Radiation Therapy Program

STUDENT HANDBOOK

2014-2015

FORWARD

This Handbook is meant to serve as a guide for students in the Radiation Therapy Program (the Program) at UMass Memorial Medical Center. The Handbook is intended to provide working guidelines and descriptions of the general and academic policies of the Program applicable to students. It is not intended and cannot be construed as a contract or guaranty of any kind, express or implied, and the Program may change, delete or add to these guidelines unilaterally in its sole discretion and without notice. The Program also reserves the right to determine the applicability of any policy to a particular situation or set of circumstances and to depart from the guidelines contained herein in a given case. This Handbook supersedes any previous handbook, policies or practices relating to students. It is the responsibility of the student to know and understand the Program's policies.

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INTRODUCTION

The following is an excerpt from the document "Introduction to the Radiation Therapy Practice Standards" published by the ASRT.

"The complex nature of the cancer disease process involves multiple treatment modalities with surgery, medical oncology and radiation oncology among the most common. Depending on the location, pathology and state of disease, these methods may be used singularly, in combination or in sequence. Radiation oncology employs ionizing radiation to destroy cancerous tumors while sparing surrounding tissue. An interdisciplinary team of radiation oncologists, radiation physicists, medical dosimetrists, radiation therapists, nurses and support staff plan and deliver the course of treatment. While each team member plays a critical role in the delivery of health services, it is the radiation therapist who administers the radiation to the patient throughout the treatment process.

Radiation Therapist

Radiation therapists assist in localizing tumors, participate in treatment planning and deliver high doses of ionizing radiation prescribed by a radiation oncologist. Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapy often involves daily treatments extending over several weeks. This treatment method uses highly sophisticated equipment and requires a great deal of initial planning as well as constant patient care and monitoring. Radiation therapists must maintain a high degree of accuracy and an awareness of safety issues. They also must remain sensitive to the physical and emotional needs of patients. Radiation therapists must demonstrate an understanding of cancer, radiation biology, radiation therapy techniques, equipment technology, radiation safety and the psychosocial aspects of cancer. The radiation therapist uses professional judgment and critical thinking when assisting with treatment planning, recognizing and resolving equipment problems and treatment discrepancies, anticipating patient needs and concerns and determining when treatment should be withheld until a physician can be consulted."

The responsibilities involved in providing quality patient care necessitate strict adherence to specific policies and guidelines governing student clinical performance and behavior. This Handbook contains a collection of policies and guidelines which must be understood and followed in order to insure proper patient care, professionalism, and personal success as a student of radiation therapy.

MISSION STATEMENT

The mission of the Radiation Therapy Program at UMass Memorial Medical Center, Department of Radiation Oncology is to provide a quality education in radiation therapy through didactic and clinical experiences designed to enable our students to become knowledgeable and technically proficient radiation therapists.

GOALS AND LEARNING OUTCOMES

The following goals have been established to support the mission:

1. Students will develop the knowledge and critical thinking skills appropriate for clinical competence in radiation therapy.
   Learning Outcomes – Students will demonstrate
   a. understanding of basic radiation therapy principles
   b. competence in treatment delivery
   c. competence in simulation procedures
   d. analysis of imaging in clinical situations
   e. development of an appropriate treatment dose distribution using treatment planning computer software
   f. safe radiation protection practices

2. Students will develop effective communication with appropriate affective attitudes for patient care and professional practice as a radiation therapist.
   Learning Outcomes – Students will demonstrate effective
   a. communication in the clinical setting
   b. written communication skills
   c. oral communication skills

3. Students will develop professional values that support ethical conduct in interactions with patients, colleagues, and other health care providers.
   Learning Outcomes – Students will demonstrate
   a. respect for staff and patients
   b. dependability and reliability
   c. a commitment to clinical competence

4. The Program will provide the radiation therapy profession with graduates who possess the skills to become an essential part of the radiation therapy team.
   Learning Outcomes – Students will
   a. graduate within the specified school calendar of the year enrolled
   b. pass the national certification exam at the first attempt
   c. be well prepared as entry level therapists

NON-DISCRIMATION STATEMENT

It is the policy and commitment of the Radiation Therapy Program at UMass Memorial Medical Center not to discriminate on the basis of race, religion, color, age, sexual orientation, sex, disability, veteran status, marital status or national origin in its educational activities or admissions and to actively comply with the requirements of pertinent laws, regulations and executive directives.

2014-2015 ACADEMIC CALENDAR

Tues	September 2	Orientation
Wed	September 3	Classes Begin
Mon	October 13	Columbus Day – no classes
Thurs	November 27	Thanksgiving recess begins
Mon	December 1	Classes resume
Wed	December 24	Winter Break begins
Mon	January 5	Classes resume
Mon	January 19	Martin Luther King Day – no classes
Mon	February 16	President's Day – no classes
Mon	May 25	Memorial Day – no classes
Wed	July 1	Summer recess begins
Mon	July 6	Classes resume
Mon	September 7	Labor Day – no classes
Mon	October 12	Columbus Day – no classes
Thurs	November 26	Thanksgiving recess begins
Mon	November 30	Classes resume
Fri	December 18	Last day of the Program

GENERAL GUIDELINES

1. Only physicians have the legal and professional right to diagnose and treat illness.

2. Radiation therapy shall be performed only on the orders of a radiation oncologist and/or resident physician.

3. All radiation therapy treatments, simulations, and clinical tasks by a student must be performed under the direct supervision of a radiation therapist.

