

MARSHFIELD CLINIC HEALTH SYSTEM

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SCHOOL OF RADIOGRAPHY

# Program & Student Handbook 2022-2023



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Welcome to the School of Radiography at Marshfield Clinic. I am pleased that you selected our program as the entry point for your career in Imaging Sciences.

Our 22-month long certificate program is designed to assist you in becoming an excellent Radiography professional that provides the highest standards of patient care. The combination of didactic and clinical courses promotes development of radiographic competency, communication, problem-solving, and critical-thinking skills that will be invaluable in a future career. We accomplish this by providing opportunities throughout our program in the form of specialty taught courses, a well-balanced and thorough clinical experience, endless support from faculty, and hands-on experience in radiographic procedures.

This Program & Student Handbook will help you become familiar with the Marshfield Clinic Radiography Program by providing you with important information regarding our Radiography Program, including didactic and clinical components as well as academic and clinical policies and procedures. The information contained within is important to your success in our program. Our specific program policies and procedures are designed and implemented to provide you with a strong foundation for learning, and prepare you for a professional role as a Radiologic Technologists. In addition, program policies and procedures assure the safety and well-being of healthcare workers and the patients we provide care for.

**Information contained in this handbook is reviewed and updated annually each July, and is *subject to change*. This handbook does not necessarily reflect policies and procedures throughout the entire two-year program. Students enrolled in the program will receive an updated handbook at the beginning of their second year in the program. Students will be apprised of major changes in advance, when possible. Significant changes to the curriculum or program will generally take place prior to student enrollment unless circumstances dictate otherwise. All current and future students are encouraged to contact program officials in the event of questions regarding student expectations and compliance.**

Please read the handbook and manual carefully to clarify any questions you may have.

The faculty and I wish you success in your pursuit of a career in Imaging Sciences.

**Krista M. Lambert MSSL, BSRT(R)(MR)**  
**Director, School of Radiography**  
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[Lambert.krista@marshfieldclinic.org](mailto:Lambert.krista@marshfieldclinic.org)

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**SECTION 1:**

**GENERAL  
PROGRAM  
INFORMATON**

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## Marshfield Clinic School of Radiography

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Marshfield Clinic Health System – Department of Education  
100 N. Oak Avenue ML9  
Marshfield, Wisconsin 54449  
PH: (715) 387-9254

<https://www.marshfieldclinic.org/education/marshfield-clinic-school-of-radiography>

Marshfield Clinic Health System School of Radiography does not discriminate on the basis of race, sex, sexual orientation, handicap, religion, age, national origin, or veteran status.

***All policies, procedures, and tuition costs associated with Marshfield Clinic School of Radiography are subject to change at any time per the discretion of the Program Director or Department of Education Director.***

Questions or concerns regarding any of the policies/procedures published in this handbook can be directed to the Marshfield Clinic School of Radiography Program Director.

## Sponsoring Institution/Program Officials

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### **Chief Executive Officer/President of Sponsoring Institution**

Narayana Murali, M.D., Executive Director

### **Dean/Administrator**

Matthew Jansen, M.D., FACP, Director, Division of Education

### **Program Director**

Krista Lambert, MSSL, BSRT(R)(MR), Director, School of Radiography

### **Program Faculty**

Zoe Tourlitis, MBA, BSRT(R), Lead Didactic/Faculty Instructor

Dana Buttke, RT(R)(CT), Lead Clinical Instructor

Alisa Walz-Flannigan, PhD, (DABR), Didactic Instructor

## Clinical Education Sites

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Marshfield Health System-Marshfield Medical Center

611 N. Saint Joseph Avenue

Marshfield, WI 54449

(715)387-7184

<https://marshfieldclinic.org>

Marshfield Health System-Marshfield Clinic

1000 N. Oak Avenue

Marshfield, WI 54449

(715)387-9067

<https://marshfieldclinic.org>

## Program Accreditation

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The Marshfield Clinic School of Radiography is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) in accordance with the Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS). The JRCERT promotes excellence in education by elevating the quality and safety of patient care through the accreditation of educational programs in radiography, and is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

The Joint Review Committee on Education in Radiologic Technology STANDARDS for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

It is the policy of the Program that all students be made aware of the STANDARDS and the actions to be taken in the event that any student believes that the Program is not in compliance with the STANDARDS. A copy of the STANDARDS is available for review in the School of Radiography Learning Center, or can be viewing on the JRCERT website.

