University of New Mexico Health Sciences Center
Radiologic Sciences Program

Nuclear Medicine Imaging
Class of 2014 Student Clinical Handbook

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RADIOLOGIC SCIENCES PROGRAM
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The UNM catalog and this Student Handbook are designed primarily to describe the programs, course of instruction, and academic regulations of the University of New Mexico and the Radiologic Sciences Program. The provisions of this handbook and the UNM catalog are not to be regarded as an irrevocable contract between the student and the University. The University reserves the right to change any provisions or requirements at any time within the student's term of residence.

Organizational Chart
UNM Radiologic Sciences Program

Philip Wiest, M.D.
Chair
Department of Radiology

Loren Ketai, M.D.
Medical Director
Lisa Blacklock, M.D.
Medical Director – Nuclear Medicine

Elizabeth Greer, M.Ed., RT(R)(QM)
Director of Radiologic Sciences

Lynnette Trujillo, M.S., CNMT, RT(N)
Nuclear Medicine Program Director

Frank Lopez, B.S.,
CNMT, RT(N)
Lecturer III
Clinical Coordinator

Natalie Rue, B.A.,
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Lecturer III

Rebecca R. Blankley, MFA,
RT(R)(CT)(MRI)(M)
Lecturer III

Pamala K. Garcia-Ramirez
Education Coordinator
Radiologic Sciences Program /HANDBOOK-Class2013-14

2013-2014
RADIOLOGIC SCIENCES PROGRAM

Bachelor of Science Degree

The Bachelor of Science in Radiologic Science (BSRS) degree is available through distance education/online format. This program provides a degree completion for technologists who are unable to attend college on a full-time basis or the working technologist. Registered technologists may earn up to an additional 50 semester credit hours of under-graduate course work. The program offers a variety of subject content including courses designed to prepare students for advanced level examinations in specific modalities.

The BSRS post-certification degree completion program offers advanced coursework in nuclear medicine, magnetic resonance imaging, computed tomography, positron emission tomography, healthcare management, research, and sectional anatomy. The program provides credentialed technologists with enhanced expertise and facilitates upward career mobility. The curriculum is innovative and geared to the changing practice environment.

All courses in the BSRS program are offered as Internet courses. Some courses for the certificate pathways are only offered face to face as well as clinical courses will require rotations in medical facilities. Course content is based on the most up to date textbooks and the on-line courses guide students through every step of the material.

BSRS Program Mission Statement

To enable students to develop the critical knowledge and skills required to assume professional responsibility and leadership in health promotion, disease prevention, administration and clinical practice in a variety of health-care settings. Health Sciences faculty are committed to student-centered learning, scholarship and service.

Goals of the Radiologic Science Program

The Bachelor of Science in Radiologic Science (BSRS) degree completion program includes an emphasis in Nuclear Medicine, Computed Tomography, Magnetic Resonance Imaging or Positron Emission Tomography Certificates. Also offered to students are the completions of one or more transcripted certificates instead of the BSRS degree. The Nuclear Medicine certificate is the only primary (entry-level) certificate offered through UNM. All other certificates are post-primary meaning a credentialed technologist has successfully been awarded and maintains the primary certification which qualifies them for a post-primary pathway. Each individual certificate curriculum is designed to prepare the student for certification eligibility and practice as a diagnostic Medical Imaging technologist. The Certificates are completed in 12 to 24 months depending on the program the student chooses and passes through the selection process. The Program’s goals (and corresponding student learning outcomes) are as follows:
Goal: **Develop knowledge and skills required to practice in entry-level Medical Imaging positions.**
Student learning outcomes.

- Demonstrate application, critical analysis, integration synthesis and evaluation of concepts and theories in the performance of medical imaging procedures.
- Demonstrate clinical competence at the entry-level medical imaging position.
- Perform safe and comprehensive patient care.
- Demonstrate safe practice of radiation protection/hygiene with self and other.

Goal: **Develop communication skills required for competent clinical practice.**
Student learning outcomes.

- Demonstrate effective oral communication strategies with patients and family members, the public and members of the healthcare team.
- Demonstrate effective written communication strategies with patients and family members, the public, and members of the healthcare team.
- Complete a written research/critical analysis paper and give an oral presentation on a clinical pathology condition.

Goal: **Develop problem solving and critical thinking skills required for competent clinical practice.**
Student learning outcomes.

- Apply critical thinking skills to guide decisions regarding medical imaging practice for patients and family members, the public, and members of the healthcare team.
- Utilize clinical education experiences that develop and assess cognitive psychomotor, communication, problem solving, and critical thinking skills.
- Demonstrate ability to adapt to different clinical education environments and learning experiences, completing clinical assignments in a variety of clinical settings.
- Demonstrate problem solving in professional practice.

Goal: **Develop student behaviors that promote professional development and growth.**
Student learning outcomes.

- Participate in personal and professional growth opportunities.
- Recognize the value of self and others’ personal and academic achievements.
- Pursue additional education advancement.

Goal: **Educate students to provide health care that meets the needs of diverse populations.**
Student learning outcomes.

- Awareness of culturally sensitive factors impacting delivery of healthcare.
- Preparedness to perform cross-cultural patient care.
Accreditation

The UNM Certificate Program in Advanced Imaging has been approved since 2006, and the Nuclear Medicine Imaging program since the 1973. The North Central Association of Colleges and Schools, Commission on Institutions of Higher Education reaccredited the UNM School of Medicine in 1999; current accreditation is through 2019-2020.

A baccalaureate degree in Radiologic Sciences with special emphasis in Advanced Imaging was implemented spring of 2009. See Elizabeth Greer for academic counseling.

Upon successful completion of program requirements, students are awarded a transcripted Certificate in the area of study and are eligible to apply for national certification given by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB).

PROGRAM STANDARDS

Technical Standards

1. Emotional stability for exercising good judgment in assessing and responding to patient care needs associated with diagnostic imaging and therapy procedures.
2. Maintain composure and emotional ability to respond to patient care needs in both routine and emergency settings.
3. Visually monitor patients during the imaging procedure and recognize when patients are in distress and effectively respond to an emergent situation.
4. Utilize the ability to practice previously learned knowledge and practice critical thinking skills. This skill applies to reading, interpreting and applying written orders.
5. The ability to comprehend 2D and 3D relationships to anatomical structures.
6. Must be free from health or medical disorders that limit the ability to completely and efficiently perform the duties of an advanced imaging student. The student must not be chemically dependent.
7. Ability to move/ transfer and skillfully position patients weighting up to 400 pounds.
8. Ability to lift/ handle and carry objects up to 35 pounds.
9. Must be able to communicate effectively in both the academic setting and routine as well as emergency situations in the clinical health care system.
10. The student must be able to set up advanced imaging procedures and perform examinations from beginning to end.

The Radiologic Sciences Program is cognizant of its responsibilities under the Americans with Disabilities Act. Accordingly, of any applicant with a disability has any questions or needs with respect to the above standards, he/ she should contact the Director of Radiologic Sciences at 272-5254.
Essential Communication Skills

- Ability to understand complex and detailed written and spoken instructions
- Ability to apply instructions while ensuring the safety of patients and staff
- Communicate effectively with all levels of personnel, patients and guests

The curriculum of the Radiologic Sciences Program is very technical in nature which requires students to learn a large quantity of material in a 12-24 month period. Both the Radiologic Sciences profession and program clinical sites require that technologists and students have a mastery of conversational English in order to be able to converse effectively with patients and staff. For patient and radiation safety requirements, it is vital that technologists and students be able to explain a procedure and take a history upon the first encounter with a patient. Therefore, fluency in written and spoken English is essential for success not only in the program but also to ensure patient safety.

All lectures, labs, and clinical education rotations are conducted in English, thus an above average knowledge and demonstration of written and spoken English is essential for student success.

Essential Cognitive/Conceptual Quantitative Abilities

Students are required to have the ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. They must have the ability to gather data, to develop a plan of action, establish priorities and have the ability to react effectively in an emergency situation.