4. The Radiation Safety Officer is responsible for observance of regulations pertaining to the use, removal, handling and storage of radioactive elements and their disintegration products. Any suspected over-exposure should be reported to him/her immediately and to the Program Director. Please see Appendix B: Radiation Safety Policy.

5. The therapeutic use of sealed radioactive materials is limited to physicians who have been granted this privilege. Only those who have had proper training and experience will be permitted to handle radioactive material.

6. Radiation therapy personnel must not expose themselves to direct or indirect radiation by the holding of patients during x-ray simulation or radiation treatments. Please see Appendix B: Radiation Safety Policy.

7. Radiation film badges must be worn while in the clinic and when attending other areas that warrant monitoring.

8. All information concerning patients or Hospital business must be held in strict confidence and discussed only with appropriate Hospital personnel.

9. Students must address physicians by title and last name in all clinical areas.

10. Name identification pins must be worn in the Clinic area.

11. Students must comply with Joint Commission requirements for patient identification using two forms of ID.

12. Students are not to burden patients, other students or therapists with personal problems.

13. Students are expected to become familiar with Hospital policies regarding the procedures for calling codes, reporting fires, etc.

14. The Program Director will post announcements, notices, and schedules. Students are expected to make themselves aware of all information posted.

STUDENT RESPONSIBILITIES

As a member of a professional team, the student is expected to meet his/her responsibilities. Failure to meet these responsibilities may affect all team members and most importantly, the patient.

The student has the responsibility to:

1. Become familiar with Hospital and School policies and procedures and refer to them as needed.

2. Keep informed regarding changes in policy or procedure as posted or communicated.

3. Display professional conduct at all times.

4. Check monthly schedules, rotation schedules, as well as weekly meetings, tumor boards, and seminar schedules.

5. Complete assignments satisfactorily and on time.

6. Practice academic integrity.

6. Meet clinical objectives as outlined in the Clinical Course Guide.

7. Perform technical clinical tasks only under the direct supervision of a radiation therapist.

8. Be alert and observant while carrying out clinical assignments.

9. Verify the correct patient by the wrist band-name tag, medical record number and by photo for an inpatient, and by name photo and birthdate of an outpatient prior to any simulation or treatment. Two forms of patient identification must be used.

10. Follow the ALARA radiation safety philosophy.

11. Not "hold" a patient during radiographic simulation exposures.

12. See that patients are properly attended on the treatment or simulation table.

13. See that patients are properly draped at all times.

14. Follow patient confidentiality policies at all times.

16. Refer patient technical and medical questions to the appropriate staff.

17. Not administer medication, water, or treatment of any kind to a patient except under the direction of a physician.

18. Notify the therapist if a patient is injured or becomes ill. Complete an incident or occurrence report form for any patient, student, or staff injured in the clinic if involved in the incident.

19. Maintain the cleanliness of the equipment and accessories.

20. See that assigned area is in proper order before leaving at the end of the day.

21. Carefully and properly use equipment at all times. Deliberate abuse will result in immediate dismissal.

22. Immediately report all malfunctions of equipment or accessory items to the therapist or Chief Therapist.

23. Use Hospital supplies solely for the purpose intended, and not to take supplies from the Hospital.

24. Store only Hospital supplies in accessory cabinets, and maintain the cabinets in a neat and orderly fashion.

25. Promote harmony with team members.

26. Seek assistance as needed.

27. Make recommendations through appropriate channels.

STUDENT RIGHTS

The student has the right to expect the Program to:

1. Provide a high quality education.

2. Meet the accreditation standards of the Joint Review Committee on Education in Radiologic Technology (JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, Tel: 312-704-5300, web site: www.jrcert.org).

3. Adhere to Program policies and procedures.

4. Provide clinical and academic schedules.

5. Provide evaluations assessing student progress.

6. Provide supervision of clinical activities at all times and consultation on academic issues as needed.

7. Encourage and expect faculty to maintain a professional demeanor.

8. Be open to constructive suggestions and/or criticisms.

9. Implement recommendations when feasible.

10. Provide information about available positions to students approaching graduation.

11. Promote harmony among faculty, students, and Hospital personnel.

12. Provide access to his/her records, as well as the right to expect confidentiality of the content of those records as required by the Buckley Amendment (Federal Register, Vol. 40, No. 3 - January 6, 1975). One exception which permits disclosure of records without consent is disclosure to program officials with legitimate educational interests. A program official is a person employed by the Hospital in an administrative, supervisory, academic, or support staff position (including law enforcement unit personnel and health staff); or a person or company with whom the Hospital has contracted (such as an attorney, auditor, or collection agent). A program official has a legitimate educational interest if the official needs to review a student education record in order to fulfill his or her professional responsibility.

CLINICAL STANDARDS AND RESPONSIBILITIES OF THE HOSPITAL

The Hospital has the following responsibilities:

1. Perform all applications of therapeutic ionizing radiation in strict conformity with all radiation protection and safety guidelines as established by the National Council on Radiation Protection and Measurements, the National Bureau of Standards and any other like organization.

