XAVIER UNIVERSITY RADIOLOGIC TECHNOLOGY PROGRAM

SECTION TWO: Clinical Policies:

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You are now part of a twenty-one month program. Your clinical training as well as your didactic training will supply you with the knowledge and the experience you need to become a competent, educated Radiologic Technologist. Since your clinical training is structured differently than your didactic courses, explanations of the policies and requirement are covered in this section of the handbook.

While you are a student engaged in the educational activities of clinical training, you do not receive any salary, stipend, housing allowance, medical insurance, reimbursement or any other payment from the clinical affiliate. *As a student, you are not covered under the Clinical Affiliates’ Workers Compensation Insurance.* You will have access to health services to the same degree as an employee at the clinical affiliates’ however; fees may be attached to receiving care from the health services. Check with your clinical affiliate for the cost of any services. Also, check with your individual medical insurance plan to see if your plan allows for treatment coverage at your clinical site.

**Clinical instructors**

While in clinical attendance, all students reports directly to the clinical instructor. Your clinical instructor works very close with the University’s program director. Your clinical progress, radiation dose reports, clinical rotations, attendance records, and clinical grades are part of the University’s records.
Clinical Training Rotations

For the entire 21-month period, clinical rotation and didactic courses will take place Monday through Friday on the first shift hours (daytime between the hours of 7:00 and 3:30 depending on the clinical rotation). During the Summer Semester all students are required to rotate on second shift (afternoon-evening hours) for two-week/40 hours per week rotation. For the second shift hours the student will have the option between 2:30 pm to 10:00 pm. This will allow students to become familiar with trauma situations, skeletal examinations, and working environment on second shift. NO STUDENT is scheduled to work more than 8 clinical hours per day!

Clinical Experience Schedules

Qualified registered radiologic technologists are on duty whenever the students are assigned to clinical training and will provide supervision according to the University’s requirements. The clinical instructor is available for students at each clinical site. Rotation plans are based on sound educational principles and attain the objectives for clinical competency as set forth by the University.

Students are scheduled in various areas of the Radiology Department for two-week period. These rotations will allow students to achieve adequate experience in routines, portables, surgical, and fluoroscopic examinations.

Schedule of Clinical Courses: See the program’s block schedule at www.xavier.edu/radiologic-tech for all courses.

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<th>Days:</th>
<th>Semester/length:</th>
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<td>Tuesday/Thursday between the hours of 7:00 am to 3:30 pm</td>
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<td>RADT 165: Rad. Practicum III</td>
<td>Monday through Friday between the hours of 7:00 am to 3:30 pm Note: Two weeks or 80 hours of second shift (2:30 to 10:00 pm)</td>
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<td>RADT 261: Rad. Practicum IV</td>
<td>Monday, Wed., Friday between the hours of 7:00 am to 3:30 pm</td>
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<td>RADT 263: Rad. Practicum V</td>
<td>Monday, Wed., Friday between the hours of 7:00 am to 3:30 pm</td>
<td>Spring/16 weeks</td>
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Outside Clinical Rotations

All students are required to rotate through all of the outside clinical sites for a one time - two week rotation (6 days) during the second year of the program. The program values these clinical rotations as to help broaden the student’s clinical experiences in the areas of pediatrics, outpatient facilities, equipment, and imaging routines. These clinical rotations are an integral part of the learning process. During this rotation no vacation time will be granted. The rotation schedule is set up by the clinical instructors, program director and the outside facility. If a student misses a clinical day while rotating through the outside facility the student must make the day up at the outside facility. Make-up time will be scheduled at the completion of the Fall semester or Spring semester depending on the clinical rotations at the outside facility. All make-up time must be approved by the clinical instructors/program director and the outside facility.

The following is a list of special-mandatory rotations and their MINIMUM duration:

- Special Procedures 2 weeks
- Magnetic Resonance Imaging 2 weeks (see MRI safety policy)
- CT 2 weeks
- 2nd shift 2 weeks (summer semester)
- Children’s Hospital-Liberty Campus 3 weeks
- Western Ridge Imaging Center (Good Sam) 2 weeks
- Glenway Outpatient 2 weeks

All students are expected to rotate through the above areas for the minimum rotation period. All students are evaluated while in these special rotations to reinforce the goals set for these areas. After the student completes the required competency examinations for the second year, they may ask for addition rotations through these areas. Please inform your clinical instructor the area(s) you wish to rotate through again and every effort will be made to give you the extra time.

