that stated behavior may jeopardize successful completion and may lead to failure and/or dismissal from the program.

The details of these policies and procedures can be found in the Academic Standing Policy of the School of Health Technology and Management. All students are also expected to adhere to the Stony Brook University Student Conduct Code (available on the SHTM webpage).

General Rules of Conduct and Safety

Students are expected to conduct themselves in a professional manner at all times.

Conduct

- Students are expected to observe the guidelines set forth in the directives (Article 35 of the New York State Health Law) issued by the New York State Department of Health, Radiologic Technology, Bureau of Environmental Radiation Protection.
- Students must abide by the standard rules and regulations of the SHTM, Radiologic Technology Program and all affiliated Clinical Education Centers.
- Students will address the staff, patients and fellow students in an appropriate and professional manner at all times.
- Smoking, eating and drinking are permitted in designated areas **ONLY** and **NEVER** in a patient care area.
- Personal relationships with staff and patients are not permitted.
- Personal conversation and discussions with classmates or staff while interacting with patients are considered unprofessional conduct and should be limited to off duty hours.
- Grievances and personal dislikes should be aired in private and only with the appropriate personnel.

Safety

- Students are required to acquaint themselves with the routine radiation and electrical safety policies and procedures and abide by all departmental radiation safety rules.
- Accidents or injuries involving students or patients will be reported immediately to clinical supervisor and also to the Program Director.
- Radiation monitors (dosimetry badges) will be worn by students at all times while on clinical assignment.

- Gross and willful negligence in the use of radiation and/or in the handling of radioactive substances which endangers the health of the student(s), staff or patient will result in immediate dismissal.
- Students shall adhere to the guidelines set forth in the *SHTM Student Responsibilities for Clinical Education* policy.

Personal Telephone and Electronic Media

- The use of a mobile phone, or any other personal communication device, is NOT permitted during clinical duty hours, with the exception of accessing clinical records on Trajecsys. This includes both voice communication and texting.
- Personal communication devices are to be turned to the “OFF” position during clinical duty hours and stored with your other personal items outside of the patient care area. (staff room, locker, your car, etc)
- Taking photographs in a patient care area is NEVER permitted as it is a violation of federal HIPPA laws.
- The use of hospital computer equipment to access social media websites or any other personal use is NOT permitted under any circumstances.
- A student shall be permitted to access the Stony Brook University website or contact program officials for school related business with the permission of the clinical supervisor.
- A student shall be permitted to access personal communication devices during lunch period and approved breaks ONLY.
- All e-mail correspondence will be conducted in a professional and business-like manner that is consistent with the conduct of a healthcare professional. This includes proper identification of all involved parties and an appropriate subject line.

Radiologic Technology Program

Overview

Clinical Education Policies and Procedures

The application of theory learned in the classroom is applied to the clinical environment throughout the student's clinical education.

The following procedures are to be utilized when a student attempts to satisfy all Performance Objectives:

The clinical instructor(s) maintains all ongoing processes where the student must:

- Observe the Instructor perform the specific procedure.
- The student will assist the Instructor perform the specific procedure.
- Have the Instructor observe the student enact the same procedure.
- Have the Instructor critique and correct any possible errors.
- Prior to the student's attempt to satisfy a specific performance objective, the Instructor must observe the student successfully perform the procedure a minimum of three (3) times. Exceptions are permitted for those procedures that are infrequently performed, at the discretion of the Clinical Instructor.
- Having satisfied the above criteria, the student can request (at their own discretion), that the Instructor evaluates their performance for Clinical Competency.
- The student must perform each step of the procedure correctly and consistently to be deemed successful in satisfying any attempted Objective.

Clinical competency evaluation forms are maintained to record student grades and progress and to communicate their performance. All records are maintained electronically on Trajecsys and verified by the Program Director. A student not successful in completing their clinical requirements will be **ineligible** for graduation. The program uses the Monthly Clinical Performance Evaluation form, Clinical Competency Evaluation, and Procedure Log to document and evaluate student progress during the clinical practicum.

All educational activities of the Radiologic Technology Program are maintained with various channels of communications. Methods of communication include, but are not limited to, scheduled clinical site visits by the Program Director,

intermittent telephone calls, written correspondence, advisory committee meetings, conversations with the Clinical Supervisors, and formal student/program director meetings.

Each student is provided with a Clinical Education Handbook during the required **Orientation to Clinical Education** session on the first day of the clinical practicum. Due process policies for students participating in the clinical education component are in place, as is the behavioral and technical objectives and standards, attendance academic standing, probation and dismissal and pregnancy policies.

Clinical Education Plan

The clinical supervisor will give an introduction to the Radiology Department the first day of your clinical assignment. Radiographic and fluoroscopic equipment functions, controls, panel readings and indicator lights, patient communication, monitoring devices and safety features are identified and discussed. Methods of patient care and radiation safety coursework presented in lecture form compliment the beginning student's clinical experiences.

Instructional methods used to teach all clinical coursework include: Demonstrations, Personal Experiences, Case Study, Lecture and Simulation Technique.

The clinical education assignments will be developed and distributed at the beginning of each semester. Clinical rotation schedules will be provided to each student and the clinical supervisors.

The "Plan" for the clinical education component of this program is to satisfactorily complete all clinical performance objectives. All clinical areas of study will have competency objectives incorporated into an evaluation instrument. The objectives are specific to the rotation site and are progressive.

Students are evaluated by the clinical staff at the end of each month and/or at the end of their rotation from each diagnostic area within the Radiology Department against the performance objectives identified for that area. These evaluations will be utilized to establish a final grade (Pass/Fail) for the clinical education session and are kept in the student's file.

Clinical Supervision:

All clinical activities involving a patient shall require appropriate supervision by a registered Radiologic Technologist as follows:

- Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the **direct supervision** of a qualified radiographer. **Direct supervision** is interpreted as the presence of a qualified radiographer in the radiographic procedure room during the positioning of the patient and the radiographic exposure.
- After demonstrating competency, students may perform procedures with **indirect supervision**. **Indirect supervision** is interpreted as the presence of a qualified radiographer adjacent to the room where a radiographic procedure is being performed.
- In support of professional responsibility for provisions of quality patient care and radiation protection, **unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency.**

Clinical Education Hours

Students enrolled in the Radiologic Technology Program must complete a minimum of 225 clinical days (8 hours per day) of supervised clinical education and all clinical evaluations of students must attain the minimum grade of **Pass/Satisfactory** to qualify for graduation.

Assignments to Affiliated Clinical Education Centers:

NO STUDENT WILL BE PERMITTED TO ENTER THE CLINICAL SETTING WITHOUT MEDICAL CLEARANCE AND THE REQUIRED IMMUNIZATIONS as specified on the *SHTM Health Form for Clinical Programs*. Documentation of compliance must be uploaded to your Castle Branch account.