2. Provide and maintain high professional standards in all matters relating to radiation therapy procedures, the care of patients, and associated medical records.

3. Contribute to the education of students by allowing participation in and sponsoring educational conferences.

4. Maintain an adequate staff of physicians certified by the American Board of Radiology in the specialty of Radiation Oncology.

5. Maintain an adequate staff of radiation therapists, certified by the American Registry of Radiologic Technologists, to ensure skilled professional care of patients and adequate supervision of students.

6. Maintain radiation emitting equipment in safe working condition, and provide an adequate radiation monitoring program for all personnel and students.

7. Maintain sufficient inventories of supplies and equipment necessary for all radiation therapy procedures.

HEALTH POLICY

It is the policy of UMass Memorial Medical Center to require all students who will have contact with patients to provide Program officials with appropriate documentation of hospital required immunizations and a recent (within six months) physical examination prior to any contact with patients. The allied health student policy of UMass Memorial will be followed.

All students are required to be enrolled in a health insurance program throughout the Program. Any changes in status must be reported in writing to the Program Director.

The communicable disease policy and infection control policy is listed in Appendix A.

RADIATION MONITORING AND SAFETY

The Radiation Safety Officer conducts a radiation monitoring program for all personnel who may be exposed to radiation. A personal film badge will be issued to each student. It is UMass Memorial and Program policy that the film badge be worn at all times in the clinic area. Badges are changed monthly and the exposure records are filed in the Radiation Safety Office. All individuals working with radiation will follow the ALARA principle. A Radiation Exposure Report is posted within the Department. The Radiation Safety Policy is attached as Appendix B.

COSTS OF THE PROGRAM

The tuition for the 15-month Program will be determined by the School Advisory Committee. Program tuition is $4500 (2014-2015). Students will also be responsible for the cost of uniforms, ID badge, parking, textbooks, notebooks, etc.

TUITION REIMBURSEMENT POLICY

At the point of confirmation of attending the Program a $500 nonrefundable deposit is required. This will be applied to the $4500 tuition charge. $2000 will be paid at the time of orientation to the Program and the remaining $2000 will be paid by the beginning of the 2nd trimester (March).

All fees are nonrefundable.

EMPLOYMENT POLICY

Employment may be offered by the Hospital. Employment, however, must not interfere with nor substitute for the basic clinical internship required for graduation.

SCHEDULED CLINIC AND CLASSROOM HOURS

Students will be expected to attend the Program Monday through Friday from 8:00 AM to 4:30 PM unless otherwise specified or approved by the Program Director. Occasional early evening and/or early morning classes may be scheduled to accommodate laboratories that utilize patient care equipment. Attendance requirements will not exceed ten hours per day (10 hrs/day) and forty hours per week (40 hrs/wk).

LUNCH AND BREAK POLICY

Lunch break is considered 1/2 hour. The exact time for lunch will be determined by the supervising therapist or as designated in the schedule. If clinical and academic assignments provide for a full day of activity (8 hours), a 15 minute break in the morning and a 15 minute break in the afternoon schedule is appropriate. The timing of the breaks will be determined by the supervising therapist.

ATTENDANCE POLICY

Attendance at all scheduled classes and clinical assignments is required. Students will be granted excused absences for the following reasons only:

1. Personal illness and student scheduled time off. This will be considered personal time (see Personal Time Policy).

2. Death of an immediate family member. Up to three days compassionate leave will be granted for bereavement in the immediate family only. Immediate family is defined as parent, sibling, child, spouse/partner, and grandparent. Notification must be given to the Program Director.

3. Jury duty or court appearance.

4. Foul weather as determined by an independent source.

VACATION AND HOLIDAY POLICY

School holidays will follow the Radiation Oncology Department's holiday schedule.

The School is closed between the Christmas holiday and New Year's Day.

PERSONAL TIME POLICY

Requested time off and sick time is considered personal time. Seven (7) days are allotted during the 15 months for personal time to be used for illness, job interviews, personal day, etc. Personal time will only be granted in ½-day (4 hours) or full day (8 hours) amounts.

To be considered an excused absence, personal time off must be approved by the Program Director. Notification of the personal time must be made to the Program Director as far in advance as possible. If prior approval is not possible, notification must be made to the Program Director no less than 30 minutes before scheduled arrival.

ABSENTEE POLICY

The following policies apply to absenteeism:

1. Each student is responsible for making his/her own absentee notification to the Program Director and the clinical supervising therapist no less than 30 minutes before scheduled arrival time. If illness occurs during a clinical assignment, the student shall report to the supervising therapist and the Program Director. If illness occurs during classroom time, the student shall report to the instructor and the Program Director.

2. Illness requiring more than three (3) consecutive days of absence requires a physician's note.

3. Absence of more than five (5) days of a clinical assignment may require repeat of that clinical assignment.

4. Any amount of excused time missed beyond the allotted personal time (7 days) must be made up at a time determined by the Program Director. All time must be completed prior to the Program Director's confirmation of completion of the Program.

5. Unexcused absences or absences without notification must be made up at a time determined by the Program Director and will result in the following action:

1st infraction - written warning
2nd infraction - one week suspension
3rd infraction - grounds for dismissal from the Program

6. Doctor and dentist appointments should be scheduled at a time when class and/or clinical assignments will not be interrupted if possible. Excused absences for the doctor or dentist will be considered as personal time.