The following is a list of optional rotations and their maximum duration. These rotations are available to the students upon completion of their required clinical competencies. Please let the clinical instructor of the area you wish to rotate.

- Radiation Therapy 1 week
- Nuclear Medicine 1 week
- Ultrasound 1 week
- *Night Shift (3rd shift) 1 week
- Other Clinical Affiliate (GS or Mercy) 2 weeks

*NOTE: The student must rotate through the second shift at their clinical affiliate. The clinical instructor and departmental manager(s) must approve all requests for third shift rotations and other specialty rotations.
MRI Safety Information for Students: You must complete the hospital check-off sheet before entering the MRI area. (See clinical forms)

The powerful magnetic field of the scanner can attract certain metallic objects that are ferromagnetic, causing them to move suddenly and with great force towards the center of the MRI system/scanner. This may pose a risk to you or anyone in the path of the object. Therefore, great care is taken to prevent ferromagnetic objects from entering the MRI scanner room.

It is vital that you remove metallic objects before entering the MRI static magnetic field, including watches, jewelry, and items of clothing that have metallic threads or fasteners.

**Items that need to be removed before entering the MR system room include:**
- Purse, wallet, money clip, credit cards or other cards with magnetic strips
- Electronic devices such as beepers or cell phones
- Hearing aids
- Metallic jewelry, watches
- Pens, paper clips, keys, nail clippers, coins, pocket knives
- Hair barrettes, hairpins
- Any article of clothing that has a metallic zipper, buttons, snaps, hooks, or under-wires
- Shoes, belt buckles, safety pins

Before entering the MRI scanner room, you will be asked to fill out a screening form asking about anything that might create a health risk. If you have a bullet, shrapnel, or similar metallic fragment in your body, there is a potential risk that it could change position, possibly causing injury. Also, the magnetic field of the scanner can damage an external hearing aid or cause a heart pacemaker to malfunction.

**Examples of items or things that may create a health hazard or other problems:**
- Pacemaker
- Implantable cardioverter defibrillator (ICD)
- Neurostimulator system
- Aneurysm clip
- Metallic implant
- Implanted drug infusion device
- Foreign metal objects, especially if in or near the eye
- Shrapnel or bullet
- Permanent cosmetics or tattoos
- Dentures/teeth with magnetic keepers
- Other implants that involve magnets
- Medication patches that contain metal foil (i.e. transdermal patch)

**Important Note:** If you are pregnant or think that you could be pregnant, you are advised to notify program officials prior to entering the MRI scanner room.

**Clinical Supervision:**
**DIRECT SUPERVISION:** The student must perform all radiologic procedures under direct supervision until s/he has been proven competent in area of performance. Direct supervision must following the following parameters:

1.) The radiographer will review the request for the radiographic examination to determine:
   a. the capability of the student to perform the examination with reasonable success.
   b. if the condition of the patient contraindicates performance of the examination by the student.

2.) The radiographer will check the student’s positioning and technical factors for the examination.

3.) The radiographer will check and approve the radiographs prior to dismissal of the patient.

4.) If the radiograph needs to be repeated for any reason, the radiographer must be present in the room with the student. Student must document the repeat examination/projection on the repeat log form. (See clinical form section – repeat log form)

**INDIRECT SUPERVISION:** AFTER THE STUDENT IS FOUND TO BE COMPETENT they can work under indirect supervision if the following parameters are followed:

1.) A radiographer is immediately available to assist the student regardless of the level of student achievement. Immediately available is interpreted as the presence of a radiographer adjacent to the room or location where a radiographic procedure is being performed. Since surgical and mobile/portables are mainly performed outside of the radiology department, students are not permitted to perform surgical and mobile/portable examinations without the presence of a radiographer.

2.) If the student needs to repeat any part of the radiographic procedure, the radiographer must be present in the radiographic room. Student must document the repeat examination/projection on the repeat log form. (See clinical form section – repeat log form)

3.) A radiographer should check and approve the radiographs prior to dismissal of the patient.