CLINICAL ROTATIONS

Clinical Rotation Hours

The following clinical rotations will be in effect:

- VAH Imaging/Cardiac: 7:00 – 3:30
- VAH Radiopharmacy/Laboratory: 5:00 – 1:30
- VAH General Imaging: 7:00 – 3:30
- Presbyterian Hospital General Imaging: 7:00 – 3:30
- UNM Hospital Radiopharmacy/Laboratory: 6:00 – 2:30
- UNM Hospital General Imaging: 6:45 – 3:15
- UNM Hospital Cardiac Imaging/Access: 7:15 – 3:45
- UNM PET/CT Imaging: 6:45 – 3:15
Clinical Teaching Staff

Veterans Administration Hospital
Department Supervisor: Rick Shrame, RT(N)
Clinical Site Preceptor: Ernesto DeLilla Sanchez, B.S., RT(N), CNMT
Staff Technologists:
- Nicole Baca, B.S., RT(N), CNMT
- Gabriel Munoz, B.S., RT(N), CNMT
- Jay Garcia, B.S, RT(N), CNMT
- Paul Martin, RT(R)(N), CNMT

Presbyterian Hospital
Clinical Site Preceptor/Department Supervisor: Chris Wallace, BS, RT(N), CNMT
Staff Technologists:
- Kris Lee, BS, RT(N), CNMT
- Kevin Ponte, CNMT
- Matthew Driver, B.S., RT(N), CNMT
- Christina Stanfield, CNMT
- Sharon Wheet, CNMT

UNM Hospital
Clinical Site Preceptor/Department Supervisor: Rosemarie Wilson, CNMT
Staff Technologists:
- Brad Kappenman, B.S., CNMT
- Utashni Bhakta, B.S., CNMT, RT(CT)
- Tara Nolte, CNMT
- Melissa Hess, B.S., RT(N)(CT), CNMT
- Laura Morillon, B.S., RT(N)(R), CNMT
- Jenny Molden, B.A., B.S., RT(N)(CT), CNMT
Clinical Teaching Staff

**Clinical Coordinator:** the UNM faculty member that serves as the liaison between the Radiologic Sciences program and the clinic sites that provide clinical training to the students; monitors all student documentation; assigns final clinical grades.

**Clinical Instructor:** any UNM faculty member authorized to visit clinic sites and to report to the Clinical Coordinator; provides clinical support and direction to Clinical Preceptor and students.

**Clinical Preceptor:** the technologist at each clinic site that provides clinical support and direction in the training of students and communicates with the Clinical Coordinator and Clinical Instructors.

**Requirements, Knowledge, and Skills for Clinical Preceptors, Instructors and Coordinator**

1. Provide yearly updated resume
2. Be able to interact with students and if not, provide information to another participating clinical preceptor (Weekend and swing shift of rotating students).
3. Participate in faculty development activities
4. Become familiar with ARRT/ NMTCB practice and standards for completing competencies
5. Be familiar with required competencies
6. Have access to break room and locker room to provide student access
7. Be able to interact with students at least once a week
8. Preform competencies for students and provide guidance to other technologists performing the task
9. Communicate effectively with Clinical Preceptors on a weekly basis via text or e-mail

**Clinical Preceptor Duties and Responsibilities**

1. Clinical preceptor will serve as a liaison between the clinical instructor and Radiologic Sciences staff and department.
2. Clinical preceptor will be aware of ARRT/ NMTCB competency requirements
3. Clinical preceptor will be familiar with the Advanced Imaging Program Clinical Handbook
4. Clinical preceptor will be able to provide feedback to other participating technologists who are completing competencies for the students
5. Clinical preceptor will provide role model professionalism, clinical and communication skills
6. Clinical preceptor will facilitate constructive feedback between students and staff about specific skills and tasks related to performing competencies.
7. Clinical preceptor will facilitate student learning through image evaluation.
8. Clinical preceptor will monitor student interaction with patient and provide feedback to students
9. Clinical preceptor will provide timely written feedback for student write-ups and/or discipline.
10. Clinical preceptor will interact with clinical instructors and/or the clinical coordinator on a weekly basis to provide feedback for students and be aware of weekly goals for students.
11. Clinical preceptor will document student attendance, daily clinical records and competency records.
12. Clinical preceptor will address concerns with the a student’s performance and include the clinical instructor via e-mail
13. Clinical preceptor will complete midterm and final semester evaluations for each student (s)he works with throughout each semester.
14. Clinical preceptor will provide recommendations for a successful clinical experience.
Clinical Instructor Duties and Responsibilities
1) Make weekly site visits
2) Assist database grading
3) Provide instruction and clinical teaching in courses pertinent to area of study
4) Provide image evaluation
5) Tracks and reports student progress
6) Provide support and direction to clinical preceptor
7) Provide support and direction to student

Clinical Coordinator Duties and Responsibilities
1) Maintain and post clinical schedules
2) Review radiation reports with students
3) Ongoing verification and update of clinical handbooks in clinical site
4) Clinical compliances for students (immunizations)
5) Maintain clinical affiliation contracts
6) Obtain weekly databases and grade within clinical courses
7) Make weekly site visits
8) Review clinical requirements per semester
9) Drug screening, background checks, finger printing, certification verification (Assist Pamala with documentation)
10) Provide image evaluation
11) Coordinate radiation safety training
12) Update databases
ATTENDANCE POLICIES

In order to gain certification in Advanced Imaging or Nuclear Medicine Imaging, students are required to spend 12 months in the clinical affiliations. Students are required to be present for all scheduled classes and clinical education assignments. Tardiness or absenteeism is not permitted. All absenteeism, regardless of reason, will be recorded. The Program Director may count any tardy as an absence.

Didactic

The student is expected to attend all scheduled classes, including all scheduled laboratory sessions. Class absences/cuts are not tolerated. Three unexcused absences/cuts from any one course will result in the student being dropped from the course.

Clinical

The student is expected to attend all scheduled clinical rotations. Daily attendance will be recorded on each student’s handheld device. In cases where a student may not have their handheld device, daily attendance sheets will be located in the imaging departments at each clinical site and collected by the program office. Students are required to have a supervising technologist sign in and sign out both their arrival and departure times on the handheld device. Students are required to sign in as soon as they arrive in the clinical setting. Failure to do so will result in tardiness. There is a space reserved on the student’s timesheet for the technologist to either initial or sign.

Lateness or Absenteeism

Students are required to notify BOTH the Radiologic Sciences Program (272-5254) and the clinical facility to which they are assigned within 30 minutes of scheduled arrival in the event of illness or unavoidable absenteeism.

- If you are late you will be expected to make arrangements with both the Clinical Coordinator and the Clinical Site Preceptor to make up the time deficit. The student will still be considered late even though the time is made up. Repeated and/or excessive tardiness will have a detrimental effect on your clinical grade.
- Three unexcused absences per semester from clinical education will result in the student being dropped from the course.
- Further absences and/or lateness will be considered excessive and appropriate disciplinary action will be taken (See Disciplinary Policy).

Scheduled Absences

If you know in advance that you will not be in clinic (due to doctor’s appointment, etc.) you must submit the time you will be out in writing to the Clinical Site Preceptor and the Clinical Coordinator at least 24 hours in advance.

The Program Director will decide if the missed clinical hours must be made up prior to certification and students may be required to remain beyond the scheduled date of program completion to do so.

Lunch

Students do not have scheduled lunch periods during clinical rotations, but a minimum of 30 minutes will be assigned by the supervising staff technologist.

- This is only when students are in Full Day Schedule
Down Time

During periods when there are no clinic patients or equipment is down, students should re-stock rooms and help with any clinical exams per the clinical preceptor or technologist they are shadowing. They should check with their clinical preceptor and gain permission to work on classwork or read program related material.

Leaving Early

Students are only allowed to leave early with the approval of both the Clinical Site Preceptor and the Clinical Coordinator. There are special circumstances when the Program Director will have the students leave early for guest lecturers or laboratory sessions. Further, only a Clinical Site Preceptor may permit a student to leave early at their discretion. For example, Chris Wallace, Ernesto DeLilla Sanchez, and Rosemarie Wilson may allow a student to leave early. Any time a student leaves early, it must be recorded as such on their time sheet, including a courtesy call to the Radiologic Sciences Program (272-5254).

Leave and Holidays

The following holidays are observed at the University of New Mexico Hospital:

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<tr>
<td>Labor Day</td>
<td>Christmas Eve</td>
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<td>Christmas Day</td>
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<tr>
<td>Day after Thanksgiving Day</td>
<td>New Year's Day</td>
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<tr>
<td>Day after Thanksgiving Day</td>
<td>New Year's Eve</td>
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<td></td>
<td>Independence Day</td>
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The VAH observes several holidays (Columbus Day, Veteran's Day, and President's Day) that UNM does not. Students who are assigned to the VAH on federal holidays not observed at UNM will arrange with the Clinical Coordinator to either make up the clinical hours, or report to a different clinical site on that day.