7. If hazardous weather conditions occur when the student is scheduled in the clinical area, every reasonable effort should be made to report to that assignment even if arrival is late. If unable to attend the clinical assignment, notification must be made to and approved by the Program Director to be considered an excused absence. If the student is involved in patient care activities and weather conditions warrant consideration during the day, the student is expected to complete the activity and will be excused only at the discretion of the Program Director.

PREGNANCY POLICY AND MATERNITY LEAVE POLICY

See Appendix C.

WITHDRAWAL PROCESS AND POLICY

Should it become necessary for a student to withdraw from the Program, the notification of intent to withdraw and the effective date must be made in writing, signed and dated, and sent to the Program Director with a copy to the Medical Director of the Radiation Therapy Program.

REINSTATEMENT POLICY

If the student has withdrawn from the Program for reasons other than academic failure and, at a later date, requests reinstatement, that request must be made in writing to the Program Director stating the reason(s) for the prior withdrawal. In the case of illness, a physician's statement of health and expectation that the student will be able to complete the Program must be submitted. For reasons other than health, the request must include a justification for the withdrawal and a statement of intent to complete the Program. The request will be reviewed by the full Advisory Committee. The decision of the Advisory Committee on reinstatement will be final. A second withdrawal will preclude any further reinstatement.

PROFESSIONAL DRESS CODE POLICY

Professional dress refers to required attire and appearance when the student is in direct contact with patients (i.e. clinical internships). Although there may be varying policies on appropriate dress for employed personnel, the student is required to observe a specific dress code established by the Program.

The rules and regulations concerning personal appearance are based on two fundamental requirements of the clinical environment: 1) safety of the patient, student and clinical personnel and 2) maintenance of patient confidence.

If the student's schedule includes participation in a clinical environment for any portion of the day, he/she is expected to observe the professional dress code of the Program. If no patient contact is scheduled during a day (i. e. classroom time) dress and appearance is left to the judgment of the student but is expected to be appropriate for a hospital environment.

The following shall be deemed "Professional" dress:

Female:

1. navy blue pants or navy blue scrub pants (no jeans) - conservative and professional in style, fit, and appearance
2. blouse, shirt or shell top (no T-shirts) of any color
3. safe, comfortable white shoes in good repair (no sandals, boots, or similar shoes) - professional health care worker shoes and white, clean sneakers (preferably all white or no greater than 20% color) are permissible
4. clean, white lab coat (3/4 length or full length) must be worn at all times
5. Name tag (pin) stating student name on 1st line (please, **no** credential information, i.e. **no** RT(R)), Radiation Therapy Student on the 2nd line

   Example: Jane Doe
   Radiation Therapy Student

Male:

1. navy blue pants or navy blue scrub pants (no jeans) - conservative and professional in style, fit, and appearance
2. shirt of any color with a tie (tie to be tacked to shirt to prevent “dangling”)
3. safe, comfortable white shoes in good repair (no sandals, boots, or similar shoes) - professional health care worker shoes and white, clean sneakers (preferably all white or no greater than 20% color) are permissible
4. clean, white lab coat (3/4 length or full length) must be worn at all times
5. Name tag (pin) stating student name on 1st line (please **no** credential information, i.e. **no** RT(R)), Radiation Therapy Student on the 2nd line

   Example: John Doe
   Radiation Therapy Student

General Guidelines:

1. all individuals must present a neat, clean appearance
2. hair must be kept neat, clean, and tied back if shoulder length or longer
3. beards and mustaches are permitted but must be kept clean and well trimmed
4. strongly scented perfume, colognes, and aftershave lotions are not permitted
5. jewelry limited to small post earrings (no hoop or dangling earrings), and rings that can not cause harm to the patient – no other jewelry is permitted
6. No artificial nails are permitted. Natural nails should be short and well-trimmed as specified by Hospital policy.

ACADEMIC AND CLINICAL COMPONENTS

The Program consists of two components: didactic (classroom) and clinic. All courses (including clinical internship) will be posted on a monthly basis.

Curriculum:

1st Trimester Courses:

Mathematics Review
Radiation Protection
Medical Terminology
Clinical Radiation Therapy Orientation
Introduction to Radiation Therapy
Patient Care in Radiation Therapy I
Basic Pathology
Radiation Physics I
Clinical Internship I

2nd Trimester

Technical Radiation Oncology
Patient Care in Radiation Therapy II
Radiation Physics II
Radiation Biology
Clinical Dosimetry
Clinical Internship II

3rd Trimester

Radiation Therapy Seminar
Quality Assurance
Clinical Internship III

GRADING POLICY

Didactic Evaluation:

Didactic courses may include multiple methods of evaluation including, but not limited to, written examinations, oral examination, case studies, researched papers, presentations, projects and written assignments with the number and type to be determined by the course instructor. Exam dates will be scheduled as early as possible in the course with cumulative final exams at the discretion of the instructor. In case of inclement weather or other unforeseen circumstances, the examination will be made up at the next regularly scheduled class. Make-up exams will be given at the discretion of the instructor.