If a student is not following this policy, the clinical instructor will counsel the student on the importance of this policy. The student will be placed on clinical probation at this time. **If the student continues to work without the proper supervision, s/he will be immediately dismissed from the program.**

**NOTE:** Definition of a radiographer – holds American Registry of Radiologic Technologist (ARRT) certification and active registration in radiologic technology.
REPEAT RADIOGRAPHIC EXAMINATION POLICY

In keeping with the JRCERT standards and the ALARA principle of radiation safety, all students must be assisted when repeating any radiographic images. Any student who must repeat a radiograph for any reason must do so under direct supervision of a registered radiologic technologist. (Example: If the patient’s anatomy of interest is clipped off while using the 16 x 16” image receptor for the KUB examination and you need a cone down bladder view to complete the examination you must have direct supervision.) This policy is designed to protect the patient from unnecessary radiation exposure and to allow the radiographer or clinical instructor an opportunity to explain to the student why the image needed to be repeated and what can be done to correct the error.

1.) The radiographer and student will review radiographic image to determine:
   a.) what corrections need to take place in order to improve the quality of the image.
   b.) the capability of the student to perform the repeat examination with success.
2.) The radiographer will check the student’s positioning and technical factors for the examination.
3.) The radiographer will check and approve the radiographs prior to dismissal of the patient.
4.) The student will document the examination/image repeated using the REPEAT EXAMINATION LOG SHEET – see clinical form section – repeat log form.
5.) The student is responsible for turning in the log sheet at the completion of their two week room rotation to the clinical instructor.

Student’s grades are not affected by logging their repeat examinations but to identify areas to be improved.

If a student is not following this policy, the clinical instructor will counsel the student on the importance of this policy. The student will be placed on clinical probation at this time. If the student continues to work without the proper supervision, s/he will be immediately dismissed from the program.

NOTE: Definition of a radiographer – holds American Registry of Radiologic Technologist (ARRT) certification and active registration in radiologic technology.

Clinical Evaluations

The radiologic technologist to whom they are assigned evaluates the students at the end of each rotation. At the end of each month, the clinical instructor will review the Clinical Performance Evaluation Forms (CPE) and grades with the student.

At the end of each month, the students will meet with the clinical instructor to go over the biweekly evaluation and review the competency evaluation grades and images. The student will sign a summarized statement of their performance. At the end of the semester, this evaluation form will be submitted to the program director.
Clinical Attendance

It is the feeling of the program personnel that patterns of attendance at the clinical affiliates may directly reflect future patterns during employment. It is important for the student to realize that poor clinical attendance records may affect their grades and future employment as a radiographer.

Report of Absence

Students are required to contact their clinical instructor or other designated person by 8:00 a.m. Students failing to notify the appropriate person of an absence must make-up the missed clinical time. You must schedule the make-up time with your clinical instructor. A verbal warning will be issued to the student.

Number of Excused Absences

Each student is allowed six (6) days per year for excused absences. The student will be advised if s/he exceeds the allowed time of 6 excused absences per year (August 1 to July 31). The following applies if the student exceeds the allotted sick time.

- 6th occurrence = verbal warning.
- 7th occurrence written warning plus a reduction of 5 points from monthly CPE score.
- 8th occurrence = clinical probation plus a reduction of 5 points from monthly CPE score.
- Any further absence while on clinical probation will result in clinical dismissal.
- All sick time exceeding 6 days in one year will be made up before the next semester begins. In the case of spring semester of the second year, the second year student will need to make up the time by the completion of the program. Students must schedule the make-up time with their clinical instructor. Once a student receives a warning for their attendance/tardiness and continues to exceed the allowed 6 sick days per year the next step of the disciplinary process will begin.

For students who have used all of the allotted sick time and is placed on medical disability by their physician, you may request a leave of absence to avoid disciplinary actions. You must have a doctor’s statement for the medical absence indicating the dates of the medical leave. Submit the note to the program director. Any clinical time missed due to the leave of absence must be made-up after the completion of the semester or program depending on the situation. This may extend the length of your program. Depending on the length of the leave of absence, you may have to repeat some of the clinical competency examinations.

Lateness/Tardiness

Late arrivals to clinical will not be tolerated and will demonstrate a pattern of unprofessional behavior. If a student realizes that s/he is going to be late, s/he must contact the clinical instructor or assigned person prior to the designated starting time. One
minute pass the starting time will be considerate tardy. Tardiness is noted on the clinical process form and a reduction of 3 points per tardiness from the monthly CPE score. Within one semester three (3) late arrivals result in a verbal warning, the fourth late arrival result in a written warning, and the fifth late arrival will result in clinical probation. Any further late arrivals will lead to dismissal from the program.