The Marshfield Clinic School of Radiography completed its most recent JRCERT Site Visit in 2018.

**Current Accreditation Award: 8 years. Next scheduled Site Visit: 2026**

Accreditation of an educational program provides students the assurance that the education they receive at Marshfield Clinic will provide them with the requisite knowledge, skills, and values to competently perform the range of professional responsibilities expected by potential employers nationwide. It also assures they will be eligible for licensure nation-wide.

**JRCERT**  
**20 North Wacker Drive, Suite 2850**  
**Chicago, IL 60606-5300**  
<http://www.jrcert.org>



JOINT REVIEW COMMITTEE  
ON EDUCATION IN  
RADIOLOGIC TECHNOLOGY

# Academic Calendar

	FALL 2022	FALL 2023	FALL 2024
<b>New Student Orientation</b>	Aug 15-19	Aug 7-18	Aug 5-16
<b>Fall Semester ONE Begins</b>	Aug 22	Aug 21	Aug 19
<b>Labor Day Holiday</b>	Sept 5	Sept 4	Sept 2
<b>Thanksgiving Holiday</b>	Nov 24-25	Nov 23-24	Nov 28-29
<b>Fall Semester Final Exams</b>	Dec 12-16	Dec 18-22	Dec 16-20
<b>Fall Semester Classes End</b>	Dec 16	Dec 22	Dec 20
<b>Christmas Break</b>	Dec 19-30	Dec 22 – Jan 8	Dec 23 – Jan 3
<b>Spring Semester TWO Begins</b>	Jan 2, 2023	Jan 8, 2024	Jan 6, 2025
<b>Spring Break</b>	Mar 27-31	Mar 25-29	Mar 24-28
<b>Spring Semester Final Exams</b>	May 8-12	May 13-17	May 12-16
<b>Spring Semester Classes End</b>	May 12	May 17	May 16
<b>Summer Semester THREE Begins</b>	May 15	May 20	May 19
<b>Memorial Day Holiday</b>	May 29	May 27	May 26
<b>4<sup>th</sup> of July Holiday</b>	July 4	July 5	July 4
<b>Summer Semester Final Exams</b>	Aug 7-11	Aug 5-9	Aug 11-15
<b>Summer Semester Classes End</b>	Aug 11	Aug 9	Aug 15
<b>Summer Break</b>	Aug 14-18	Aug 12-16	Aug 18-22
<b>Fall Semester FOUR Begins</b>	Aug 21	Aug 19	Aug 25
<b>Labor Day Holiday</b>	Sept 4	Sept 2	Sept 1
<b>Thanksgiving Holiday</b>	Nov 23-24	Nov 28-29	Nov 27-28
<b>Fall Semester Final Exams</b>	Dec 18-22	Dec 16-20	Dec 15-19
<b>Fall Semester Classes End</b>	Dec 22	Dec 20	Dec 19
<b>Christmas Break</b>	Dec 25 – Jan 5	Dec 23 – Jan 3	Dec 22 – Jan 2
<b>Spring Semester FIVE Begins</b>	Jan 8, 2024	Jan 6, 2025	Jan 5, 2026
<b>Spring Break</b>	Mar 25-29	Mar 24-28	Mar 23-27
<b>Spring Semester Final Exams</b>	May 13-17	May 12-16	May 11-15
<b>Spring Semester Classes End</b>	May 17	May 16	May 15
<b>ARRT Exam Prep</b>	May 20-24	May 19-23	May 18-22
<b>GRADUATION</b>	May 25	May 24	May 23