One-Year Clinical Education Session

- Each student will be assigned to a clinical education site five (5) days per week (Monday through Friday), generally at 8:00 am until 4:00 pm, with a 1 hour lunch break. The time of the break is to be scheduled at the discretion of the clinical instructor. The start/end times may be modified for a given

clinical site only upon approval of both the clinical instructor and the program director.

- For those students that will need time off for extended illness, family sick leave or other approved personal need, their clinical education session may be extended to no later than August 31, of the final summer semester.
- Students are allowed five (5) absents during the clinical year without penalty.
- If student absences exceed 5 days, appropriate documentation will be required. Failure to provide documentation as requested will result in the student being placed on probation.
- A schedule for approved Holiday Recess time-off for the clinical year shall be provided. All other days off shall be considered as personal or sick leave absences.
- In the case of absences in excess of the 5 allowed absences, the student will be assigned to a clinical education session five (5) days a week (8:00 a.m. – 4:00 p.m.) for the remainder of the time necessary to completion of 225 clinical days and must accompany satisfactory and timely evaluations of **all** required clinical and behavioral objectives. **Only then**, will the student be reviewed to determine if qualified to graduate.
- The clinical hours are 8:00 a.m. to 4:00 p.m. ONLY, unless the student is assigned to a facility where the daily hours differ. If a student signs in at any time later than 8:00 a.m. (or the designated reporting start time) without proper approval the student will be sent home & under no circumstances, be given credit for that day. There will be no working through lunch and leaving early or leaving a clinic early without permission from your Clinical Instructor and/or Clinical Supervisor. Only program designated instructors or supervisors can document and/or authorize your release from your clinical responsibilities each day.
- All clinical records are required to be accurately recorded in a timely fashion on the electronic record system known as Trajecsys. ANY attempt to falsify or omit clinical records shall be considered to be unethical and unprofessional conduct and grounds for disciplinary action.
- NYS Department of Health regulations specify that student clinical activities shall NOT exceed 8 hours per day, or 40 hours per week. In addition, the

regulations specify that students shall not be assigned to clinical duties on evenings, or weekends, or holidays.

TIME and ATTENDANCE POLICY

The presence of students in the clinical facility must in no way alter the routine work schedule of the department or inconvenience the patients or staff. Therefore, **dependability** and **punctuality** are essential.

ATTENDANCE:

1. Each student will receive a clinical schedule. Students are allowed in the patient procedure area **only** on their assigned days.
2. Each student is responsible for clocking-in and clocking-out accurately each day utilizing the Trajecsys clinical record system. Clinical Instructor/Supervisor must verify all student attendance records.
3. Failure to accurately record clinical attendance shall be grounds for program probation and/or dismissal.
4. No student will be permitted to have assigned clinical hours during weekends or night-shifts.
5. A student may be assigned clinical hours during hospital holidays or evening shifts **ONLY** upon the expressed approval of both the Clinical Instructor **AND** the Program Director.
6. Students are not permitted to engage in clinical activity for more than 40 hours per week or 8 hours per day.
7. Clinical attendance will be recorded in full-day or half-day units **ONLY**. Therefore reporting late or leaving early will be recorded as a loss of a half-day.
8. A student is required to notify the Program Director **IMMEDIATELY** upon leaving your assigned clinical site early or arriving late **FOR ANY REASON** by sending e-mail message to me at: joseph.whitton@stonybrook.edu

ABSENCE

9. In case of absence due to illness, the student must notify the Clinical Supervisor by telephone **BEFORE** the designated start time.
10. In addition, a student must notify the Program Director by e-mail message to: joseph.whitton@stonybrook.edu on the day of ANY absence due to an emergency situation or illness. A notification received after the designated start time will be considered to be late & a violation of this policy with appropriate disciplinary action.
11. The student must accurately record an absence on the Trajecsys Report System **prior to the designated start time** regardless of the reason for the absence.
12. ALL REQUESTS for a day of absence for a full-day or half-day will be made in ADVANCE to the Program Director with sufficient time to respond to your request with APPROVAL or DISAPPROVAL during regular business hours. That will require a minimum of 24-hours during weekdays, excluding weekends and holidays.
13. A student shall NOT assume that a request for absence time will be approved without notification of such approval from the Program Director, or designee. Further, a student that is absent from clinical assignment or leaves early from clinical assignment, **FOR ANY REASON**, without approval from the Program Director will be placed on program probation immediately.
14. An excess of **five (5) days** absence at any time, without proper approval and documentation stating the reason for the absence(s); will be sufficient reason to have the student's participation in the program reviewed for possible probation.
15. No student will be excused from scheduled clinical education activities for the purposes of studying for examinations.
16. Absences for inclement weather are excused **ONLY** when the Stony Brook HSC is closed. To determine if SB-HSC is closed call 631-444-SNOW (7669) or SB-ALERT notification system.

PUNCTUALITY:

17. Each student is required to report to their assigned clinical area, ready for duty **PRIOR** to the designated start time. Clocking-in at the designated start time shall be considered as **LATE**.
18. A student must contact their clinical supervisor if they expect to be arriving late for **ANY** reason. They must clock-in accurately and it will be recorded as a lateness. An appropriate TIME EXCEPTION will be included on Trajecsys.
19. A student with 5 lateness within a semester will be given a WRITTEN WARNING. A subsequent lateness will be grounds for PROGRAM PROBATION.
20. A student that arrives late without contacting the clinical supervisor **shall be sent home** and charged with an absence for that day. The Program Director must also be notified by e-mail.
21. Students may not work through lunch hours in order to leave clinic early, except in **extraordinary circumstances** that are approved by the Clinical Supervisor and/or Program Director.
22. A student that fails to return on time from break or lunch hour **shall be sent home** and charged with an absence for that day. The Program Director must also be notified by e-mail.

Any attempt to alter or falsify an attendance record shall be considered to be unethical and unprofessional conduct and shall be grounds for dismissal from the Radiologic Technology program.

MAKE-UP TIME:

The fulfillment of the required 225 eight (8) hour days of supervised clinical education time is the ***student's*** responsibility. Failure to complete the required number of days within the allotted time period may result in **failure to graduate**. Therefore, the student is required to make-up promptly any missing days.

- Any necessary absence from the clinic will be made up at the first available time with the approval of the clinical supervisor.

- Make-up time will be scheduled in full-day or half-day increments only.
- Any time owed must be made up prior to August 31 of the final semester of clinical education.