Snow Delays and Cancellations

We have found that UNM tends to announce delays and cancelations late at night or early in the morning. This makes it difficult to decide whether to go into clinic or not. In addition, if Albuquerque Public Schools (APS) cancels classes, our students who have children in school may be in a bind regarding childcare. With all of this in mind, we will follow the APS schedule. If APS goes on a delay, then wait to go into clinic. You will not be penalized for going to clinic late. If APS cancels, then do not go to clinic. Note this only applies to clinic. You may still be required to go to classes in the afternoon. Faculty will notify the students by phone, text, or email. If you have car trouble, heating problems or other types of weather related issues, call the Radiologic Sciences Program or one of the faculty members and explain the issue. Also call the clinic site and notify them that you will be late.

Discretionary Leave

Students are allowed two days (16 hours) of discretionary leave per semester. Student must notify the Radiologic Sciences faculty as soon as possible. Discretionary leave should be reserved for family emergencies or other personal circumstances. If a student does not use their discretionary leave by the end of the semester, he/she may utilize these hours during finals week. Discretionary leave hours cannot be carried over into the next semester. Use of discretionary leave DOES NOT excuse a student from making up assignments that are due or making up a scheduled exam.
Sick Leave

All sick leave require a doctor’s permission note for excused absence from your clinical rotation. Otherwise, all absences will be recorded as unexcused. For instance, if you are sick and may be “contagious” DO NOT GO TO CLINIC. A note is required from your health care provider. The Student Health Center on main campus is available should the student need a physician’s care. The telephone number of Student Health is 272-3136.

If the Program Director and/or Clinical Coordinator feel that a student is unable to perform their clinical duties due to an injury or illness, then the student may be required to leave clinic. The Program Director and Clinical Coordinator will decide when said student may return to clinic based on the documented physician release provided to the program.

Students must call the Radiologic Sciences Program (272-5254) and the assigned Clinical Site Preceptor within 30 minutes of the start of the clinical rotation, identify themselves, and give their anticipated time of return to the program. Failure to notify faculty and the clinical site will result in an unexcused absence.

Note: The Program Director will decide if missed clinical hours must be made up prior to certification and students may be required to remain beyond the program completion date to do so.

Bereavement Leave

Student will make arrangements with the Program Director and the Clinical Coordinator to make up clinical and didactic coursework.

Outside Employment

Employment is NOT recommended due to the heavy didactic and clinical load the student will carry. Under no circumstances may the student schedule employment during clinical hours. Any employment the student feels is essential will need to notify the Program Director.

HEALTH REGULATIONS AND POLICIES

General

Students must be covered by adequate health/major medical insurance, including hospitalization coverage (with a company of their choice) throughout the entire program. Students are eligible to participate in the student health insurance program available through the University of New Mexico.

Students must present evidence of having a physical examination which must include complete blood count, urinalysis, and PPD results, within six months prior to program entry. In addition, immunization for Hepatitis B is required. Physicals and the Hepatitis B series are available through the Student Health Center.

The Radiologic Sciences Program reserves the right to schedule physical examinations for any student experiencing prolonged or chronic illness and further reserves the right to terminate a student if satisfactory health is not maintained.

Students are cautioned to maintain a professional attitude toward their personal health at all clinical sites. Faculty and resident physicians should not be asked to diagnose, treat or prescribe medication for students.
Student Health Center
Student Health and Counseling (SHAC)

SHAC is a comprehensive outpatient health care service for UNM students. It provides essentially the same kind of health facilities that would be provided at private clinics but at a greatly reduced cost due to the fact that it is funded by a budget allocation from student fees. Fees are charged for lab tests, x-rays, infirmary admissions, procedures and medication, but at a reduced price. The Center provides immediate care under the walk-in service. The SHAC is located on the main campus north of Johnson Center and across the mall from (east of) the Student Union Building (SUB).

Limited patient parking is available behind Student Health & Counseling. Students may obtain parking permits from the SHAC Reception Area, Counseling Services, or the Pharmacy. SHAC provides medical care, counseling and therapeutic services, and health education. SHAC is open Monday - Friday, 9:00 AM - 5:30 PM. (The last appointment of the day is at 5:30 PM.) SHAC is closed on all official UNM holidays (and campus closures due to weather/unforeseen circumstances).

Medical services include primary medical care by appointment and a Walk-in Clinic. Specialty consultations are also available in allergy, dermatology, internal medicine, nutrition, physical therapy, podiatry, psychiatry, and surgery. There are separate Women and Men’s Health Services, plus an Allergy & Immunization Clinic which offers routine and travel immunizations. All patient information is held in strict confidence. Student Health and Counseling (SHAC) services are available to all currently enrolled UNM students. For information on health insurance and fees for services, please visit the SHAC website, listed below. For more information, call Student Health & Counseling at 277-3136.

Website: http://shac.unm.edu/

Health Insurance Available

The SHAC offers an optional supplemental health and accident insurance program made available through a national insurance company. The plan provides for hospital, surgical and out-patient medical care beyond that provided by the Student Health Center, and there is a $200 deductible. Eligibility is for students enrolled during a regular semester for six or more semester hours and their dependents. Deadline to enroll is 3 weeks after the beginning of the semester. See the above website for more information.

Urine Drug Screening

All students will be required to complete a urine drug screening test, arranged by the Radiologic Sciences Program, prior to assigned clinic rotations. Students will be responsible for the cost of the test. Students are subject to random drug tests through-out the program at the discretion of the department.

Background Check

All students will be required to complete and pass a New Mexico Department of Health background check, arranged by the Medical Imaging program, prior to assigned clinic rotations. Students will be responsible for the cost of the test.
Universal Precautions

The following are universal precautions and will be observed by all Radiologic Sciences students while participating in the program:

1. **Hands**
   Hands should always be washed before and after contact with patients. Hands should be washed even when gloves have been used. If hands come in contact with blood, body fluids or human tissue, they should be immediately washed with soap and water.

2. **Gloves**
   Gloves will be worn when contact with blood, body fluid, tissues or contaminated surfaces are indicated.

3. **Gowns**
   Gowns or plastic aprons are indicated if blood splattering is likely.

4. **Masks and Protective Goggles**
   Masks and protective goggles will be worn if aerosolization or splattering are likely to occur such as in certain dental and surgical procedures, wound irrigations, post-mortem examination and bronchoscopy.

5. **Emergency Equipment**
   To minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices are strategically located and available for use in areas where the need for resuscitation is predictable.

6. **Sharps**
   Sharp objects should be handled in such a manner as to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath or unnecessarily handled. They should be discarded intact immediately after use into an impervious needle disposal box which should be readily accessible (placed in all clinical areas, including patient rooms). All needle stick accidents, mucosal splashes or contamination of open wounds with blood or body fluids will be reported immediately.

7. **Blood Spills**
   Blood spills will be cleaned up promptly with a disinfectant solution such as a 1:10 dilution of bleach.

8. **Blood Specimens**
   All patients' blood specimens will be considered bio hazardous.
Accident/Injury/Needle Stick Procedures

The student will report any accident/injury immediately to their Clinical Site Preceptor and Clinical Coordinator, and will begin following the UNM SOM needle stick accident protocol, as seen below.

Blood & Body Fluid Exposure/Needle-Stick

1. When an exposure occurs:

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents, e.g., bleach, is not recommended.

2. Medical Evaluation: It is very important that medical evaluation take place immediately because treatment decisions must be made within 2 hours after exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2 - 4 hours. It is also extremely important to evaluate the donor’s risk status immediately.

3. Medical Evaluation Facilities: The student should report IMMEDIATELY to UNM Student Health & Counseling (SHAC). SHAC Hours: 9 am to 5:30 pm, Mon. through Fri. Hours are subject to change; check website (shac.unm.edu) for updates.

Outside of these hours, the student should go IMMEDIATELY to the nearest emergency room associated with the clinic or office where the incident occurred for the initial evaluation. Follow-up can be done at SHAC. (Do not go to UNM Employee Occupational Health unless you are a student employee and the exposure occurred as a result of your employment.)

The student should notify his/her supervisor immediately. The supervisor and student should fill out a UNM Notice of Incident form, located in the clinical handbook. This form should go with the student to his/her evaluation for treatment.

Note: If the incident occurs at the VA Hospital, the VA Employee Health Clinic will do the initial evaluation.