Clinical Internship Evaluation:

Clinical internship courses are divided into 4-6 week rotations. Rotations will be evaluated by two mechanisms: the rotational evaluation and the technique competency format. Determination of clinical competency will be made by the supervising therapists and the Program Director with direct input from all staff therapists and the Chief Therapist. Please refer to the Clinical Course Guide for further information.

Grading:

The following scale will be used for grading all courses:

Grade	Numerical Score	Gradepoint
A	100 - 93	4.0-3.7
A-	92 - 90	3.6-3.5
B+	89 - 87	3.4-3.2
B	86 - 83	3.1-2.8
B-	82 - 80	2.7-2.5
C+	79 - 77	2.4-2.2
C	76 - 73	2.1-1.8
F	<73	0

A final grade of 73% (C or 1.8) or greater in each didactic course must occur to continue in the Program. A student below the 73% grade at the midpoint of a course will receive a warning. Failure to bring up the grade to 73% or better by the end of the course may be considered cause for dismissal from the Program.

A final grade of 80% (B- or 2.5) or greater in a clinical internship rotation evaluation must occur to successfully complete that rotation. A midpoint conference with

the supervising therapists, scheduled by the student, will indicate standing and needs for successful completion of the rotation. A clinical internship final grade <80% requires the repeat of that rotation. The averaged evaluation score of 80% (B- or 2.5) for each trimester must occur to continue in the Program. Two evaluations below 80% may be cause for dismissal from the Program. Clinical technique competencies must be completed with a grade of 96% (4.0) to be considered successfully passed. See the Clinical Course Guide for more information on clinical competency requirements.

GUIDANCE

Academic and clinical guidance to assist students in meeting the goals of the Program are available through the Program Director, Clinical Supervisors, faculty and staff of Radiation Oncology.

DISCIPLINARY ACTION

The student is subject to disciplinary action at the discretion of program officials including:

1. Probation
2. Suspension from the Program
3. Dismissal from the Program

Disciplinary action will occur under the following conditions:

The student:

1. does not maintain a didactic passing grade of C (73%) in each course.

2. does not maintain a clinical evaluation averaged trimester passing score of B- (80%), fails two clinical rotation evaluations, or does not complete all required competencies satisfactorily within 25 working days of the last scheduled school day unless approved medical leave precludes completion (see further information in the Clinical Course Guide).

3. shows blatant disregard for policies and procedures set forth in this Handbook and the Clinical Course Guide.

4. is guilty of academic misconduct, such as cheating on an examination, theft of examinations, plagiarism, etc.

5. is guilty of excessive absenteeism

6. is incompetent and/or unethical in the provision of health care.

7. is found guilty of a misdemeanor or felony involving moral behavior and/or dishonesty.

8. demonstrates inappropriate or questionable conduct, or violates confidentiality in a patient's care.

9. abuses the use of alcohol, medications and/or habit-forming drugs.

10. is emotionally incompetent as determined through psychological/ psychiatric examination.

11. demonstrates a lack of concern for the rights and safety of others

12. gives repeated evidence of being unable to work effectively with individuals or groups.

13. takes property, including library holdings, without right and permission, and/or willfully destroys or mars the appearance of such property.

14. violates any policy or standard of conduct set forth in the Handbook.

GRIEVANCE: Appeals Mechanism

To the extent possible, the UMass Memorial Radiation Therapy Program strives to provide a learning environment that fosters mutual trust and understanding between teachers and students. This program and its academic sponsor, the University of Massachusetts Medical School, are committed to ensuring that all students are able to pursue their studies in a supportive learning environment that ensures the right of students to be treated equitably, with respect, dignity, and fairness.

The purpose of this grievance (appeals) procedure is to provide avenues for prompt follow-up and resolution of allegations relating to inappropriate treatment or academic disagreement, and to do so in a manner that is non-adversarial and respectful of all parties. Should an investigation of a grievance be warranted, the Radiation Therapy Program is committed to a process that is thorough, prompt and impartial. Students seeking redress in such cases are advised to seek resolution using the following routes:

First: Discussion with the Instructor/Staff involved
Second: Discussion with the Program Director
Third: Discussion with the Medical Advisor

Students who find that their issue(s) has (have) not been resolved following consultation with the groups/individuals listed above are advised to file a written complaint with the Program Advisory Committee. To the extent possible, this complaint and any supporting materials should be filed within ten (10) days following the meeting with the Medical Advisor that failed to provide an appropriate resolution of the issue. Extensions beyond this period may be acceptable in unusual circumstances. As soon as possible, but within ten (10) working days of receipt of the complaint, the Program Advisory Committee shall provide (a) written recommendation(s) for resolution of the complaint. Should the student still find that their issue(s) has (have) not been resolved satisfactorily, the student may request the Vice Chancellor for Faculty Administration to convene a meeting of the Ad Hoc Appeals Committee to review the case. Such request must be filed in writing within ten (10) days of receipt of the (unsatisfactory) recommendation from the Program Advisory Committee. On receipt of this written request, the Vice Chancellor of Faculty Administration or designee will convene a committee consisting of three individuals with no direct connection to the Radiation Therapy Program: the Vice Chancellor of Faculty Administration or designee (Tel: 508-856-1301), an individual appointed by the Vice Chancellor, and the Manager of Student Affiliations (Tel: 508-856-5701). The Ad Hoc Appeals Committee shall meet with the student and review the materials that have been provided so as to render a fair and equitable recommendation; this process shall be concluded as expeditiously as practical, usually within twenty (20) working days. The decision of the Ad Hoc Appeals Committee is final.