UNIFORM / DRESS POLICY

Prescribed Clinical Uniform for All Students

- All students must wear white professional slacks (white denim & “painter-pants” are NOT acceptable) and the designated uniform polo shirt.
- All students must wear white shoes and crew-length socks (athletic type shoes are permitted if completely white).
- All students must wear a long-sleeve, hip-length white lab jacket with pockets, to be worn over the required uniform.

Required Accessories

- Each student will be provided with a hospital ID badge that clearly designates you as a RADIOGRAPHY STUDENT. The ID badge must be worn and conspicuously displayed at all times while on clinical assignment.
- Radiation badges must also be worn at the appropriate location.
- Pocket-sized Handbook of Radiographic Positioning and Techniques

Professional Appearance

- Uniform shirts & slacks must be freshly laundered & neat in appearance **EVERY DAY**
- Shoes must be clean and in good repair.
- Polo shirts must be tucked into slacks at all times.
- Undergarments must not be visible.

- Long hair can be hazardous around machinery, therefore, must be pulled back in a neat fashion.
- Beards and mustaches must be neatly trimmed (religious custom, **only** exception).
- Excessive jewelry and excessive use of cosmetics, colognes/perfume is inappropriate in the clinic.
- Long fingernails pose a health and hygiene hazard, nails must be kept neat and short in length.
- Careful attention must be paid to personal hygiene when attending clinic.

Failure to Dress Properly

A student who reports to the clinic not in proper attire may be sent home at the discretion of the Clinical Supervisor. No clinic hours will be credited.

ACADEMIC POLICIES AND PROCEDURES

Academic Standing, Probation and Termination Policy:

Prior to participating in any experiential patient care clinical education activities, the student must satisfy each of the following criteria:

1. Clinical Orientation Program for radiography students
2. Achieve a minimum score of 75% on a comprehensive written examination on the topic of General Radiographic Procedures.
3. Achieve a minimum score of 75% on a comprehensive written examination on the topic of Principles of Radiographic Exposure.
4. Complete the study unit on Patient Care for Radiographers

Students must achieve a minimum grade of **75%** in all didactic units of study to qualify for graduation. A student that fails to earn a passing grade of 75% in any study unit will be recommended to the Office of the Dean for **PROBATION**. Once a student has been placed on probation, he/she will be scheduled to take a comprehensive make-up examination for that study unit. If a student fails to earn a passing grade of 75% on the comprehensive make-up examination, that student

shall be referred to the Office of the Dean for dismissal from the Radiologic Technology program. A failing grade for any subsequent study unit will be grounds for dismissal from the Radiologic Technology Program.

Academic Standing Procedure follows the SHTM Policies and Procedures on probation and termination.

The program director, will recommend to the Dean in writing, (within five working days) that the student be placed on probation. Probation/termination is indicated by the following:

- A student shall be recommended for probation for a grade of less than 75% on the comprehensive examination in General Radiographic Procedures or Principles of Radiographic Exposure.
- A student shall be recommended for probation for a grade of less than 75% for any unit of study during the post-baccalaureate certificate program in Radiologic Technology.
- A student who has been placed on probation may not ordinarily be permitted to participate in clinical experiential activities, except under extraordinary circumstances, and at the discretion of the Program Faculty and the Dean.
- A student that fails to earn the minimum passing grade of 75% on a comprehensive make-up examination will result in a recommendation for termination from the Program.
- Once a student has been placed on probation, any additional study unit grades below 75% will result in a recommendation for program dismissal.
- A student that receives both a didactic unit grade of less than 75% and one or more unsatisfactory clinical evaluations will be recommended to the Dean for termination from the Program.
- Unsatisfactory and/or unethical clinical performance alone will result in a recommendation to the Dean for probationary status and/or possible termination from the Program.
- Any student will be recommended for termination from the Radiologic Technology Program if, while on probation, their academic grade(s) falls below 75% and/or a grade of unsatisfactory in any clinical education evaluation(s).

PREGNANCY POLICY

The **pregnancy policy** of the Stony Brook University Radiologic Technology Program is designed to reduce the potential for radiation exposure to the fetus and to assure that the student participates in an academic and clinical curriculum that will enable the student to meet the objectives of the program.

In the event that a student becomes pregnant while enrolled in the radiography program, she has the option of whether or not to inform the Program Director of her pregnancy. If she chooses to inform the Program Director, it must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant. Upon receipt of a written, voluntary disclosure of pregnancy, the student shall be given a choice of two (2) options, as follows:

1. To continue full participation in the program modified by program officials to exclude or postpone assignments and/or employ additional safety precautions for those procedures that carry greater potential for occupational radiation exposure.
2. To withdraw completely from clinical training.

If a student chooses to discontinue Clinical Education she will be permitted to complete the didactic portion of the curriculum. She will be required to be in attendance only during scheduled classroom hours as is possible. The remaining clinical training hours and all clinical competencies shall be completed at a time mutually agreed upon following the course of pregnancy. The student shall be eligible for certification and licensure only upon satisfaction of all program graduation criteria.

If a student chooses to continue with Clinical Education:

- The program officials shall determine the exact form and content of the plan for clinical training.
- A fetal exposure monitor will be issued and possibly additional shielding materials made available.
- The plan must not compromise the program objectives or the education of the other class members.
- Efforts shall be made to allow the student to continue in the program as long as medically advisable and educationally valid.

- The student shall meet with the Radiation Safety Officer to be advised of the most current information available regarding possible medical risks of radiation exposure to the fetus and the radiation exposure monitoring guidelines to be followed.
- The student must adhere to the pregnancy policy of the clinical education center to which she is assigned.

DECLARATION OF PREGNANCY

I, _____, do hereby make this voluntary declaration of pregnancy. My estimated date of conception was _____.

It has been explained to me that I am making this voluntary declaration of pregnancy. I understand that this means the Radiologic Technology Program/Licensee must take measures to ensure that the total dose to the embryo/fetus during the entire pregnancy from occupational exposure does not exceed 0.5 rem (5 mSv) and 0.05 rem (0.5 mSv) per month.

It has been explained to me that these measures may include the reassignment of clinical rotations and corresponding learning objectives to those that will result in lower occupational exposure or the placement of certain restrictions on the duties that I perform.

It has also been explained to me that I may revoke the declaration of pregnancy at any time and that the revoking of the declaration must be in writing.

Student Radiographer

Date

Radiation Safety Officer

Date

TUITION / REFUND POLICY

Tuition will be charged at the rate of \$7200 for the clinical year plus applicable university fees. This annual tuition will be collected by the Program before the initial meeting of the program. The tuition fee shall be made payable to the **School of Health Technology and Management**.

A student shall not be permitted to attend classes or clinical education beyond the posted tuition deadline dates without receipt of tuition and insurance payment or approved payment voucher.