Note: The supervisor and student should also fill out a UNM RADIOLOGIC SCIENCES PROGRAM STUDENT ACCIDENT/INJURY REPORT

4. Insurance: The insurance ID card should be shown when medical evaluation is needed. If the medical facility needs further verification of coverage, they can contact Macori, Inc., A Chartis Company, at 1-800-285-8133. Their office hours are Mon. through Fri. from 8 am to 5 pm (Mountain time).

5. Laboratory Testing/Treatment:

a) To determine whether treatment of the student is necessary, blood must be drawn from the patient/donor to evaluate Hepatitis B, C, and HIV status. Call the Infection Control Nurse or Nursing Supervisor to order these tests on the patient/donor. The Infection Control Nurse (7 am to 4 pm) or Nurse Supervisor (after hours) should review the medical record, question the patient/donor about risk factors, and obtain the patient’s/donor’s consent to do the tests necessary to evaluate their health status.

b) If the exposure occurs in an outpatient setting (and these tests cannot be done), send the patient/donor to Student Health & Counseling (SHAC) with the exposed student for evaluation.
6. For more information on testing and treatment decisions or protocols:

- Dr. Susan Kellie at UNM: (505) 272-6957 or pager (505) 951-1067 (Mon. through Fri., 8 am to 5 pm)
- PALS line, Infectious Disease physician on call: (505) 272-2000 or 1-888-UNM-PALS (1-888-866-7257)
- Student Health & Counseling (SHAC): (505) 277-3136 (Mon. through Fri., 9 am to 5:30 pm. Hours are subject to change; check website [shac.unm.edu] for updates.)
- Student Health & Counseling (SHAC) Needle-Stick Web Page: [http://shac.unm.edu/bbp.htm](http://shac.unm.edu/bbp.htm)
BBF Exposure in UNMH or UNM Clinic System

M-F, 9 am-5:30 pm

UNM Student Health & Counseling Walk-In Clinic Main Campus

Go to head of line. Inform staff of exposure. Request student needle-stick packet. Provider sees student and performs Risk Assessment.

Low risk and/or student declines antiretroviral therapy. *SEE BOTTOM OF CHART.*

High risk and/or student elects antiretroviral therapy.

If seen at Student Health & Counseling, student goes to Walgreens, 266 Central SE (Grant & Central), to pick up Rx, then returns immediately for rest of assessment.

If source HIV negative, stop antiretrovirals.

Note: Do not expect all source serologies to be available before 72 hr. Provider can obtain results from Epidemiology at UNM 272-0131.

If source HIV positive, continue antiretrovirals. Lab flu per protocol.

If source HIV exposed to UNM ID ATTENDING VIA PALS line at UNM 272-2000.

For high-risk exposure to known HIV patient, or other questions, provider should always call UNM ID ATTENDING VIA PALS line at UNM 272-2000.

High risk and/or student elects antiretroviral therapy. ER gives 3-day supply (after required pre-medications labs drawn).

Low risk and/or student declines antiretroviral therapy. *SEE BOTTOM OF CHART.*

After Hours M-F, 5:30 pm-9 am Weekends, 24 hrs

Emergency Room, UNMH

Go to head of line. Inform staff of exposure. Request needle-stick packet. Provider sees student and performs Risk Assessment.

Return to Student Health & Counseling within 72 hours to complete assessment and paperwork, have baseline labs drawn, follow-up on source serologies.

If Student Health & Counseling not open within 72 hours of exposure, follow-up at ER. Fast Track (Urgent Care), have baseline labs drawn, follow-up on source serologies.

If source HIV positive, consult Infectious Diseases.

Consult Clinic q Friday pm, Truman St Clinic.

NOTE: May consult with PALS-ID attending 272-2000 at any time.

FIU labs for exposures to Hep C, Hep B, HIV per protocol.

FIU labs are required on all students 6 months after exposure regardless of source status.
UNM RADIOLOGIC SCIENCES PROGRAM
STUDENT ACCIDENT/INJURY REPORT

Program: ___________________________  Date: __________________
Name of Student: ___________________________  DOB: __________________
Home Address: ____________________________________________
City, State  Zip Code

Home Phone: __________  Work Phone: __________
Date of Injury: ______________  Time: _______ AM/PM
Exact Location: ______________________________________________________________________

Type of Injury: ______ bruise  ______ laceration  ______ puncture  ______ strain  ______ abrasion

Exact part of the body injured: _______________________________________________________

Describe in full how injury occurred:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Names of witnesses: _________________________________________________________________

Immediate supervisor informed of accident/injury: __________________________________________
Signature: ________________________________________________________________________
Supervisor                      Date   Student                   Date

Review cause of accident and state action taken to prevent recurrence:
_________________________________________________________________________________
_________________________________________________________________________________

Supervisor’s Signature: _______________________________________________________________

First Aid and/or instructions given:
_________________________________________________________________________________
_________________________________________________________________________________

Treated by: ___________________________________________  Date & Time: ________________

PHYSICIAN’S FINDINGS & DISPOSITION

Physician Findings: _________________________________________________________________

Diagnosis: _________________________________________________________________
Treatment: _________________________________________________________________
Disposition: _________________________________________________________________

Date of Examination: ______________  Time: _______ AM/PM

Signature of Physician: ____________________________, M.D.
NOTICE OF INCIDENT  
(Record Only)  
Revised: 06/01/07

This form must be completed when a claim is not expected for personal injury or property damage. It is for record only and should be completed as soon as practical after the occurrence, but within ninety (90) days of the occurrence. File the form with:

Department of Safety and Risk Services  
1801 Tucker St. NE, Bldg 233 MSC07 4100  
1 University of New Mexico  
Albuquerque, New Mexico 87131-0001

Full Name_________________________________ Phone No(s)____________________
Mailing Address (Include city, state, zip code)
____________________________________________________________________
____________________________________________________________________
Amount of damages (if known) $_______________
Describe WHERE, WHEN, and HOW the damages or injury occurred. Include names of all persons involved and any witnesses, including their addresses and telephone numbers.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Location of the Occurrence:
____________________________________________________________________
Date of Occurrence:___________ Approximate Time:________________________
Description of the Occurrence:______________________________________________
____________________________________________________________________

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs.
____________________________________________________________________

All of the statements made on this form are true and correct to the best of my knowledge.
Date ______________
Signature of Person Reporting______________________________________________
Daytime Phone No. ___________________________
RADIATION SAFETY

General

Government regulations state that eating, drinking, smoking and application of cosmetics are not permitted in areas exposed to ionizing radiation. Eating and drinking at clinical sites are allowed only in non-restricted areas.

Gloves are worn during the preparation of radiopharmaceuticals to protect the hands from contamination. Contamination will occur if gloves contaminated in the Radiopharmacy are worn elsewhere in the department. Students are cautioned to remove their gloves before leaving the Radiopharmacy and quickly survey their hands for contamination. Not wearing gloves and other personal protective equipment is in violation of program policy and may result in disciplinary action and/or negatively affecting the student clinical evaluations.

Dosimetry

Whole body and ring thermoluminescent dosimeters (TLDs) to monitor exposure to ionizing radiation must be worn at all times in the clinical facilities. Failure to wear body and/or ring dosimeter, student is considered to be out of uniform and non-compliant. For example, if your ring badge is in your back pocket, then you are in violation of program policy (appropriate disciplinary action may be taken). Students will be sent home if they do not have their dosimeters and time will be deducted from their discretionary time. Badges are replaced quarterly and students are informed as to their updated exposure levels. The University must pay a fee for each badge lost; maximum exposure will be reported for the student for the period covered by the lost badge. Whole body badges are to be worn at or near the collar and ring badges are worn with the TLD turned inward on the index finger of the dominant hand.

Authorized Use of Radiopharmaceuticals

Radiopharmaceuticals may not be administered to technologists, students, and other individuals without a Doctor’s order for the exam and must be for a medical reason. Educational exercises, demonstrations, and other non-medical reasons are not sufficient reason for administration of radiopharmaceuticals. Any use of radiopharmaceutical doses or nuclear scans done without a written directive specifically for medical use will not be tolerated.

Radioactive Spills

Students should be familiar with each clinical site’s policy and procedure for cleaning and reporting any spills involving radioactivity (see Appendix A). Any spill must be reported immediately to the Clinical Site Preceptor and Clinical Coordinator. A student who is present during a radioactive spill, whether directly responsible or not, must report the spill.