The Radiation Therapy Program does not tolerate retaliation against complainants and is committed to ensuring due process for complainants and alleged offenders involved in this grievance procedure.

GRADUATION POLICY

To be considered for graduation, a student must complete each didactic course by achieving a grade of 73% or better, must complete the clinical course by achieving an averaged rotation evaluation grade of 80% or better, and must demonstrate technical competency by completing all required competencies with a score of 96%. All didactic and clinical requirements must be completed by the Program's last scheduled school day or no later than 25 hospital department working days beyond the last scheduled school day unless approved medical leave precludes completion. Further extension of the

Program will be at the discretion of the Advisory Committee. If extension is granted, tuition fees may be applicable.

All monetary debts to the Program must be paid in full, all library holdings returned, and all hospital property must be returned to be granted the certificate of completion.

ACADEMIC CREDIT

The UMMMC Radiation Therapy Program is a hospital-based certificate program which does not grant academic credit.

STANDARDS for an ACCREDITED EDUCATIONAL PROGRAM IN RADIOLOGIC SCIENCES

The UMass Memorial Radiation Therapy Program is accredited through the Joint Review Committee on Education in Radiologic Technology (JRCERT, 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, Tel: (312)-704-5304; website: www.jrcert.org). The minimum standards required by the JRCERT for accreditation of a radiation therapy program are outlined in The Standards for an Accredited Educational Program in Radiologic Science. This document is available for review by request to the Program Director or by viewing the JRCERT website. JRCERT accreditation allows graduates to apply for the American Registry of Radiologic Technologists (ARRT) certifying examination.

Non-compliance with the Standards Policy – The UMass Memorial Radiation Therapy Program strives to maintain JRCERT accreditation standards. If allegations of non-compliance arise, it is the student's right to address the allegations with the Program Director and the Medical Advisor with assurance of nonprejudice. The allegations must be written and presented to the Program Director and Medical Advisor. The Program Director and Medical Advisor will make every effort to resolve the issue. The Advisory Committee and/or the Ad Hoc Academic Appeals Committee may become involved in resolution. If resolution is not achieved or the student feels that the Program is not in compliance with JRCERT standards, it is the student's right to write or call the JRCERT. A record of all interactions resulting from the allegations will be maintained by the Program Director.

PROFESSIONAL SOCIETY MEMBERSHIP

Students are encouraged to become involved in professional organizations. Locally, the New England Society of Radiation Therapists (NESRT; www.nesrt.org) sponsors educational meetings several times per year. Nationally, the American Society of Radiologic Technologists (ASRT; www.asrt.org) provides representation for the profession.

INFECTION CONTROL POLICY
Radiation Therapy Program, UMass Memorial Medical Center

- Students will follow the Infection Control policies mandated by UMass Memorial Healthcare and the Department of Radiation Oncology.
- Students will be oriented to the Infection Control policies during hospital and program orientation and studies.

Overview of Infection Control Program found in Section 5000 of the Administrative Policy Manual of UMass Memorial Healthcare

- The primary responsibility for the management of the Infection Control Program rests with the Infection Control Committee.
- This includes prevention and control of infections for patients, personnel and visitors.
- The Infection Control Practitioners are responsible for the surveillance of infections.
- The Administrative Policy Manual, Section 5000, contains all of the UMass Memorial Medical Center policies for Infection Control and serves as a guide to all employees with issues relating to Infection Control.
- Each clinical area has their own infection control policies that are developed by the departmental staff and reviewed and approved by the Infection Control Committee every three years.

Prevention/Transmission of Infections

- **Hand hygiene** - The single most important control measure to reduce the risks of transmitting microorganisms. **(See Infection Control Policy #5009)**
    - Consists of:
        - Antiseptic hand rub
        - Hand wash with soap and water
        - Surgical scrub
    - The use of an antiseptic hand rub is now the **routine** and **preferred approach** to hand hygiene. (**for hands that are not visibly soiled**).
    - **Purell:** (the current hospital-approved hand rub)
        - A 62% ethyl alcohol foam waterless antiseptic hand rub
        - Acts by killing bacteria and certain viruses on contact, including MRSA and VRE.
        - Better than soap and water.
        - Used in place of antimicrobial soap
    - **Advantages:** More effective, easy to use, can be placed anywhere,

- kinder to the hands.

- **Directions:** Squirt a golf-ball sized amount onto palm of hands. Rub the palms, and backs of both hands; interlace fingers rubbing in the product. Proceed up to and including the wrists. Clean underneath the finger nails. Rub product into hands until dry. **Do not follow with soap and water.**

- **Hand washing** with soap and water needs to be performed when hands are **visibly soiled.**
- **Technique:**
    - Soap and running water
    - Lather vigorously for 20 seconds (front and back of hands, interlace fingers, clean under nails.
    - Rinse thoroughly
    - Dry with paper towels
    - Turn faucets off with paper towels

- **Hand Hygiene Continued:**

    - No artificial nails, tips, or wraps are allowed in health care workers who have hands on contact with patients.
    - Natural nails must be kept short
    - Nail polish if worn must be freshly applied and free of chipping

- **Personnel should always perform hand hygiene:**

    - **before** performing invasive procedures (e.g., ICU**'**s when inserting central lines; when inserting ventriculostomies, ED)
    - **before** eating or handling food
    - **before** performing personal care (e.g. putting in contact lenses, applying lip balm)
    - **after** the care of each patient
    - **after** removing gloves
    - **after** handling used equipment or touching contaminated surfaces
    - **after** using bathroom facilities
    - **after** leaving work area

OSHA's Blood borne Pathogen Standard –Exposure Control Plan (For complete policy-see policy #5006)

PURPOSE: To establish a system that assures that all employees who have potential contact with blood/body fluids are protected from infectious agents.