Refund of Tuition:

Students who withdraw from the Radiologic Technology Post-baccalaureate Program are liable for payment of tuition in accordance with the following schedule:

Withdrawal during	Liability
First week	0%
Second week	30%
Third week	50%
Fourth week	70%
Fifth week	100%

Program Orientation will be held on the first day of the class. Absence from classes does not constitute an official withdrawal, and does not relieve the student of his or her financial obligation, nor entitle the student to a refund. Students must officially request to withdraw, in writing, to the Dean's Office.

Students will be responsible for other fees incurred during the duration of the program. Such fees included but are not limited to, professional liability insurance, background checks or drug testing required by clinical affiliates, books, etc. A schedule of anticipated program costs will be provided during the orientation program.

CLINICAL EDUCATION OBJECTIVES

There are minimum core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification.

Competency Requirement:

In order for the student to achieve clinical competence, the student must:

1. Have completed all courses with a minimum grade of 75%.
2. Have completed all clinical courses with the required competencies.
3. Have completed with a grade of Pass in all areas on the Clinical-Didactic Integration Assessment form.
4. Have the following examinations evaluated to prove clinical competency:
 - a. Upper Extremity
 - b. Lower Extremity
 - c. Chest
 - d. Abdomen
 - e. Hip
 - f. Skull
 - g. Vertebral Column
 - h. Contrast Media Examination
 - i. Trauma Examination
 - j. Portable Examination

If the volume of these examinations is not sufficient so that the student may demonstrate clinical competence, the program director and clinical coordinator will arrange for a simulated clinical experience so the student may be graded. This situation will be considered unusual and granted only under extraordinary circumstances.

Clinical competence associated with a radiographic procedure requires demonstrating appropriate:

- Radiation safety and environmental protection practices
- Equipment operation and quality control/quality assurance.
- Patient and equipment monitoring.
- Properly position the patient.
- Select appropriate exposure factors.
- Process the resulting radiograph.
- Evaluate the radiograph for diagnostic quality.
- Record keeping.
- Patient assessment, care, management and education.

Guidelines for Clinical Supervisors/Instructors When Completing Evaluation Forms

Evaluation forms are designed to evaluate either the *cognitive, psychomotor, and/or affective skills* of students. When evaluation forms are being filled out, the ratings and comments should address the competency and skills that can be expected of a junior or senior radiologic technology student, not an experienced radiologic technologist.

Please refer to the following where applicable

- **Cognitive Skills** - Are those that deal with the application of knowledge and the development of intellectual abilities.
- **Psychomotor Skills** - Are those that deal with behavioral tasks involving physical action.
- **Affective Skills** - Are those that deal with interest, attitude and values.

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT)

Under the sponsorship of the American Roentgen Ray Society, the Radiological Society of North America, the Canadian Association of Radiologists, and the American Society of X-ray Technicians, the American Registry of Radiologic Technologists was organized in 1922.

In 1944, sponsorship of the Registry was relinquished by the Radiologic Society of North America in favor of the American College of Radiology.

The main function of the Registry is to administer examination for persons who have graduated from approved schools. To be certified as a Registered Radiologic Technologist (RT) it is necessary for you to take an examination given by the ARRT. The ARRT offers examinations throughout the year at computer-based testing centers located throughout the United States.

- Eligibility for certification by the **American Registry of Radiologic Technologists (ARRT)** requires that:

Candidates must comply with the ARRT Standards of Ethics. The conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations shall be considered a violation of the “Rules of Ethics”. All alcohol and/or drug related violations must be reported.

Individuals who have violated the “Rules of Ethics” may file a pre-application with the ARRT in order to obtain a ruling of the impact on their eligibility for examination. A pre-application must be requested from the ARRT at tel.# (612) 687-0048.

Go to the ARRT website at WWW.ARRT.org for additional details and updated information.

NEW YORK STATE LICENSURE

The student, after the successful completion of this two-year course of study, will be eligible to make application for New York State licensure. Two year course of study is defined by successful completion of the Health Science major (with the applicable concentration of study) and the successful completion of the post baccalaureate certificate program in Radiologic Technology. To be employed as a radiographer in the State of New York the graduate must possess both the State of New York Department of Health license and pass the certification examination of the American Registry of Radiologic Technologists in Radiography. Graduates shall be issued a temporary permit to practice Radiography upon graduation, if the following criteria have been met:

- Application for licensure has been submitted to and accepted by the New York State Department of Health.
- The **NYS Department of Health** further requires that:

Except for minor traffic violations, individuals who have ever been convicted for any offense against the law or are now under charges are required to contact the New York State Department of Health, Telephone # (518) 402-7580.

- Application has been submitted and accepted for the examination in Radiography of the American Registry of Radiologic Technologists.

Upon successfully completing the registry examination, the graduate is eligible for professional licensure by the State of New York. An application fee must be submitted with each application.

CRITERIA FOR PROGRAM COMPLETION

AND

CERTIFICATE IN RADIOLOGIC TECHNOLOGY

In order to successfully complete the clinical program in Radiologic Technology and to be eligible to receive a Certificate of Completion, each student must satisfy the following criteria:

- 1. Complete 225 days of clinical education in accordance with the Time & Attendance Policy**
- 2. Complete Clinical Competency requirements and receive satisfactory Clinical performance evaluations for each assigned clinical rotation.**
- 3. Complete each Study Unit with the minimum passing grade of 75%.**
- 4. Complete the CPE program in Magnetic Resonance Imaging.**

STONY BROOK UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM

DECLARATION

I have carefully read the **Student Handbook** which contains the policies and procedures of the Radiologic Technology Program. The policies, procedures, and regulations of the Radiologic Technology Program have been explained to me and I have had an opportunity to ask questions regarding them.

I agree to abide by all policies and procedures stated in the **Student Handbook**. I understand that those who do not comply with the **Student Handbook** or whose conduct reflects discredit upon themselves or the Program shall be subject to dismissal proceedings.

Student Radiographer

Date

Joseph E. Whitton, MS, RT(R)(CT)(MR), FASRT
Program Director

Date

Clinical Assessment Forms

- Monthly Performance Evaluation
- Clinical Competency Evaluation
- Medical Imaging Procedure Log

All of the following student evaluation forms will be maintained online through the Trajecsys Report System. These forms are to be used for reference purposes only.

Clinical Behavioral Objectives Evaluation

Instructor/Evaluator: place X in appropriate box in left column

Attendance:

The student has maintained good attendance and calls in at the specified time to notify staff of his/her absence(s).

The student's attendance is marginal but calls in on time when absent.

After repeated warnings the student's attendance remains poor and continues to call in late to notify staff of absence.