Pregnancy Policy

The University of New Mexico Nuclear Medicine Imaging Program has adopted the guidelines for occupationally exposed pregnant workers identified in the National Council on Radiation Protection (NCRP), Report #39, as its policy on student pregnancy. Exposure to the fetus shall be maintained below 0.5 rem during the period of pregnancy. The student will wear protective clothing as appropriate and will wear a fetal monitor external to and below the protective clothing so that the Program Director/Clinical Coordinator/Radiation Safety Specialist can ascertain at any time that exposure is not above the recommended level. The student will not be considered pregnant until written notification is provided to the Program Director and Radiation Safety Officer. A student is not required to declare a pregnancy. UNM and its employees cannot be held responsible for the radiation safety of a fetus if the mother...
decides not to declare her pregnancy. The student is highly encouraged to inform the Program Director and Clinical Coordinator of the pregnancy as soon as possible so that proper radiation safety practices can be initiated if requested by student. It is anticipated that exposure would never exceed the recommended level. If there is a possibility that exposures may exceed 0.5 rem, clinical rotations in the Nuclear Medicine program will be discontinued. All time away from the program must be made up. A written request to the Program Director to resume clinical activity must be on file before returning. The student is encouraged to complete required course work.

**CLINICAL POLICIES**

**Personal Appearance**

Students are expected to maintain a clean, neat PROFESSIONAL appearance as they are directly involved in patient care. Professional solid colored scrubs (cherry bottoms, silver tops) are to be worn. If required by a clinical site, a clean white laboratory coat will be worn over the scrubs. The UNM photo ID badge and name badge is to be prominently displayed at all times. A local vendor that carries the required scrub colors and lab coats:

Life Uniform 162  
5001 Montgomery Blvd NE  
Suite A21C  
Albuquerque, NM 87109  
505-881-7877  
505-881-0025 F

Should the student arrive at any clinical institution dressed in an inappropriate manner, the student will be sent home to change attire. Any missed time must be made up by the end of the year.

Students with long hair are asked to keep it tied back off the face. Perfume, cologne and aftershave should not be worn as perfume odors may cause nauseated patients additional discomfort.

In addition, student must abide by the UNM Hospital dress code as outlined at the following website: [https://hospitals.health.unm.edu/intranet7/apps/doc_management/index.cfm?project_id=1](https://hospitals.health.unm.edu/intranet7/apps/doc_management/index.cfm?project_id=1)

Highlights of the UNMH dress code policy include:

**For All Employees (also applies to students performing clinical rotations)**

- Good personal hygiene is required, including bathing and grooming. Clothing must be neat, clean, wrinkle-free, and in good repair.
- Jewelry must be kept to a minimum. The use of jewelry should be in keeping with the professional and business functions of the organization. Jewelry that may interfere with job functions or possibly result in injury to the staff member or patient is prohibited. Dangling earrings and rings of excessive size or number, for example, can be dangerous to both staff and patient and generally would be inappropriate.
- Highly fragranced lotion, perfume, cologne and/or smoke odor must be avoided
- Hair must be worn in a way that prevents contamination and does not present a safety hazard; no unnatural hair colors
- Mustaches and beards must be well groomed and close cropped
- Visible body piercing must be limited to minimal ear piercing
- Tattoos and/or any form of body art must be covered
For Areas Involving Direct Patient Care
- Footwear should be safe, supportive, clean, and non-noise producing; no open-toe shoes may be worn
- Hose, stockings, or socks must be worn
- Artificial nails are prohibited; natural nails must be kept short (no longer than ¼ inch beyond the fingertip) and clean.

Professional Conduct

Professional conduct will be maintained by the student in the clinical facilities and in the classroom. This includes being considerate to fellow students. Congregating and socializing in the patient reception areas, patient imaging rooms, radiopharmacy, and halls is not considered professional. Care must always be taken not to discuss any patient study within earshot of any patient/family member. Unprofessional conduct will result in disciplinary action.

Professional ethics demand that health personnel neither consume alcohol/drugs within the hospital nor arrive/return to the hospital after alcohol/drug consumption. Students who violate this policy will be excused from the clinic and appropriate disciplinary action will be taken. (See Disciplinary Policy).

Student must abide by the UNM Hospital policy on alcohol and drug use as outlined at the following website:
https://hospitals.health.unm.edu/intranet7/apps/doc_management/index.cfm?project_id=1

Professional Attitude

Insubordination to physicians, clinical technologists and staff will not be tolerated. Students in violation of this policy will receive disciplinary action. (See Disciplinary Policy).

Patient Care

Patient care is the primary concern at University Hospital, VAH, and all other clinical facilities. Respect for patient dignity is demanded from all students. Patient medical records are confidential. Their contents may NOT be discussed with any patient or student in a non-professional context. Students are expected to treat patients with the respect and dignity they deserve. A kind word, fresh linens, explanation of procedure, and keeping patients covered at all times are just a few of the ways to make their experience more pleasant. Each patient should ALWAYS be treated with the kindness, courtesy and respect you would wish for a member of your immediate family.

Students are cautioned that ONLY a physician may discuss diagnoses/possible diagnoses with the patient or other physicians, and students must take extreme care not to attempt the practice of medicine while in the program. This includes telephone requests for diagnoses. The caller is to be referred to a physician. Any deviation from this regulation will NOT be tolerated.

HIPAA

All verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and in not to be copied or discussed with anyone. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including dismissal from the program and or course.
Study Interpretation Policy

1. All interpretation of results to clinicians must be performed by Radiology Resident or Staff Physician. No exceptions.

2. All reporting of results will be done by Radiology Residents or Staff Physicians if available. This includes telephone inquiries as well as in-person requests for test results.

3. If a physician is not present to give results, the Medical Imaging student may read the complete report to the appropriate physician or designated support personnel. They may also give out a calculated EF, making it very clear to the caller that the study has not been officially read at this time.

4. It is understood that patients are not to be given results of any procedure performed. All patients will be referred to their primary physician for results. Medical Imaging students will not show images to any patient.

Injection Policy

1. All injections (radioactive and/or adjunctive) must be performed under the supervision of a certified Medical Imaging technologist.

2. A student may only inject with the permission from a supervising certified technologist.

3. See Appendix B for information on adjunctive medications.

Collimator Change Policy

1. All collimator changes must be performed under the direct supervision of a Nuclear Medicine technologist. If a certified technologist is not present, the collimator may not be changed.

2. Nothing is allowed to be placed on top of any collimator. (No paper clips, flood phantoms, notebooks, etc.) No exceptions.

Practical Curriculum

Students will perform clinical nuclear medicine procedures, instrumentation quality assurance, radiopharmaceutical preparation/quality assurance, and other procedures under the supervision of staff Nuclear Medicine Technologists or the Program Director at individual clinical sites.

Competency Evaluations

Performance objectives for the clinical practicum will be tested using task-oriented evaluation competency forms. Students are encouraged to attempt new tasks early in the practicum to gain as much experience as possible. Students are technologists-in-training and must realize, however, that staff technologists will not allow errors in patient care to go uncorrected and may, upon occasion, deny the student performance of a particular procedure if the patient's physical/emotional condition warrants. Completion of all competencies should reflect entry-level performance of each exam by the students. Because of this expectation, the clinical instructor plays a crucial role in determining the level of clinical skills of our graduates. Evaluations will be discussed with each student on an individual basis and retained in the student's personal file. At the conclusion of each practicum, a written examination covering the performance objectives will be given and retained in the student's personal file.
Handheld Device

Students participating in the Medical Imaging program will be required to purchase a handheld device to be used by the student to track their clinical experiences while in this program. It may also be utilized as a storage and retrieval device for class materials, clinical protocols and techniques. Students discover many additional uses that benefits them while in and out of class/clinical such as class contacts, clinical site contacts, calendar, memos, etc.

Acceptable handheld devices are:
- Apple iPod Touch
- Apple iPhone

Handheld Policy

Students are responsible for copying their handheld clinical databases to the classroom computer at least monthly. In addition, students should synchronize their handheld databases with their personal computers as often as possible to avoid loss of data.

- Students have the option to purchase additional software for their personal computer at home, to synchronize their daily databases. Students will be responsible for any lost data.

Students are not allowed to photograph or record audio or video of patients, procedures or any patient/procedure related information. No Exceptions. Violation of this policy is against federal law and may result in legal disciplinary action including dismissal from the program.