Compliance:

- **Standard Precautions** shall be observed to prevent contact with blood or other potentially infectious materials (i.e. semen, vaginal secretions, cerebrospinal fluid, fluid from a normally sterile body cavity or saliva during dental procedures. (See Policy #5003).
  - Hand Hygiene (see above)
- **Personal Protective Equipment** must be provided to the employee when there is potential for occupational exposure to blood borne pathogens. Employees must use appropriate personal protective equipment unless it can be shown that its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. For those employees with documented hypersensitivity or adverse reactions to the standard issue PPE, alternatives will be provided.
  - **Gloves:**
    - Wear gloves when touching mucous membranes, non-intact skin, blood, body fluid, tissues or contaminated surfaces or items.
    - Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
    - Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient.
    - Use hand hygiene practices immediately after removing gloves.
    - **Do not wash or reuse gloves.**
  - **Gowns:**
    - Fluid resistant gowns are worn to protect skin and clothing during procedures in which body fluid splashes and sprays are likely.
    - Remove gown as soon as possible and use hand hygiene practices.
    - Dispose of gowns into regular trash unless gowns are saturated with blood/OPIM.

- **Protective Face Wear:**
  - Must be worn if splattering/spraying is anticipated (e.g. certain dental and surgical procedures, wound irrigation, postmortem exam, bronchoscopy, open suctioning, aerosolized medication treatments, diagnostic sputum induction, and endotracheal intubation).
- **Resuscitation Equipment:**
  - Mouth-to-mouth resuscitation is to be avoided
  - Resuscitation bags, mouthpieces or other devices are located in PPE cabinets in areas where the need for resuscitation is anticipated.

- **Engineering and Work Practice Controls:**
  - **Safety Devices:**
    - UMass Memorial will provide, whenever feasible, devices and policies to eliminate or minimize employee exposure. The safety devices that are presently in use at UMass Memorial include: retractable needles (Vanish-Point syringes), needle-less IV delivery system (Interlink), BD Safety Intima (angiocaths), BD Safety butterflies, Magellan protected needles (approved), Protected caps for blood culture bottles; Portex Phlebotomy needles, Futura Safe T Lance Plus (Blood glucose finger sticks-new), Bio – Systems Needle/Sharps disposal boxes. The Blood-borne Pathogens Exposure Control Committee (BPEC) meets regularly to review incidents and circumstances of exposures to assist in determining effectiveness of current products and evaluate new safety products for implementation.

    - Contaminated needles and sharps must not be bent, broken, recapped or removed from syringes except when it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. Any syringe sent to the lab must have the needle removed prior to transport. If it is necessary to recap or remove a needle from a syringe. It must be accomplished through the use of a mechanical device or a one-handed technique.

- Needle and other sharps must be discarded in a point-of-use designated, rigid, puncture-impervious container. Disposal containers are to be exchanged on a weekly basis or when ¾ full.

- **Prohibiting Personal Care in Hazardous Work Places:**
  - Eating, drinking, applying cosmetics, lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of exposure to blood and other potentially infectious material. (N.B. NO FOOD OR DRINKS ARE ALLOWED IN PATIENT CARE AREAS e.g. Nursing stations).
- **Laboratory Specimens:**
  - All specimens are considered potentially infectious
  - All specimens must be placed in a labeled biohazard transport bag prior to being sent to the lab.
  - Order/requisitions should be placed in the separate pouch or attached to the outside of the bag.
  - Wear gloves when handling pneumatic carrier for lab specimens.
  - **Do not place specimens for transport through the pneumatic tube system in a Pharmacy carrier and vice versa.**
  - Laboratory specimen transport containers must have a biohazard label attached. These containers must prevent leakage during collection, handling, processing, storage, transport or shipping.

- **Food and Drink:**
  - shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- **Equipment:**
  - Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be

- decontaminated as necessary, unless UMass Memorial can demonstrate that decontamination of such equipment is not feasible.

- **Standard Housekeeping Procedures:**
  - **General:**
    - UMass memorial shall ensure that the work site is maintained in a clean and sanitary condition.
  - **Cleaning and disinfection following contamination by potentially infectious material:**
    - Staff in the immediate vicinity of the spill must initiate cleanup and notify Housekeeping/EBS for final cleaning.
    - To clean a spill, employees should don disposable gloves.
- **Equipment:**
  - All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material.
    - Contaminated work surfaces shall be decontaminated with an approved and appropriate disinfectant after completion of procedures.
- **Laundry:**
  - All used laundry is considered to be contaminated and shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.