Late time exceeding thirty (30) minutes must be made up at the clinical affiliate. You will need to schedule this make-up time with your clinical instructor.

Scheduled Time Off

Vacation Time: Students are allowed one (1) vacation week each year. First year students may schedule their vacation after the Spring Semester. Many of the first year students will schedule their vacation time after the completion of the first summer session as not to interfere with these courses. Second year students can schedule their vacation anytime. To schedule the vacation time, please notify the clinical instructor of the dates.

Holiday Time: Students are scheduled off the holidays observed by the University and the clinical affiliates. These include: Autumn Holiday (October), Thanksgiving Break, Martin Luther King Day, Spring Break Week, Easter Break, Memorial Day, Fourth of July, Labor Day, and the Christmas/New Year Break.

Personal Days: All students are allowed one personal day per year. The purpose of personal days is to allow the student time to make routine medical or dental appointments which are not considered clinical authorized excuses.

Personal days must be scheduled with the clinical instructor. A personal day may be denied by the clinical instructor if the day occurs in a rotation in which the student is not showing satisfactory progress. The personal day must be taken in one day increment.

Accrual of Scheduled Time Off

Students who have not taken the allotted sick time during the first year may use the time in their second year of clinical education as vacation time. This conversion of unused sick days to vacation days does NOT allow a student to exceed the allotted six sick days in the second year of the program. The clinical instructor will help you to schedules this time off at the clinical sites.

The program follows the university’s calendar for holidays or breaks (Fall Holiday, Thanksgiving, Christmas Break, Easter Break and Spring Break Week) as a time for students to enjoy and take time for them. Students are not scheduled clinical hours during these breaks and are not allowed to use this time to bank up extra vacation time.

Leave of Absence:

Students will be granted leaves of absence for bereavement, jury duty/witness, or other justifiable causes. Students on leave shall be responsible for all academic content and clinical requirement missed during the absence (including the clinical time missed).
A. **Bereavement Procedure:** Students who suffer the loss of a close family member (parent, child, brother, sister, mother or father-in-law, grandparent, uncles, aunts, nieces, nephews or other family member) may initiate a bereavement leave by contacting the program director or clinical instructor. The leave of absence begins immediately upon notification and continues for three (3) consecutive clinical days. Attendance at funeral services for relatives not listed or close friends should be discussed with the program director. Clinical hours missed during bereavement leave are not subject to make up and are not counted as a sick day. All academic, clinical assignments and tests must be made up. Students requiring an extension of leave should contact the program director.

B. **Medical or Other Leave Procedure:** The student requesting a leave must contact the program director. A written explanation will be required. All academic and clinical assignments and tests must be made up. If the length of time required is such that the student will be unable to successfully complete the required courses, withdrawal may be necessary from the semester and extension of the program may occur. (see clinical forms)

**CLINICAL SAFETY PROCEDURES**

a. Properly check the identification of the patient before performing a radiographic examination. Students must use two (2) patient identifiers as identified by the hospital site when providing patient care, treatment or services.

b. Properly verify and perform the correct radiographic examination on the patient. Procedures are only to be performed with a physician's expressed order.

c. Check the possibility of pregnancy of a patient within the guidelines of each clinical site prior to performing a radiographic examination.

d. Immobilizing procedures or devices are to be used whenever possible for patients who cannot cooperate or when the examination requires strict motion control. No individual is to be used for patient holding routinely. Hospital personnel, guests, or family may be called on to assist when other restraints are not possible. The holder is to be provided and must wear protective apron and gloves.

e. Gonad shields are to be used on patients of reproductive years or who have not been permanently sterilized and when the presence of the shield will not obscure clinically significant information.

f. Students assisting the technologists who operate mobile x-ray generators are responsible for the safety of themselves and assisting others in the immediate area of the patient. As a minimum requirement, the student will assist the technologist in:
   1.) providing lead aprons for personnel less than 6 feet from the patient;
   2.) assuring that only the patient is within the primary x-ray beam; and
3.) removing all others to a distance of 6 feet from the patient during actual exposure.

g. Collimation is to be used to restrict the primary beam to the area of clinical interest. At no time should the beam be larger than the image receptor. Selection of appropriate technical factors is to be used for all radiographic examinations.