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## Program Overview

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***The Marshfield Clinic School of Radiography is a 22-month, 5-semester program offering the completion of a Certificate in Radiography, which provides its students an opportunity to become eligible for the ARRT national certification exam in Radiography, secure employment as a competent entry-level radiographer, instill professional values, and encourage lifelong professional growth.***

The program will provide students with quality didactic and clinical education, and the community with quality and competent professionals of radiologic technology, through a curriculum that promotes the current practice, guidelines, and standards. Through over 1100 hours of didactic instruction and 1700 clinical hours in multiple departments of Marshfield Clinic Health System, a multi-specialty, trauma level 2 campus, the student will be well prepared for a career as a radiographer.

The School of Radiography curriculum is a unique combination of art and science designed to prepare students for an entry-level career as a radiologic technologist. It is designed to provide students with a fundamental radiographic imaging foundation, which fosters the importance of quality patient care and minimum radiation exposure. The program maintains a comprehensive curriculum, which includes verifying the competence and professionalism of our students. Faculty and staff work together to promote an optimal educational experience for all students, promoting diversity, critical thinking, leadership, and life-long learning and professional development.

## Program Philosophy

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Diagnostic radiography is among the most rapidly evolving technologies in an ever expanding global healthcare system. The use of x-rays to produce images for the diagnosis of disease requires a thorough knowledge and understanding of anatomy and biological effects of radiation exposure, and having the ability to utilize equipment and computer systems to select technical factors by which such exposures can be minimized, and exemplary images can be produced. In achieving this, our aim is to prepare students to be eligible to sit for the American Registry of Radiologic Technologists examination.

We believe the primary function of the Radiography Program is to produce qualified radiographers, capable of applying scientific and humanitarian knowledge, and able to use sound judgment and acquired skills to provide excellence in patient care, while performing diagnostic procedures and assisting the physician and/or radiologist in specialized diagnostic and therapeutic procedures.

We believe learning is the end product of education and results in observable changes in behavior, attitudes, skill, and understanding. We believe that motivation, readiness, and interest are essential to learning; and that learning occurs best in an atmosphere which provides for close, cooperative instructor-student relationship.

## Program Mission Statement

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Consistent with the *Marshfield Clinic Mission to enrich lives through accessible, affordable compassionate health care*, the Mission of the Marshfield Clinic School of Radiography is to prepare students to successfully complete the American Registry of Radiologic Technologist (ARRT) national certification exam in Radiography, and to provide the healthcare community with competent, compassionate, entry-level radiographers.

## Program Goals

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The mission of the Marshfield Clinic School of Radiography is accomplished through the following Program Goals and associated Student and Program Outcomes:

### Goals

1. Students will demonstrate the clinical competency required of an entry-level radiographer.
2. Students will communicate effectively with patients and healthcare teams.
3. Students will demonstrate critical thinking and problem solving skills.
4. Students will model professional and ethical behavior.
5. The program will provide students with quality didactic and clinical education, and the healthcare community with competent entry level radiographers.

### Outcomes

#### Student Learning Outcomes:

1. Students will demonstrate the ability to properly operate imaging equipment.
2. Students will determine proper exposure factors to obtain diagnostic quality radiographs.
3. Students will demonstrate proper positioning skills.
4. Students will demonstrate knowledge of radiation protection principles.
5. Students will demonstrate effective oral communication skills.
6. Students will demonstrate written communication skills.
7. Students will provide quality patient care.
8. Students will apply critical thinking skills in the practice of diagnostic radiography.
9. Students will effectively analyze/critique radiographic images for diagnostic quality.
10. Students will demonstrate ethical integrity consistent with the ARRT Code of Ethics.
11. Students will demonstrate professional behavior and values.