Punctuality:

The student is on time each day and prepared to begin the clinical assignment.

The student is consistently more than five (5) minutes late and unprepared to begin.

The student makes little effort to arrive on time after a verbal warning.

Perseverance:

If the student is not successful in performing an assigned task for the first time, he/she will seek advice as to what they are doing wrong and make a second attempt to succeed without prodding. This student demonstrates initiative.

If the student's first attempt at performing a patient procedure is unsuccessful, the student is reluctant to seek advice on what action is needed to perform the task correctly. It is only after the instructor offers advice, will the student make a second attempt to complete the procedure successfully. This student demonstrates a moderate level of initiative.

Although receiving adequate instruction and supervision, the student becomes discouraged and frustrated when their first attempt at setting-up a patient procedure is unsuccessful. This student does not seek advice and/or assistance and when the instructor offers advice and/or assistance this student is often unwilling to make a second attempt for fear of failure. This student lacks initiative.

Observation of Behavioral and Performance Skills

Instructor/Evaluator: please indicate performance by placing an **X** in the appropriate yes/no column. If a “**No**” is checked, please elaborate on the comment sheet.

		Yes	No
1.	Student consistently presents a neat and professional appearance and in required uniform to include radiation monitor and student ID badges.		
2.	Does this student exhibit confidence in approaching new tasks?		
3.	Is this student generally helpful in assisting staff and patients?		
4.	Does student conduct themselves in a consistent and reliable manner?		
5.	Does student generally display an organized and logical “common sense” approach to performing required tasks?		
6.	Is the student able to properly focus their attention on the required tasks without becoming distracted?		
7.	Does this student follow instructions/directions and work well under pressure?		
8.	Does the student make appropriate corrections after committing an error?		
9.	Does this student handle constructive criticism in a positive manner?		
10.	Does this student take personal responsibility for errors that are committed?		
11.	Is this student’s professional behavior and clinical skills progressing in accordance with expectations?		
12.	Does student assist in keeping their assigned workplace neat and orderly?		
13.	Does this student generally demonstrate professional behavior and courtesy?		
14.	Does this student work well with others and volunteer to assist those in need?		
15.	Student actively seeks learning experiences and appears eager to demonstrate acquired knowledge.		
16.	Student generally anticipates what is required for each patient procedure and performs task(s) without prodding.		

CLINICAL COMPETENCY EVALUATION

STUDENT: _____

FINAL GRADE: _____

CLINICAL SITE: _____

EXAM: _____

PROJECTIONS: A. _____

DATE: _____

B. _____

EVALUATOR: _____

C. _____

PERFORMANCE EVALUATION

- | | | | |
|--|---|---|---|
| 1. Identify patient by name and verifying identification. | 1 | 2 | 3 |
| 2. Evaluate the Requisition for correct information and examination. | 1 | 2 | 3 |
| 3. Introduce your self and explain the examination to the patient. | 1 | 2 | 3 |
| 4. Assist the patient to the room and on/of the table. | 1 | 2 | 3 |
| 5. Assure that patient is properly attired while maintaining patient's modesty | 1 | 2 | 3 |
| 6. Set exposure factors for appropriate examination. | 1 | 2 | 3 |
| 7. Communicate with the patient throughout the exam. | 1 | 2 | 3 |
| 8. Proper breathing instructions were explained and used. | 1 | 2 | 3 |
| 9. Adjust image receptor (IR) to correct position. | 1 | 2 | 3 |
| 10. Patient is properly dismissed at the conclusion of the exam. | 1 | 2 | 3 |

PSYCHOMOTOR SKILLS

- | | | | |
|--|---|---|---|
| 1. Correctly, position the patient for all projections. | 1 | 2 | 3 |
| 2. Appropriate radiation protection was used for each projection. | 1 | 2 | 3 |
| 3. Use proper positioning aids. | 1 | 2 | 3 |
| 4. Use correct Tube Angle. | 1 | 2 | 3 |
| 5. Use correct size IR and proper placement. | 1 | 2 | 3 |
| 6. Correct SID was used for examination | 1 | 2 | 3 |
| 7. Proper collimation was used and is visible on radiograph (min 2 adj sides). | 1 | 2 | 3 |
| 8. Correct Markers were used & visible on image. | 1 | 2 | 3 |
| 9. All required anatomical parts were included on the image. | 1 | 2 | 3 |
| 10. The anatomy of interest is centered to the image. | 1 | 2 | 3 |

TOTAL POINTS

COMMENTS:

1= Needs Improvement

2 = Satisfactory

3 = Exceeds Expectations

PASS = minimum 40 points

School of Health Technology and Management

Student Responsibilities for Clinical Education

These guidelines are to be used in addition to those established by each program/department.

All students are responsible for conducting themselves in a professional manner during any educational experience conducted at a clinical site and for demonstrating respect toward its personnel, patients and their families. This includes being enthusiastic, mature, motivated to learn and accepting of responsibility.

PHYSICAL EXAMINATION AND IMMUNIZATION RECORDS

All SHTM students are required to submit/upload a completed [SHTM Health Form for Clinical Programs](#) to CastleBranch® the School of Health Technology and Management's platform for health clearance and management and to the [Student Health Service Medicat](#) prior to the first day of classes. This form includes a health history, physical exam, PPD or QuantiFERON®, documentation of a TDAP immunization within the last 5 years, and quantitative **documentation of titers including lab values and ranges** for measles, mumps, rubella, varicella and hepatitis B. Students must also sign the meningitis form online via SOLAR. If a student has a history of a positive PPD, documentation of a negative chest x-ray and/or treatment is required.

State law requires that all students have their health assessment and PPD updated annually. **Any student out of compliance will not be allowed to attend class or participate in any clinical activities.**

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

All students must complete the required *Health Insurance Portability and Accountability Act*, (HIPAA) training. HIPAA training must be completed on an annual basis through Blackboard. Clinical sites may require additional HIPAA training. Subsequent to HIPAA training, all students must sign a Confidentiality Acknowledgement Statement to demonstrate awareness and understanding of the confidentiality requirements.

Students are required to safeguard all forms of Protected Health Information (PHI) whether oral, written or electronic. All information concerning patients is confidential and must not be discussed or otherwise shared with anyone who is not authorized to access the information or does not require the information for the care of a patient. PHI is information that can identify, relate to or be associated with an individual obtaining health care services. Health care information that can be used to identify an individual includes:

- Name
- Address
- Social Security Number
- Phone Number
- Medical Record Number
- Photographs
- Clinical Notes
- Test Results
- Health Plan Information

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

In accordance with HIPAA and Stony Brook Medicine policies, students must:

- Follow the “minimum necessary rule,” access, use and disclose only the minimum necessary information to perform assigned responsibilities.
- Dispose of PHI properly, place in shred receptacles or confidential disposal bins, never in trash cans.
- Report all suspected breaches of PHI
 - To the supervisor at designated work sites
 - To the privacy officer at work sites
 - To preceptor/instructor
- Secure usernames and passwords.
- Use complex passwords (combination of uppercase and lowercase alphabets, numbers, and symbols).
- Log-off of workstations and devices before walking away.
- Refrain from posting PHI on social media or networking sites.