DISCIPLINARY POLICY

Inappropriate Behavior

*Disciplinary action taken will be determined by the Program Director. The following actions should be considered a general guideline and will be adjusted to fit the circumstances. Severe violations may warrant immediate dismissal from the program.

Examples of inappropriate behavior which may result in disciplinary procedures is inclusive but not limited to the following:

1. Dress code violation
2. Tardiness
3. Failure to call in absence to both the Nuclear Medicine office and clinical affiliate
4. Insubordination
5. Failure to maintain academic or clinical proficiency.
6. Under influence of alcohol or drugs
7. Abusive language
8. Injecting without direct supervision of staff technologist
9. Falsifying clinical attendance or competency records
10. Unprofessional hygiene
11. Failure to follow HIPAA regulations. This includes storing patient information on handheld device.
12. Personal cell phone usage during class time and clinical rotation hours is prohibited.
13. Academic dishonesty such as copying homework cheating on quizzes or exams and/or plagiarism.
Cell Phone Usage

Student must abide by the Radiologic Sciences policy regarding cell phone usage:
Personal cell phones may be retrieved and used during break time and lunch. Students must go outside or to a designated break area to respond to personal calls or to participate in texting. Cell phones are not permitted in areas with telemetry equipment or where cell phone restrictions are posted. Cell phones with games should not be played. Camera phones will not be used to record protected health information, Hospitals’ business, or unauthorized pictures of Hospitals’ employees.

Adverse and/or Corrective Action Policy and Procedure

The Radiologic Sciences Program policy states that faculty/staff has the right to correct a student’s behavior if the student violates the program’s Handbook, UNM Pathfinder, or UNM School of Medicine policies as they relate to undergraduate education.

The procedure for Student Adverse and/or corrective action:
1. The faculty/staff involved with the adverse and/or corrective action will try to resolve the issue with the student directly.
   a. Verbal warning (written record of this warning will be given to student and placed in student file)
   b. Written warning
   c. Coaching document (written plan outlining the issues and steps to correct the concerns)
2. If the issue cannot be resolved, the faculty will refer the matter in writing including supportive documents to the Program Director within three business days of non-compliance of the coaching document.
   a. [Note: The student has the right to appeal the corrective action of the faculty/staff member. Refer to the Radiologic Sciences Grievance Policy located in the program handbook.]
3. The student has the right to submit a written statement to the Radiologic Science Program Director or appear in person.
4. The student will be informed in writing of the date the committee convened and the adverse and/or corrective action under consideration within five business days.
5. The student will be informed of the Radiologic Science Program Director’s decision within 5 days of the committee’s recommendation.
   a. [Note: The Program Director reserves the right in consultation with the Department Chair and the Medical Director to remove a student from any aspect of training when there is a concern of safety to the student, faculty and staff, patients or other healthcare workers. The student will be informed in writing of the action to remove them from training.]
   b. [Note: The Program Director reserves the right to convene a committee in lieu of steps 1 and 2 if the violation of any policy is serious in nature.]
6. The Student has the right to appeal the Program Director’s decision to the Department Chair. The student may bring a formal appeal of the Department Chair set forth in the UNM Pathfinder  http://pathfinder.unm.edu
Situations Warranting Immediate and Permanent Dismissal from the Radiologic Sciences Program

Some actions by students warrant immediate and permanent dismissal from the Radiologic Sciences Program because they constitute a violation of UNM policy and the Code of Ethics for the profession. These situations include:

- Cheating or plagiarism
- Under the influence of alcohol or illegal drugs during program activities
- Falsifying clinical records (e.g., time sheets, evaluations)

You may be permanently dismissed from clinical rotations for unsafe clinical practice any time during the semester. In such cases a grade of “F” will be given for the course in which the unsafe practice occurred and you will be permanently dismissed from the program.

Reasons for unsafe clinical practice include, but are not limited to the following:

- failure to attain the required level of cognitive or motor skills
- inadequate preparation
- inaccurate documentation
- the inability to perform motor skills safely
- inability to establish rapport with patients or staff
- lack of integrity, initiative, interest, or dependability

Student Grievance Policy and Procedure
Student grievances are governed by the Student Grievance Procedure found in the University of New Mexico Pathfinder Student Handbook online at http://pathfinder.unm.edu.

LIABILITY

The University of New Mexico agrees to be responsible for the negligent acts and/or omissions of its students and instructors and Program Director and Medical Director, for any and all liability, claims, damages, lawsuits, including costs and expenses of defending, which may arise as a result of any Health Science program and covering the actions or inactions of the students, faculty, Program, Director, and Medical Director in accordance with and to the extent permitted by the New Mexico Tort Claims Act, Section 41-4-1, et seq., NMSA 1978. The coverage is provided by the State of New Mexico, General Services Department, Risk Management Division.
Appendix A
Radioactive Spill Procedures

DESCRIPTIOIN/OVERVIEW
The UNM Radiation Safety Division must be notified immediately of any abnormal or questionable situation involving ionizing radiation, e.g., spills, injection or ingestion or radionuclides into a person, contaminated wounds, contaminated person or personal effects, unauthorized release of radioactivity into the air or sewage system or to normally non-contaminated areas, unauthorized removal of radioactivity materials, and known or suspected overexposure of personnel to ionizing radiation.

REFERENCES
- New Mexico Radiation Protection Regulations, Part 7 (Medical Use of Radionuclides), NMAC 20.3.7.702
- US Nuclear Regulatory Commission, NUREG-1556, Vol. 9, Rev. 2 (January 2008), Consolidated Guidance

AREAS OF RESPONSIBILITY
Nuclear Medicine Technologist
Nuclear Medicine Supervisor
Nuclear Medicine Section Chief
UNM Radiation Safety Division

PROCEDURE
There are differences between major and minor spills. The variations result in a different process for response. If the Nuclear Medicine staff is confident that the ionizing radiation can be safely contained and cleaned up after a spill, then it is considered a minor spill. If there is doubt, call the Radiation Safety Division (RSD), 277-2753. Describe the situation to the Radiation Safety Officer. Spills involving a small area or relatively low radiation dose rate are Minor Spills. The process for handling minor spills:
1. Notify all persons in the immediate vicinity that a spill has occurred.
2. Contain the spill by placing absorbent material over liquids. Limit movement in the area.
3. If clothing is contaminated, remove it before leaving the spill site. If skin is contaminated, wash it with warm water and soap as soon as possible.
4. Wear appropriate protective clothing, such as disposable gloves and shoe covers.
5. Wipe the area from the outside, moving inward. Place all materials into plastic bags and dispose as radioactive waste.
6. Use a survey meter and wipe tests to determine whether all removable contamination has been removed.
7. Use absorbent paper or shielding to cover the area of the spill if activity remains after decontamination. Perform a survey and wipe of the area. Document that decontamination and survey was performed.
8. Call in a report on the day the spill occurs. A follow-up survey will be performed by the RSD

- Notify
- Contain
- Decontaminate
- Survey & Wipe
- Report

Spills involving widespread areas of contamination or high radiation dose rates are Major Spills. The process for handling major spills:

1. Notify all persons in the immediate vicinity that a spill has occurred. Clear the area of all persons not involved in the spill.
2. Contain the spill by placing absorbent material over liquids to prevent spread of contamination. Do not attempt to clean spill.
3. Limit movement of contaminated personnel to prevent spread of contamination. Remove contaminated clothing before leaving area.
4. Evacuate and close all doors to area. Lock the doors or secure area to prevent entry.
5. Notify the RSO and the Radiation Safety Division immediately. Cleanup and decontamination of major spills should be conducted under the supervision of the RSO.
6. Decontaminate personnel by removing contaminated clothing and flushing contaminated skin with lukewarm water, then washing it with mild soap.
   - Safety and Risk Services - Radiation Safety Division: 277-2753
   - SRS Duty Officer - 24 hour emergency pager number: (505) 951-0194
   - Call in the event of an emergency situation when SRS support to the University is required.