#### Program Outcomes:

1. Graduates of the program will successfully pass the ARRT national certification exam on the 1<sup>st</sup> attempt
2. Of those pursuing employment, graduates will be gainfully employed within 6 months post-graduation.
3. Students will complete the program within 24 months.
4. Students will be satisfied with their education.
5. Employers will be satisfied with the graduate's performance.



## Program Purpose

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The Marshfield Clinic School of Radiography supports its mission by preparing graduates to provide quality patient care and assessment, competent performance of radiographic imaging procedures, and radiation safety and protection in the application of ionizing radiation to humans. The educational process is designed as a sequence of instructional and evaluation experiences based on objectives, outcomes, and goals to measure the competency of the learner.

Our purpose is to educate students with the most current knowledge and skills in the science of radiologic technology and to meet the ever changing and complex radiologic and health care needs of our community. We will provide a stimulating learning environment with a technological orientation across the curriculum, which maximizes individual potential and ensures that all students acquire and use knowledge, skills, and professional behaviors to function effectively and meet the challenges of radiologic technology. We are dedicated to ensuring a safe, positive, student centered climate, which nurtures problem solving and encourages critical thinking as part of the learning process. Since education is a dynamic process, we will provide a structure, which responds to change. Marshfield Clinic School of Radiography is committed to:

- Providing an educational experience that promotes characteristics associated with success.
- Providing a learning environment that recognizes individual differences and promotes caring behavior in the healthcare community.
- Promoting critical thinking skills to effectively address patient care concerns and to adapt to the rapidly changing challenges in healthcare.
- Developing and challenging the student's academic abilities, clinical skills, and their commitment to meeting the needs of others.
- Providing graduates with a strong educational foundation for lifelong personal and professional growth.

## University Articulations

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The Marshfield Clinic School of Radiography currently has formal articulation agreements with the following Universities and Colleges for the completion of Undergraduate Degrees.

*Marian University*

*St. Cloud State University*

*St. Joseph's College of Maine*

*University of Wisconsin – Oshkosh*

*Wisconsin Lutheran College*

*University of Wisconsin - Lacrosse*

*University of Wisconsin – Stevens Point*

*University of Wisconsin – SP@Marshfield*

*Concordia University - Wisconsin*

*Carroll University*

## Program Curriculum & Course Sequence

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The Marshfield Clinic School of Radiography Curriculum and Course Sequence is listed on the following page. This curriculum and subsequent program courses are evaluated yearly and are subject to change. The following curriculum reflects the *most current* academic course sequence at time of public posting.

**\*Courses highlighted in yellow must be completed with a minimum of 85%, "B" to progress in the program. All other courses must be completed with a minimum of 77%, "C" to progress in the program.**