RULES AND REGULATIONS OF THE CLINICAL FACILITY

Though students are not employees of the clinical site, nevertheless, they are subject to all rules and regulations of the clinical facility as well as those of the School of Health Technology and Management (SHTM). Rules and regulations will be specified by the clinical faculty and given to the student at the start of the clinical experience. The student is required to become familiar with them and strictly abide by them.

Unexcused tardiness or absence; unavailability; inappropriate behavior, conduct or dress; or failure to comply with university or clinical facility rules and regulations may result in immediate disciplinary action by the clinical faculty, director of clinical education, or program director/department chair.

The clinical site may request additional health clearance, drug screening, fingerprinting, criminal background check or an interview with the student before accepting the student for the clinical rotation. Costs related to these requirements are the students' responsibility.

IDENTIFICATION

While on clinical rotation, all students are to wear proper SHTM identification as follows:

- a. Lab Coat with logo or SHTM emblem and/or
- b. A name tag and/or ID badge (provided by SHTM or the clinical site) identifying you as a student.
- c. Students who do not wear the appropriate identification will be asked to leave the clinical site and the program will be notified.

PROPER ATTIRE CODE

The uniform or proper attire used during clinical practice will be in accordance with the policy established by your program, SHTM and clinical site.

- a. The student shall be neat, clean and presentable at all times.
- b. Students who do not wear the appropriate uniform or proper attire will be asked to leave the clinical site and the program will be notified. Any time missed must be made up.

ATTENDANCE/ABSENCE

Each student is to complete all assigned clinical time. Each student is expected to be present and ready to begin his/her/their clinical rotation promptly at the assigned starting time each day and to remain until the assigned ending time. There will be no exceptions!

In case of illness or tardiness, it is the student's responsibility to notify the clinical supervisor at the clinical site at least one hour prior to the assigned starting time. The student should then contact their SHTM professional program for further instructions regarding the make-up of that time. Repeated tardiness or unexcused absences will result in a lowering of the final grade and/or failure of the clinical course. Students who have clinical time to make up may be required to have prior written permission from their program. If at the end of a rotation a student has not made up all the missed time, an Incomplete grade (I) may be submitted. This Incomplete grade will convert to an "F" at the appropriate time and in accordance with the SHTM policies.

TRANSPORTATION AND HOUSING

During your clinical experience, you will be assigned to clinical rotations off campus. All students are responsible for securing their own transportation to/from their clinical site. This includes cost as well as access to an automobile as many clinical sites are not in close proximity to public transportation. In addition, students are also responsible for housing costs related to their clinical rotations.

STUDENT PERFORMANCE

All students are expected to be responsive and enthusiastic in their performance. They are to follow directions, be attentive to patients, ask questions and participate actively in all learning experiences.

All students are expected to seek out independent learning experiences, as well as those assigned. Students are expected to utilize all clinical time effectively and should be familiar with all objectives prior to the start of each clinical day.

Disclaimer: Students must refer to their individual program handbooks regarding specific policies and procedures.

HEALTH INSURANCE

All full time matriculated Stony Brook location students are charged a mandatory "student health service fee" each term. This fee entitles students to be seen by a health care provider in the Student Health Service without additional charge. Students are responsible for fees that are incurred for lab work, medications, and immunizations related to their medical care.

In addition, all Stony Brook full-time students are required to purchase mandatory health insurance, or document equivalent coverage to receive a waiver (effective fall 2005) during all semesters.

Southampton location students can access medical care at Southampton Hospital and may be covered through their individual private health insurance.

STATEMENT ON RISKS TO STUDENTS

The School of Health Technology and Management (SHTM) is engaged in the education and training of students for entry into different health professions. The learning experiences, which must be provided to students of the school, may unavoidably create certain risks that arise from essential laboratory, classroom, and clinical activities. These risks are comparable to those that exist for currently practicing health professionals.

In the various types of learning experiences which take place within the school, and at its affiliated clinical training sites, the student may be exposed to safety and health hazards which can be minimized (prevented) by adherence to the safety rules and regulations which have been established by each program. Potential hazards are controlled and monitored by competent faculty supervision, and conscientious observance of universal precautions and safety procedures. Carelessness in risk situations can lead to accidents resulting in injury or illness.

Within the educational experiences conducted by the school, the following risks may exist:

- a. exposure to infectious materials including body substances, lab specimens, contaminated equipment and supplies, contaminated environmental surfaces, contaminated air or lab animals
- b. exposure to radioactive materials
- c. burns from chemicals, open flames, heated liquids or electrical equipment
- d. physical injury from improperly operated equipment or improper body mechanics
- e. electrical shock from equipment
- f. lacerations or injury from improperly handled equipment
- g. aggravation of students' preexisting conditions secondary to educational exercises or activities of a strenuous nature
- h. skin irritations due to exposure to materials to which the student may be sensitive.

STATEMENT ON RISKS TO STUDENTS

In an effort to reduce incidents of students' exposure to environmental hazards and infectious diseases, information regarding safety and exposure to infectious agents and hazardous substances will be provided prior to the first-class meeting for each course or prior to clinical activities. Students will be educated about the principles of proper body mechanics and infection control, including standard precautions, blood borne pathogens, appropriate first aid and exposure response procedures. Students who are concerned about their participation or believe they may be placed at unusual risk because of medical conditions or physical limitations are advised to consult with their program director/department chair and/or course instructor prior to participating in any learning

exercise that may create such a risk. (Please refer to the [Americans with Disabilities Act and the Student Accessibility Support Center](#) document in this orientation handbook, as relevant).