- **Regulated Medical Waste:** OSHA defines regulated medical waste as:
  - Infectious cultures & stocks of infectious agents
  - Bulk blood/blood products
  - Pathological wastes/body parts
  - Sharps
  - OPIM listed on page 3 of this packet
  - Animal carcasses/bedding
- **Handling of Medical Waste:**
  - Must be collected, stored and shipped in leak-proof containers
  - Disposed of by off-site incineration (with cradle to grave tracking)

- **Hazard Communication**
  - Biohazard warning labels shall be affixed to containers of regulated medical waste, refrigerators and freezers
  - containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
  - Used equipment must be cleaned of visible blood and tagged prior to transport.

- **Hepatitis B Vaccine:**
  - All employees with potential contact with blood/body fluids must be offered vaccine within 10 days of employment.
  - Employees with potential contact with blood/body fluids who decline vaccine must sign a "Declination Statement".
  - At a later date employee may change his/her mind and hospital will make vaccine available.

- **Post Exposure Evaluation and Follow-up:**
  - Body fluids that are capable to transmitting a blood borne pathogen:
    - Blood
    - Body fluids that contain visible blood
    - Other body fluids; cerebrospinal, synovial, peritoneal, pleural, amniotic, semen and vaginal secretions
  - Exposures capable of transmitting a blood borne pathogen:
    - Contaminated needle-stick or puncture accident with contaminated sharp equipment
    - Mucous membrane exposure (splash to eyes or mouth)
    - Prolonged cutaneous exposure, or exposure to non-intact skin
  - Procedure post-exposure:
    - Apply immediate 1st aid
    - Notify Employee Health immediately (BUGS beeper on Univ. Campus or 77-6789 on Memorial Campus. Then report to the E/D after normal Employee Health hours.
  - Post- Exposure Evaluation and Follow-up includes:
    - appropriate serology from employee and the

- source patient (if known and informed consent is obtained)
- counseling
- illness reporting post-exposure
- post-exposure prophylaxis (PEP)

- follow-up testing

- Post-Exposure Evaluation and Follow-up continued:
  - It is essential that employees report to Employee Health **IMMEDIATELY (antiretroviral therapy is most effective against HIV if started within 2 hours of exposure).**
  - EHS will evaluate possible treatment options including Hep B immune-globulin, Hep B vaccine, Tetanus, and prophylactic antiretroviral treatment.
  - EHS will notify physician/HIV counselor to assess the source patient.
- Information and Training:
  - OSHA needs to be provided upon initial assignment and at least annually thereafter.

Radiation Safety Policy

I. Purpose and Applicability

This policy is

- is designed to ensure that all Program activities and operations involving the use of radioactive materials/x-rays are performed in such a way as to protect users, staff, patients, and the general public from exposure. The operating philosophy of the Program is to maintain all radiation exposures As Low As Reasonably Achievable (ALARA)
- applies to all students

II. Role and Responsibility

The student

- is considered a Radiation Worker
- will be issued a radiation monitoring device
- will be required to satisfactorily complete radiation safety training
- is expected to follow all departmental and institutional radiation safety requirements
- will follow the ALARA principle

III. Accidents or Emergencies

The Program Director and the Radiation Safety Officer will be notified within the assigned shift of the following:

- radioactive contamination
- deliberate misuse of radioactive materials
- any accident resulting in direct exposure
- accidental exposure to the film badge

TITLE: PREGNANCY/MATERNITY LEAVE POLICY

POLICY: 1. Any student in the Radiation Therapy Program (Program) working with ionizing radiation who is or suspects that she is pregnant is encouraged to notify the Program Director and the Radiation Safety Office in writing of her pregnancy and the estimated date of conception. In accordance with NRC regulations, this notification is voluntary, however notification of program officials is encouraged. If notice is received, the student will be considered a declared pregnant woman. A student has the option for written withdrawal of the declaration.

2. A declared pregnant woman shall have her radiation exposure controlled in the Program so that the sum of the woman's deep dose equivalent plus the internal dose to the embryo/fetus does not exceed 0.05 rem in any one month and 0.5 rem during the entire pregnancy. If the declaration of pregnancy occurs after the dose to the embryo/fetus exceeds 0.45 rem, the additional dose to the embryo/fetus shall not exceed 0.05 rem for the remainder of the pregnancy.

3. After the declaration of pregnancy, the Program Director and a representative from the Radiation Safety Office will meet with the student to provide information, advice and counseling regarding minimizing the radiation dose to the embryo/fetus. The student will sign a statement indicating that this meeting occurred.

4. The Program Director and Radiation Safety Office personnel will be available to provide additional information regarding radiation exposure to any pregnant student in the Program. If the student so chooses, continuation in the Program will continue without modification.

5. If, by student request, the Program is modified, rotations, evaluations, examinations and/or clinic time missed because of pregnancy must be made up. The student will be responsible for arranging a meeting with the Program Director to plan this make-up time.

6. If a student chooses a leave of absence from the Program because of pregnancy, she will be responsible for notifying and meeting with the Program Director to discuss the expected duration of the leave and fulfillment of the Program's requirements. If possible, the student should give the Program Director at least three weeks notice of her intended departure date. A student returning from a maternity leave will be required to make- up/complete all classes, rotations, examinations and evaluations. As courses are sequential, the student may not be able to return to the Program immediately and may be required to return to the Program one year from the time of maternity leave.