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	Course Title	Class Hours Per Week	Lab Hours Per Week	Clinical Hours Per Week	Total Hours Per Week	Total Hours Per Semester
<b>First Year Semester One (Fall Semester) *17 Weeks</b>						
■ RAD	Introduction to Radiologic Sciences	3	0	0	3	51
■ RAD	Radiographic Procedures I	4	3	0	7	119
■ RAD	Medical Terminology	1	0	0	1	17
■ RAD	Radiographic Imaging I	3	1	0	4	68
■ RAD	Radiation Protection	2	0	0	2	34
■ RAD	RAD Clinical Education I (9hrs:2d/wk)	0	0	18	18	306
	<b>Total</b>	<b>13</b>	<b>4</b>	<b>18</b>	<b>35</b>	<b>595</b>
<b>First Year Semester Two (Spring Semester) *18 Weeks</b>						
■ RAD	Patient Care in Radiography	3	0	0	3	54
■ RAD	Radiographic Procedures II	4	3	0	7	126
■ RAD	Imaging Analysis I	2	1	0	3	54
■ RAD	Radiographic Physics	3	0	0	3	54
■ RAD	RAD Clinical Education II (9hrs:2d/wk)	0	0	18	18	324
	<b>Total</b>	<b>12</b>	<b>4</b>	<b>18</b>	<b>34</b>	<b>612</b>
<b>First Year Semester Three (Summer Semester) *13 Weeks</b>						
■ RAD	Radiographic Imaging II	3	0	0	3	39
■ RAD	Radiographic Procedures III	4	3	0	7	91
■ RAD	Imaging Analysis II	2	1	0	3	39
■ RAD	RAD Clinical Education III (8hrs:3d/wk)	0	0	24	24	312
	<b>Total</b>	<b>9</b>	<b>4</b>	<b>24</b>	<b>37</b>	<b>481</b>
<b>Second Year Semester Four (Fall Semester)*17 Weeks</b>						
■ RAD	Digital Imaging Equipment & Analysis	3	0	0	3	51
■ RAD	Radiographic Procedures IV	3	2	0	5	85
■ RAD	Imaging Analysis III	2	1	0	3	51
■ RAD	Cross Sectional Imaging	1	0	0	1	17
■ RAD	RAD Clinical Education IV (8hrs:3d/wk)	0	0	24	24	408
	<b>Total</b>	<b>9</b>	<b>3</b>	<b>24</b>	<b>36</b>	<b>612</b>
<b>Second Year Semester Five (Spring Semester) *18 Weeks</b>						
■ RAD	Advanced Imaging Modalities & QC	2	0	0	2	36
■ RAD	Radiation Biology	2	0	0	3	54
■ RAD	Radiographic Pathology	2	0	0	2	36
■ RAD	Comprehensive Registry Review	3	2	0	5	90
■ RAD	RAD Clinical Education V (8hrs:3d/wk)	0	0	24	24	432
	<b>Total</b>	<b>9</b>	<b>2</b>	<b>24</b>	<b>36</b>	<b>648</b>

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# Program Course Descriptions

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## **Introduction to Radiologic Sciences**

This course is designed to provide an overview of the foundations of Radiography and the radiographer's role in the health care delivery system. Principles, practices, and policies of the health care organizations will be examined and discussed in addition to the professional responsibilities of the radiographer. Topical areas include organization of the radiology department, academic and administrative structure, key departments and personnel, credentialing, and professional development. Content also provides the basic concepts of radiographic quality, basic principles of radiation protection, and a foundation in ethics, ethical behavior, and ethical law related to the practice of medical imaging, and will examine a variety of ethical and legal issues found in healthcare. Prerequisite: Program Admission; Co-requisite: Medical Terminology

## **Radiographic Procedures I**

This course provides the student with a basic understanding of the practices and principles required to perform routine radiographic procedures of body systems. It introduces the student to basic positioning terminology to include general terminology, body planes and surfaces, positioning landmarks, and relationships related to the placement of anatomy to obtain a radiographic image. The student will develop the knowledge and skills of the structure, function and positioning procedures for the chest, abdomen, upper extremity, and shoulder girdle. This course deals with the principles needed to perform routine radiographic procedures of these systems. Anatomy, positioning techniques, technical factors, equipment usage, and film critique are included. This course consists of lecture and laboratory demonstrations concerning the systems covered. Co-requisite: Intro to Rad Sciences, Medical Terminology

## **Medical Terminology**

This course provides a study of the principles of medical word building to help the student develop the extensive medical vocabulary used in health care occupations. Students receive a thorough grounding in basic medical terminology through a study of root words, prefixes and suffixes. The study focuses on correct pronunciation, spelling and use of medical terms. Co-requisite: Intro to Rad Sciences, Medical Terminology