STANDARD PRECAUTIONS

In order to reduce the risk of transmission of blood borne pathogens and to reduce exposure to infectious diseases and environmental hazards, the Centers for Disease Control and Prevention (CDC) recommends the use of “Standard Precautions” when working with **all** patients and follow “Transmission-based Precautions” when treating all blood and other potentially infectious material including droplet, fluids and secretions. Students are required to follow the clinical site policy and procedure regarding appropriate personal protective equipment. These precautions include:

[Standard Precautions for All Patient Care | Basics | Infection Control](#)

[Transmission-Based Precautions | Basics | Infection Control](#)

[National Clinician Consultation Center](#)

[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#)

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

A. Handwashing

- Wash hands prior to and immediately after examining/ treating every patient
- Hands must be washed as soon as possible after touching blood, body fluids, excretions, and contaminated objects even if gloves have been worn
- Hands must be washed between patients and after removing gloves and other protective equipment

<https://www.cdc.gov/handhygiene/providers/index.html>

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

STANDARD PRECAUTIONS

B. Gloves

- Must be worn when performing invasive procedures
- Must be worn when touching blood, body fluids, mucous membranes, non-intact skin, and contaminated objects
- Must be worn when performing venipuncture or vascular access processing specimens
- Must be changed between tasks if contaminated when caring for the same patient
- Must be removed promptly after use and new gloves must be donned before caring for another patient

C. Mask, Eye Protection, Face Shield - must be worn during patient care activities that may generate splashes of blood, body fluids, secretions, excretions or bone chips.

D. Gowns - must be worn during patient care activities that may generate splashes of blood, body fluids, secretions or excretions to protect skin and clothing. Soiled gowns must be removed as soon as possible followed by prompt handwashing.

- E. Dispose of all biohazard material, (e.g. blood, body fluids, and microbiological culture) as infectious material.
- F. Never pipette by mouth.
- G. Disinfect work surfaces after a spill and when work is complete. Appropriate disinfectants include 35% isopropyl alcohol and 10% chlorine bleach.
- H. Eliminate the use of needles/sharps whenever possible. Use medical devices with safety features.
- I. Use sharps in a safe, controlled environment whenever possible, with a sharps container nearby. Use safe techniques when using, handling, cleaning or disposing of sharp instruments and devices. Never recap used needles, do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place all used sharps in appropriate puncture-resistant containers.
- J. Use mouthpieces, resuscitation bags or other ventilation devices when mouth-to-mouth resuscitation is required.

[The National Clinician Consultation Center](#) Provides expert consultation including a hotline to obtain information from anywhere: **1-888-448-4911 (see website for hours of operation)**.

IMMUNIZATION/DISEASE SURVEILLANCE

Preventive strategies for infections known to be transmitted in health care settings include immunizations for vaccine preventable diseases. Students entering SHTM must show proof of immunity to measles, mumps, rubella, varicella and hepatitis (unless Hepatitis B vaccine declination statement is signed) and have received tetanus /diphtheria toxoid within the past 10 years. Students must receive a PPD or Quantiferon within 6 months prior to the start of classes, and yearly thereafter if negative. If a student has a history of a positive PPD, documentation of a negative Quantiferon, chest x-ray and/or treatment is required prior to entering SHTM.

IMMUNIZATION/DISEASE SURVEILLANCE

Each student is required to maintain a current annual health assessment and PPD in order to attend clinical rotations. Additional documentation may be required as per clinical affiliate or individual program policy.

During flu season, the university strongly encourages all students to obtain a flu vaccine. An annual influenza vaccination is required for rotations at many clinical sites. Proof of vaccination must include the ordering provider's name, address, license number and date. Students who refuse vaccination may be asked to wear a mask while at their clinical site. Please note: clinical sites can refuse to take a student if they are not vaccinated against the influenza virus. **Students must adhere to individual program policy regarding flu vaccination requirements.**

TUBERCULOSIS (TB) EXPOSURE

Adequate infection control measures (masks and isolation precautions) should be strictly followed in an effort to minimize the risk of exposure to an infectious patient. If appropriate precautions have not been followed, students who have been exposed to a patient with active TB will require post-exposure PPD skin testing. The student should receive a baseline PPD skin test at the clinical site as soon as possible after the exposure, unless the student has a documented negative PPD within the preceding 3 months. The student must notify the appropriate individual in his/her/ their professional program (Director of Clinical Education/Fieldwork Coordinator) at SHTM if his/her/their has been exposed to TB. A School of Health Technology and Management Safety Incident Report must also be submitted to the program within 48 hours of occurrence.

The student will then be referred to the SBU Employee Health for repeat testing which must be performed 12 weeks after the exposure. Students with previously positive PPDs who have been exposed to an infectious patient should be referred to the SBU Employee Health where they will be evaluated and followed for active TB by a complete symptom review. If the student remains asymptomatic, no further testing is required.

[Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005](#)

BLOODBORNE PATHOGEN EXPOSURES

Health care personnel are at risk for exposure to blood borne pathogens including, but not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus(HIV). These exposures can occur through needle sticks or cuts from sharp objects contaminated with an infected patient's blood or visibly bloody fluid or potentially infectious fluid (semen, vaginal secretions, synovial, pleural, peritoneal, pericardial, cerebrospinal, and amniotic fluids) or through contact of mucous membranes or non- intact skin with an infected patient's blood or visibly bloody fluid or potentially infectious fluid. In the laboratory any direct contact to concentrated virus is also considered an exposure and as such requires clinical evaluation.

BLOODBORNE PATHOGEN EXPOSURES

Factors that influence the risk of exposure include the pathogen involved, the type of exposure, the amount of blood involved in the exposure and the amount of virus in the patient's blood at the time of the exposure. According to the Center for Disease Control (CDC), the frequency of transmission of HBV can range from 1% to 30% depending on the source patient's "e antigen" result which, if positive, correlates with high infectivity. If exposed to HCV the risk of infection is 1.8%. When a percutaneous injury involves blood from an HIV infected source the risk of HIV transmission is roughly 0.3%. After a mucous membrane exposure, the average risk of seroconversion is approximately 0.1%. **Most exposures do not result in infection.**

The CDC web page <https://www.cdc.gov/niosh/topics/bbp/genres.html> has information on blood borne pathogen exposures and health care workers and also a brochure titled "Exposure to Blood: What Healthcare Personnel Need to Know". This is an excellent resource that you should read before your clinical experiences. It can be accessed at https://www.cdc.gov/hai/pdfs/bbp/Exp_to_Blood.pdf

Please familiarize yourself with this information and the risks to you as a healthcare provider. Another very useful website is <http://nccc.ucsf.edu/> which provides expert consultation including a hotline to obtain information from anywhere: **1-888-448-4911 (see website for hours of operation).**

Effective management of educational exposures to blood borne pathogens requires coordination among multiple parties, SHTM and clinical affiliates. Students must be trained in the prevention of injuries and in the management of injuries when they occur. Upon arrival at a clinical site, students must become familiar with the site-specific protocols for the initial management of blood and body fluid exposures. **Exposure prevention remains the primary strategy for reducing blood and body fluid exposures.**

[Bloodborne Infectious Diseases - General Resources on Bloodborne Pathogens - NIOSH Workplace Safety and Health Topic](#)

[Exposure to Blood \(PDF\).](#)