h. Students are not permitted to hold patient during the exposure.

i. Students are not permitted to exposure themselves or other students during the clinical labs.

j. Grids are to be used ONLY when specifically indicated through hospital protocols.

k. Lead aprons are to be worn by students and personnel conducting or assisting in fluoroscopic examinations including c-arms. Lead gloves are to be worn if the hands will be within 6” of primary beam.

l. Doors to radiographic and fluoroscopic rooms are an integral part of the shielding required for these facilities. Doors are to be closed during all x-ray exposures.

m. Clean and neat floors and work benches are not only to be expected in a hospital setting, it is the responsibility of the technologist in charge of a room to see that equipment is clean and in good working condition. Any soiling or unsafe condition which cannot be immediately corrected must be reported to the team leader on duty. Students should assist the technologist they are working with to ensure a clean working environment.

n. Soiled cassettes must be cleaned and dried before returning them to the storage area. Cassettes are placed in plastic bags when in direct contact with the patient's body fluids.

o. Students may not inject iodinated contrast medium or administer a medication.

p. Keeping the patient's radiation exposure low is a major priority the ALARA (As Low As Reasonably Achievable) Principle will be followed as all times.
   • Avoid errors
   • Avoid repeat exposures
   • Collimate
   • Use at least 40" SID
   • Use the highest kVp that is consistent with acceptable image quality
   • Provide appropriate lead shielding during the examination

q. Students are to report safety errors to their assigned radiographer, clinical instructor or team leaders as soon as possible. Do not let a safety error go unreported.
r. Students rotating through the MRI area must complete the screening process for their own safety. See the clinical form section for the MRI screening form.

s. Fire safety procedures should be followed in accordance with the assigned clinical sites.

t. Students MUST show proof of certified in CPR Healthcare Provider (adult, child and infant) from the American Heart Association (or equivalent) upon entering the program.

Radiation Safety:

1. Occupational Exposure

The Radiologic Technology Program and the Clinical Affiliate endorses the ALARA (As Low AS is Reasonably Achievable) philosophy. The intent of the program is to keep radiation dose to the patients, students, and radiographers as low as reasonably possible.

All students are required to wear assigned dosimeter at collar level-outside of the lead aprons at all times at all clinical sites. Each student must observe the guidelines given for radiation protection (TIME, DISTANCE, and SHIELDING) when working around radiation.

Each month the clinical instructor will report your monthly radiation exposure on the radiation exposure record and at the end of the semester will send the report to the program director. (see radiation exposure record form in clinical form section)

In the event that a dosimeter reading exceeds the recommended level, the procedures will be followed:

1. An investigation of radiation exposure form is forwarded to the student by the clinical site and upon completion is discussed with the Radiation Safety Office at the student’s assigned clinical site. This investigation is to be completed within thirty (30) days. The program director and clinical instructor will be given a summary report.
2. The student will meet with the program director and clinical instructor to discuss the summary report.
3. A written plan to reduce exposure will be made and copies will be forwarded to the student, clinical instructor, program director and the clinical site’s radiation safety committee.
4. Student will receive additional instruction on radiation safety and protection.

2. State and Federal Safety Laws Compliance

Xavier University does not have an x-ray room laboratory on campus. The Joint Commission (TJC) and the State of Ohio recognize the clinical affiliates. The program
expects the students to follow the radiation safety and safety policies as set forth by the program and the clinical affiliates. The program is responsible for assuring the clinical affiliates comply with the Federal and State agencies. The program director will ask the clinical affiliates to submit current compliance letters when the filed document expires.

Students are not allowed to expose themselves or fellow students to ionizing radiation while in the positioning lab courses at the clinical affiliates.

**Students are required to wear their dosimeters (personnel monitors) at all times at all clinical sites.** Students reporting to any clinical site without their radiation dosimeter will be sent home. The missed clinical day must be made up at the scheduled clinical site and will be issued a verbal warning. Any further violations and the program will proceed with normal disciplinary process.

Dosimeters are to be worn outside the lead apron at collar level. Dosimeters should not be placed on the lead aprons at any time but kept on their person.

Personnel monitors are to be exchanged on a monthly basis with the clinical instructor at the clinical site.

Students will review their monthly radiation reports with the clinical instructor.

Students must show competency in radiation safety during the first semester of the program.