The following may be considered a major spill:

- 1 mCi $^{131}$I, $^{32}$P, $^{89}$Sr, $^{18}$F
- 10 mCi $^{67}$Ga, $^{111}$In, $^{123}$I
- 100 mCi $^{99m}$Tc, $^{201}$Tl

- Notify
- Contain
- Do not attempt decontamination
- Report immediately

Unintentional release of Xe-133:

1. Evaluate Hazard.
2. If necessary and possible remove the patient and staff from the room.
3. If the room has been evacuated, close it off.
4. Remain outside the imaging room for the posted amount of time to allow the xenon concentration to be reduced to an acceptable level.
5. Survey the area; if exposure levels are acceptable then room may be used. If exposure levels are still high, close room and wait an additional amount of time.
6. Document the release and that the decontamination procedure (i.e. closing doors and waiting for ventilation system to clear room)
7. Call in a report on the day of the xenon release.
As part of this procedure and the compliance oversight the RSD and the Nuclear Medicine Department Staff must participate in routine “drills” or reviews of clean up/containment practices. The RSD performs the review and reports to RSO and the Nuclear Medicine Supervisor the Radiological Spill Report Log Sheet. The Nuclear Medicine Supervisor reports the data monthly to the Radiology Quality Committee (Chaired by the Medical Director).

If the activity spreads or has the potential for spreading beyond the building or area, additional assistance may be obtained from the University Police (277-2241).

SUMMARY OF CHANGES
New Procedure

**DOCUMENT APPROVAL & TRACKING**

<table>
<thead>
<tr>
<th>Item</th>
<th>Contact</th>
<th>Date</th>
<th>Approval</th>
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<td>Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant(s)</td>
<td>Joanna Fair, MD, Nuclear Medicine Section Chief, Rosemarie Wilson, Nuclear Medicine Supervisor, Radiation Safety Committee, Greg Chambers</td>
<td></td>
<td></td>
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<tr>
<td>Committee(s)</td>
<td>Clinical Operations PP&amp;G Committee</td>
<td></td>
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<tr>
<td>Medical Director/Officer</td>
<td>Gary Mlady, MD</td>
<td></td>
<td>Y</td>
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<tr>
<td>Official Approver</td>
<td>Erin Doles, Professional and Support Svcs Administrator</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Official Signature</td>
<td>(Sheena Ferguson for Erin Doles)</td>
<td>Date: 7/11/2011</td>
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<tr>
<td>Effective Date</td>
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<td>Origination Date</td>
<td>6/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue Date</td>
<td>Clinical Operations Policy Coordinator</td>
<td>7/13/2011</td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENTS**
Radiological Spill Report Log Sheet
Radiological Spill Report Log Sheet

Time and date of spill:
Location of spill:
Information gathered by what means:
Personnel involved:

Radioisotopes present or suspected in the spill (nuclide and activity):

Give a brief description of the spill:

*****When finished, conduct a post-cleaning contamination survey and wipe test*****

**Post-cleaning survey:**
- maximum trigger level in restricted area: 5 mR/hr
- maximum trigger level in unrestricted area: 0.2 mR/hr

<table>
<thead>
<tr>
<th>Meter model:</th>
<th>Meter serial number:</th>
<th>Is area restricted or unrestricted?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Meter reading:

**Post-cleaning wipe test (dpm/100 cm²)**

For Tc-99m and F-18:  
- maximum dpm in hot lab and controlled areas: 15,000 dpm
- maximum dpm in uncontrolled areas: 1,000 dpm

For I-131:  
- maximum dpm in hot lab and controlled areas: 3,000 dpm
- maximum dpm in uncontrolled areas: 200 dpm

<table>
<thead>
<tr>
<th>Well Counter model:</th>
<th>Well counter serial number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wipe test results (dpm):

Name and Date:
The characterization of a spill depends on the type of radionuclide, the activity, the area of the spill, the number of affected individuals, the likelihood of spread of contamination and the hazard present. In general spills below the listed amount of table D1 are minor:

**TABLE D1: Minor Spill Amount Limit**

<table>
<thead>
<tr>
<th>Radionuclides</th>
<th>Half-life</th>
<th>Millicuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>P32</td>
<td>14.3 days</td>
<td>10</td>
</tr>
<tr>
<td>Cr51</td>
<td>27.7 days</td>
<td>100</td>
</tr>
<tr>
<td>Co57</td>
<td>270.9 days</td>
<td>100</td>
</tr>
<tr>
<td>Ga67</td>
<td>3.3 days</td>
<td>100</td>
</tr>
<tr>
<td>Tc99m</td>
<td>6 hours</td>
<td>100</td>
</tr>
<tr>
<td>In111</td>
<td>2.8 days</td>
<td>10</td>
</tr>
<tr>
<td>I123</td>
<td>13.1 hours</td>
<td>10</td>
</tr>
<tr>
<td>I125</td>
<td>60.1 days</td>
<td>1</td>
</tr>
<tr>
<td>I131</td>
<td>8 days</td>
<td>1</td>
</tr>
<tr>
<td>TI201</td>
<td>3 days</td>
<td>100</td>
</tr>
</tbody>
</table>

Notify persons in the area that a spill has occurred.

Prevent the spread of contamination by covering the spill with absorbent paper. For some spill of short-lived radionuclides the best spill procedure is to restrict access pending complete decay.

Clean up the spill using disposable gloves and absorbent paper. Carefully fold the absorbent paper with the clean side out and place in a plastic bag for transfer to a radioactive waste container. Also put contaminated gloves and any other contaminated disposable material in the bag.

CW 4/11
Survey the area with a low-range radiation detector survey meter. Check the area around the spill. Also check your hands, clothing, and shoes for contamination.

Report the incident to the Radiation Safety Officer (RSO or designate).

The RSO or designate will follow up on the cleanup of the spill and will complete the Radioactive Spill Report and the Radioactive Spill Contamination Survey.

A spill kit should consist of the following items:

- 6 pairs of disposable gloves
- 2 pairs of disposable lab coats or coveralls
- 2 pairs of shoe covers
- 5 sheets of absorbent paper with plastic backing
- 6 plastic trash bags with ties
- "Radioactive Material" labels

CW 4/11
Procedures for Handling Major Spills of Radioactive Material

Clear the area. Notify all persons not involved in the spill to vacate the room.

Prevent the spread of contamination by covering the spill with absorbent paper, but do not attempt to clean it up. To prevent the spread of contamination, limit the movement of all personnel who may be contaminated.

Shield the source if possible without further contamination or a significant increase in radiation exposure.

Close the room and lock or otherwise secure the area to prevent entry.

Notify the RSO or designate immediately.

Decontaminate personnel by removing contaminated clothing and flushing contaminated skin with lukewarm water and then washing with mild soap. If contamination remains, induce perspiration by covering the area with plastic. Then wash the affected area again to remove any contamination that was released by perspiration.

The RSO or designate will supervise the cleanup of the spill and will complete the Radioactive Spill Report and the Radioactive Spill Contamination Survey.

CW 4/11
SPILL PROCEDURES
(Adopted from APPENDIX J)
(See 35.21)

Minor Spills of Liquids and Solids

1. Notify persons in the area that a spill has occurred.

2. Prevent the spread of contamination by covering the spill with absorbent paper.

3. Clean up the spill using disposable gloves and absorbent paper. Carefully fold the absorbent paper with the clean side out and place in a plastic bag for transfer for a radioactive waste container. Also put contaminated gloves and any other contaminated disposable material in the bag.

4. Survey the area with a low-range radiation detector survey meter. Check the area around the spill. Also check your hands, clothing, and shoes for contamination.

5. Report the incident to the Radiation Safety Officer (RSO).

6. The RSO will follow up on the cleanup of the spill and will complete the Radioactive Spill Report (attached) and the Radioactive Spill Contamination Survey (attached).

Major Spills of Liquids and Solids

1. Clear the area. Notify all persons not involved in the spill to vacate the room.

2. Prevent the spread of contamination by covering the spill with absorbent paper, but do not attempt to clean it up. To prevent the spread of contamination, limit the movement of all personnel who may be contaminated.

3. Shield the source if possible. This should be done only if it can be done without further contamination or a significant increase in radiation exposure.

4. Close the room and lock or otherwise secure the area to prevent entry.

5. Notify the RSO immediately.

6. Decontaminate personnel by removing contaminated clothing and flushing contaminated skin with lukewarm water and then washing with mild soap. If contamination remains, induce perspiration by covering the area with plastic. Then wash the affected area again to remove any contamination that was released by the perspiration.

7. The RSO will supervise the cleanup of the spill and will complete the Radioactive Spill Report (attached) and the Radioactive Spill Contamination
8. Table J-1 and the Decontamination Principles further explain this procedure.