GENERAL CARE AFTER BLOODBORNE AND BODY EXPOSURE

NEEDLE STICKS

1. Immediately clean the affected area with soap and water. Do not use caustic products (bleach) or squeeze the puncture site.
2. After you clean the affected area as outlined above, **immediately inform your clinical instructor/preceptor and supervisor at the clinical site and your Director of Clinical Education/Fieldwork Coordinator at Stony Brook University.**
 - Prompt reporting is essential because in some cases if post exposure treatment is recommended, it should be started as soon as possible.
3. **Seek post-exposure evaluation immediately.**
 - **Follow the post-exposure protocol of the clinical site.** If the site does not have a protocol, go to the nearest Emergency Room.
4. If you are unsure of how to proceed, contact your Director of Clinical Education/Fieldwork Coordinator at Stony Brook University.
5. Complete any required incident reports at the clinical site.
6. Complete a School of Health Technology and Management Safety Incident Report provided to you by your Director of Clinical Education/Fieldwork Coordinator within 48 hours of occurrence.

BLOOD AND BODY FLUIDS

1. Immediately clean the affected area with soap and water. Flush splashes to nose and mouth with water. Irrigate eyes for 15-20 minutes with clean water, saline, or sterile irrigant. Clean all other areas with soap and water.
2. After you clean the affected area as outlined above, **immediately inform your clinical instructor/preceptor and supervisor at the clinical site and your Director of Clinical Education/Fieldwork Coordinator at Stony Brook University.**
3. **Follow the post-exposure protocol of the clinical site.**
 - If there is concern regarding exposure (e.g. if you have an open wound that is exposed to blood or body fluids) contact your Director of Clinical Education/Fieldwork Coordinator at Stony Brook University.
4. If you are unsure of how to proceed, contact your Director of Clinical Education/Fieldwork Coordinator at Stony Brook University.
5. Complete any required incident reports at the clinical site.
6. Completion of a School of Health Technology and Management Safety Incident Report may be required and will be provided to you by your Director of Clinical Education/Fieldwork Coordinator.

HEPATITIS B VIRUS (HBV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

<https://www.cdc.gov/hepatitis/hbv/pep.htm>

Percutaneous (needle stick) injuries are the most efficient mode of transmission of HBV, however, at room temperature HBV can survive in dried blood on surfaces for at least 7 days. Persons who have been adequately immunized are at virtually no risk for infection, as evidenced by the 95% reduction in the number of occupational infections since the Hepatitis B vaccine became available in 1982. In susceptible individuals (those who have not been vaccinated or who did not develop antibodies after immunization) the risk of infection after a percutaneous exposure to HBV infected blood ranges from 1- 30%.

HEPATITIS B VIRUS (HBV) PEP

Hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine may be recommended depending on the source patient's infection status and your immune status. For students who have not been vaccinated, the CDC currently recommends hepatitis B vaccination for all exposures regardless of the source patient's hepatitis status.

HEPATITIS C VIRUS (HCV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

<https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#b4>

Hepatitis C is not transmitted efficiently through occupational/educational blood exposures in the health care setting. If exposed to HCV, the average risk of transmission is 1.8%. HCV can survive outside the body and still transmit infection for 16 hours, but not longer than 4 days.

HEPATITIS C VIRUS (HCV) PEP

Currently no PEP exists for hepatitis C, recommendations for post exposure management are in place to achieve early identification of chronic disease, and if present, referral for evaluation of treatment options. Post exposure management includes baseline testing for HCV antibodies and liver function tests, repeated at 4-6 months or at any time if symptoms develop (abdominal pain, nausea/vomiting, jaundice, malaise, fever). (see table below)

HUMAN IMMUNODEFICIENCY VIRUS (HIV) EXPOSURE AND POST-EXPOSURE PROPHYLAXIS (PEP)

The average risk of acquiring HIV infection after a needlestick or other sharp injury that involves **HIV infected** blood is 0.3%; the risk after mucous membrane exposure is 0.1%. Factors that might affect the risk of HIV transmission after exposure include: deep injury, visible blood on device, procedure involving needle placed directly in a vein or artery terminal illness in source patient

HUMAN IMMUNODEFICIENCY VIRUS (HIV) PEP

An individual assessment by the Emergency Medicine or Employee Health Practitioner will be made regarding the degree of risk associated with each exposure. For example, prophylaxis may not be recommended to students who sustain exposures that are not thought to be significant (i.e., if an

accidental needlestick occurs with a piggy-back intravenous solution that did not contain blood). Exposure to saliva, tears, sweat, or non- bloody urine or feces does not require PEP. (see table 2)

Students who sustain a significant exposure to material that may be infected with HIV may benefit from the prompt initiation (within 1-2 hours) of antiretroviral therapy to interrupt viral transmission. First dose antiretroviral medication will be provided by the clinical site with subsequent follow up provided by the Student Health Services Clinic at the student's own expense, however, the Stony Brook University mandatory health insurance provides coverage for these expenses.

Students should be tested for HIV antibody at the time of the exposure and then again at 6 weeks, 12 weeks and 6 months. Students who elect to start PEP should have baseline (at the time of the exposure) complete blood counts and liver and kidney function testing, with repeat testing performed 2 weeks later.

Students should seek medical care from Student Health Service or their healthcare provider if they experience any sudden symptoms of flu like illness (fever, rash, muscle aches, malaise or swollen glands) during the weeks following an exposure. These symptoms may suggest a drug reaction or HIV or other infection.

Students are advised to follow recommendations for preventing transmission of HIV during the follow up period, especially the first 6-12 weeks. These include the correct and consistent use of condoms during sexual activity; donating blood, semen or organs; and refraining from breastfeeding.

[MMWR: Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis](#)

TABLE 2 EXPOSURES FOR WHICH PEP IS INDICATED
<ul style="list-style-type: none">• Break in the skin by a sharp object (including both hollow-bore and cutting needles or broken glassware) that is contaminated with blood, visibly bloody fluid, or other potentially infectious material, or that has been in the source patient's blood vessel.• Bite from an HIV-infected patient with visible bleeding in the mouth that causes bleeding in the HCW.• Splash of blood, visibly bloody fluid, or other potentially infectious material to a mucosal surface (mouth, nose, or eyes).• A non-intact skin (e.g., dermatitis, chapped skin, abrasion, or open wound) exposure to blood, visibly bloody fluid, or other potentially infectious material.

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[Home | Occupational Safety and Health Administration](#)

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New York State Department of Health AIDS Institute: www.hivguidelines.org. Accessed 3/10/16.

[Recommendations for Application of Standard Precautions for the Care of All Patients in All Healthcare Settings](#)

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/standard-precautions.html>