Students not following good radiation safety guidelines for themselves, fellow radiographers and student, patient, and the public will receive counseling and given a verbal warning. Any further violations appropriate disciplinary actions will take place.

**Poor Clinical Performance or Clinical Violations**

The normal means of reprimand for violation of set policies and/or poor clinical performance are as follows:

Verbal Warning, Written Warning with time for improvement, Probation with time for improvement and finally Written-Dismissal from the program.

When the student demonstrates improvement while on probation and has met the expectations of the program they will be removed from clinical probation status. If the student returns to the same behavior or infringements on the clinical policies, s/he may be placed on probation again without warning if the same policies are abused.

Dismissal for poor clinical performance or violations of set clinical policies means dismissal from the Radiologic Technology Program. As long as the student’s academic standing is good they can continue their studies at the university. The student will be assigned a new academic advisor and declare a new major on campus.

**DRESS CODE POLICY**

Students are expected to dress professionally for clinical practice. The following is a list of uniform requirements for both women and men. **All scrubs and lab coat**
are to be purchased through Xavier University’s All for One Shop (Gallagher Center). The required white tee-shirt, white shoes and white or navy socks may be purchased from any store (see below for requirements).

Any student reporting to the clinical affiliates in improper uniform, soiled or untidy uniforms will be sent home. The time missed from the clinical site must be made up. The clinical instructor will have the final decision when judging the personal appearance of the students.

A. Uniforms:
   1. **Steel Gray warm-up jacket** is required by the program. This jacket will be the only jacket permitted to be worn over the student uniform. Xavier University – Radiology Student is embroidered on the front
   2. **Steel Gray colored v-neck scrub top** is required by the program with Xavier University – Radiology Student embroidered on the front
   3. **Navy Blue colored scrub pants**. NO cargo pants are permitted as the leg pockets can be caught on equipment.
   4. **White tee-shirt** (long or short sleeve) must be worn under the scrub top at all times. You can purchase the white tee-shirt at any store.
   5. **White leather or leather-like (no canvas) shoes**. Shoes should be clean and/or polished at all times. If your shoes have shoelaces, make sure they are clean and match the color of your shoes. You can purchase the shoes from any store.
   6. **White or navy socks**. You can purchase the socks from any store.

B. Identification:
   1. The Xavier University’s identification badge must be worn during the clinical training hours. The ID badge is to be worn at your neck level. Your picture will be taken on the first day of the program for the ID Badge.
   2. The Hospital identification badge must be with the XU ID badge at all times. Badges are processed at the hospital on the first day of the program.

C. No excessive perfume or cologne

D. Hair

Women: Hair must be clean and neatly combed. Natural hair coloring is acceptable by the clinical sites. This means no extreme hair dyeing (i.e., pink, blue, purple or other non-natural color would not be acceptable) will be permitted at the clinical sites. Long hair is inappropriate when it falls in front of the face and obscures vision when leaning over a
patient. If you have long hair, it must be tied back with band or clasp. The hair band or clasp must be black, brown or match your hair color.

Men: The guidelines for the females hair also applies to the males. In addition, facial hair must be cleanly shaven each day. If you have a moustache or beard they must be neatly trimmed, cleaned and manageable.

E. Fingernails

Fingernails must be short (1/4”) in length for safety purposes. This protects the patient from being scratched during their examination and limits the growth of microorganisms under your fingernails. Artificial nails are not permissible to maintain compliance with the Joint Commission standards and CDC recommendations. Light, pale or clear nail polish is acceptable.

F. Jewelry

No excessive jewelry! We must protect the patients and ourselves from injuries. Earrings that extend below the earlobes or dangling necklaces can be easily torn from your ear/neck during patient transfers. No jewelry, other than ID badge, watch and wedding band, should be worn with uniforms. Only one stud earring in each ear is permitted. No facial hardware (piercing of eyebrows, nose, etc.) is permitted. No visible tattoos. No class rings, diamond, dinner, or other rings may be worn. No Bracelets, necklaces, bows, or scarves may be worn.

Students are encouraged to ask questions if they do not know if something is appropriate for the Professional Dress Code. Please feel free to call your Clinical Instructor or Program Director with any questions.

Remember objects (jewelry, fingernails) can carry microorganisms; you want to protect the patient, yourself, and family members from passing germs to each other.

Policy was Revised May 2021