NOTE:
The decision to implement a major spill procedure instead of a minor spill procedure will be made by the RSO or his designee. This decision depends on many incident-specific variables such as the number of individuals affected, other hazards present, likelihood of spread of contamination, and types of surfaces contaminated as well as the radiotoxicity of the spilled material. For some spills of short-lived radionuclides the best spill procedure may be restricted access pending complete decay.

**TABLE J-1**

Relative Hazards of Common Radionuclides

Estimate the amount of radioactivity spilled. Initiate a major or minor spill procedure based on the following dividing line. Spills above these millicurie amounts are considered major, below are considered minor.

<table>
<thead>
<tr>
<th>Radionuclide</th>
<th>Millicuries</th>
<th>Radionuclide</th>
<th>Millicuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-32</td>
<td>10</td>
<td>Tc-99m</td>
<td>100</td>
</tr>
<tr>
<td>Cr-51</td>
<td>100</td>
<td>In-111</td>
<td>10</td>
</tr>
<tr>
<td>Co-57</td>
<td>100</td>
<td>I-123</td>
<td>10</td>
</tr>
<tr>
<td>Co-58</td>
<td>10</td>
<td>I-125</td>
<td>1</td>
</tr>
<tr>
<td>Fe-59</td>
<td>10</td>
<td>I-131</td>
<td>1</td>
</tr>
<tr>
<td>Co-60</td>
<td>1</td>
<td>Yb-169</td>
<td>10</td>
</tr>
<tr>
<td>Ga-67</td>
<td>100</td>
<td>Hg-197</td>
<td>100</td>
</tr>
<tr>
<td>Se-75</td>
<td>10</td>
<td>Au-198</td>
<td>10</td>
</tr>
<tr>
<td>Sr-85</td>
<td>10</td>
<td>Tl-201</td>
<td>100</td>
</tr>
</tbody>
</table>

Spill Kit - LOCATED IN 2B111 (BONE DENSITOMETRY)

The spill kit contains:
- Instructions for "Spill Procedures"
- 2 surgical gowns
- 1 plastic gown
- 2 pairs plastic booties
- 8 paper scrubs (tops)
- 4 paper scrubs (bottoms)
- 6 paper caps
- 8 face masks
- 4 pairs (size 6 gloves)
- 4 pairs (size 7 gloves)
- 4 pairs (size 8 gloves)
- 20 plastic bags
- Isoclean, decontamination liquid
- Isopropyl ETOH spray bottle
- Radiation Hazard labels
- 10 chux
- 1 package 4X4 inch cotton squares
- 1 package 2X2 inch cotton squares - wipe tests
- Marking Pen/Pencil
Forms

Decontamination Principles
Radioactive Spill Procedures
Radioactive Spill Report
Radioactive Spill Contamination Survey Forms

Radioactive Spill Report
(Adopted from EXHIBIT 10)

The spill occurred at __:___ pm on ___-___-___, room ___.

Instrument used to check for personnel contamination:
Meter model: _____ Probe Model: _____
Meter S/N: _____ Probe S/N: _____

Personnel present Personnel contamination results*

__________________________________________

*On the back of the sheet, indicate any personnel decontamination, additional monitoring, or care instituted.

Survey the spill area to identify hot spots, then begin contamination. When finished, conduct a postcleaning contamination wipe-test.

Radioisotopes present or suspected in the spill:

___mCi of ____ as _________________________________________________
___mCi of ____ as _________________________________________________
___mCi of ____ as _________________________________________________

Give a brief description of the accident:__________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Give a brief description of follow up actions taken to prevent recurrence:_____________________________________________________
________________________________________________________________
________________________________________________________________

NAME:_________________________
DATE:_________________________
Radioactive Spill Contamination Survey  
(Adopted from EXHIBIT 11)

The spill occurred at ___:___ pm on ___-___-___ in room ___.

Decontamination completed at ___:___ pm.

<table>
<thead>
<tr>
<th></th>
<th>pre-</th>
<th>post-clean</th>
<th>clean</th>
<th>dpm/100cm2</th>
</tr>
</thead>
</table>

NAME: _____________________________
Appendix B
Adjunctive Medications

**Adjunctive Medications:**
Involves the identification, calculation, documentation, administration, and monitoring of adjunctive medication(s) used during an in vitro, diagnostic imaging, or therapeutic procedure. Adjunctive medications are defined as those medications used to evoke a specific physiological or biochemical response. Also included are the preparation and administration of oral and IV contrast used in the performance of imaging studies.

A nuclear medicine technologist displays:
A. A thorough understanding and knowledge of indications, contraindications, warnings, precautions, proper use, drug interactions, and adverse reactions for each adjunct medication to be used.
B. The ability to procure and maintain pharmaceutical products and adjunct supplies by:
   1. Anticipating and procuring a sufficient supply of pharmaceuticals for an appropriate period in accordance with anticipated need.
   2. Storing pharmaceuticals and supplies in a manner consistent with labeled product safeguards and established facility policies.
C. The ability to properly prepare and administer pharmaceuticals under the direction of an authorized user in accordance with all federal and state regulations, and institutional policies by:
   1. Employing aseptic technique for manipulation of sterile products and preparations (see Section V.C.).
   2. Selecting and preparing pharmaceuticals in accordance with the manufacturer's specifications.
   3. Confirming the quality of a pharmaceutical in accordance with accepted techniques and official standards.
   4. Documenting the administered dose, date, and time of all pharmaceuticals in a permanent medical record.
   5. Observing the patient for possible complications (e.g., adverse reactions) of adjunctive medication administration, and handling such complications appropriately in conjunction with other available staff.

Reference:
http://interactive.snm.org/docs/Performance_Responsibility_Guidelines_NMT_6-8-2012_FINAL.pdf
Appendix B
Adjunctive Medications

Interventional Pharmaceuticals

- dipyridamole
- adenosine
- dobutamine
- aminophylline
- regadenoson
- captopril
- enaloprilat
- furosemide
- insulin
- acetazolamide
- cholecystokinen/sincalide/CCK
- morphine
- cimetidine/ranitidine/famotidine

Miscellaneous Non-Radioactive Agents

- ACD solution
- heparin
- ascorbic acid
- hetastarch
- contrast media
- Lugol's solution/SSKI
- TSH
- EDTA
- Lidocaine
- Lidocaine (EMLA) cream
- atropine
- recombinant human TSH

http://www.nmtcb.org/exam/pharmalist.php
Appendix C
SNMTS Code of Ethics

Nuclear Medicine Technologists, as members of the health care profession, must strive as individuals and as a group to maintain the highest of ethical standards. The Principles (SNMTS Code of Ethics) listed below are not laws, but standards of conduct to be used as ethical guidelines by nuclear medical technologists.

Principle 1 The Nuclear Medicine Technologist will provide services with compassion and respect for the dignity of the individual and with the intent to provide the highest quality of patient care.

Principle 2 The Nuclear Medicine Technologist will provide care without discrimination regarding the nature of the illness or disease, gender, race, religion, sexual preference or socioeconomic status of the patient.

Principle 3 The Nuclear Medicine Technologist will maintain strict patient confidentiality in accordance with state and federal regulations.

Principle 4 The Nuclear Medicine Technologist will comply with the laws, regulations, and policies governing the practice of nuclear medicine.

Principle 5 The Nuclear Medicine Technologist will continually strive to improve their knowledge and technical skills.

Principle 6 The Nuclear Medicine Technologist will not engage in fraud, deception, or criminal activities.

Principle 7 The Nuclear Medicine Technologist will be an advocate for their profession.

Appendix D
American Society of Radiologic Technologists
Code of Ethics

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

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

Revised and adopted by the American Society of Radiologic Technologists and the American Registry of Radiologic Technologists, February 2003
Appendix E

Useful Websites:

Nuclear Medicine Technology Certification Board  http://nmtcb.org
Society of Nuclear Medicine and Molecular Imaging  http://www.snmmi.org
The American Registry of Radiologic Technologists  http://www.arrt.org
American Society of Radiologic Technologists  https://www.asrt.org
American College of Radiology  http://www.acr.org
New Mexico Society of Radiologic Technologists  www.nmsrt.org

New Mexico Environment Department
Radiation Control Bureau
Medical Imaging and Radiation Therapy Program
http://www.nmenv.state.nm.us
STUDENT STATEMENT OF UNDERSTANDING

I have read the Radiologic Sciences Program policies described in the Student Handbook and fully understand them.

Signed:

______________________________________________  __________________
Student Signature                             Date

______________________________________________
Print Name

Please complete the above and return this page to the program office during the first week of class.