## **Radiographic Imaging I**

This course establishes a knowledge base in factors that govern the acquisition and production of a radiographic image. Content is designed to provide a basis for analyzing radiographic images, with an emphasis on image quality through presentations of prime technical exposure factors that can affect radiographic image quality. Included in this course is the importance of minimum imaging standards and discussion of a problem-solving techniques for image evaluation. Topics include density, contrast, detail, and distortion. For a thorough understanding of proper image quality, actual images will be included for analysis. Co-requisite: Intro to Rad Sciences, Medical Terminology

## **Radiography Clinical Education I**

The first of five clinical education courses, this practical experience is designed to sequentially develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, students begin practicing and performing the clinical competency exams required by the American Registry of Radiologic Technologists (ARRT). Concepts of team practice, patient-centered clinical practice, and professional development are examined and evaluated. Students are assigned to various designated clinical education rotations designed to provide patient care and assessment, competent performance of radiologic imaging, radiation safety, and total quality management. Levels of competency and outcomes of each student will be measured preparatory to, during, and following the radiologic procedure. Co-requisite: Intro to Rad Sciences, Rad Procedures

## **Patient Care in Radiography**

This course provides the concepts of optimal patient care practices, including consideration for the physical and psychological needs of the patient and family. The role of the radiographer in patient care, routine and emergency patient care procedures, and infection control procedures using standard precautions are identified. Content provides basic concepts of pharmacology, venipuncture, and administration of diagnostic contrast agents and/or intravenous medications. The appropriate delivery of patient care during these procedures is emphasized. Activities are provided to demonstrate basic concepts of patient transfer, vital signs, aseptic technique, infection

control, and other subject matter pertinent to aiding the patient in their ascent to better health. Pre-requisite: Intro to Rad Sciences

## **Radiographic Procedures II**

In this course the student will develop the knowledge and skills of the structure and function and positioning procedures for the shoulder girdle, lower extremity, and pelvis. This course deals with the principles needed to perform routine radiographic procedures of these systems. Anatomy, positioning techniques, technical factors, equipment usage, and film critique is included. This course consists of lecture and laboratory demonstrations concerning the systems covered. Pre-requisite: Rad Procedures I

## **Radiographic Physics**

This course establishes the basic knowledge of radiographic physics. It introduces the fundamentals of atomic structure and terminology, and the principles of production, characteristics, and control of radiation applicable to diagnostic radiology. It includes the nature and characteristics of radiation and the fundamentals of photon interactions with matter. Topics also include electromagnetic radiation, electricity, magnetism, electromagnetism, radiation generators/circuitry, and the x-ray imaging system. Pre-requisite: Intro to Rad Sciences; Co-requisite: Rad Imaging I

## **Radiography Clinical Education II**

The second of five clinical education courses, this practical experience is designed to continue to develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, students continue practicing and performing the clinical competency exams required by the American Registry of Radiologic Technologists (ARRT). Concepts of team practice, patient-centered clinical practice, and professional development are examined and evaluated. Students are assigned to various designated clinical education sites designed to provide patient care and assessment, competent performance of radiologic imaging, radiation safety, and total quality management. Levels of competency and outcomes of each student will be measured preparatory to, during, and following the radiologic procedure. Pre-requisite: Rad Clinical Education I

## **Radiographic Procedures III**

In this course the student will develop the knowledge and skills of the structure and function and positioning procedures for the vertebral column, sacrum, coccyx, bony thorax, and ribs. This course deals with the principles needed to perform routine radiographic procedures of these systems. Anatomy, positioning techniques, technical factors, equipment usage, and film critique is included. This course consists of lecture and laboratory demonstrations concerning the systems covered. Pre-requisite: Rad Procedures II

## **Radiographic Imaging II**

This course continues a knowledge base in factors that govern the acquisition and production of a radiographic image. Content includes scatter control, image receptor systems, and imparts an introduction to the components of digital imaging systems found in diagnostic radiology. The student will also explore radiation-producing equipment routinely used to produce diagnostic images. Emphasis is on x-ray production, general and digital fluoroscopy, automatic exposure control, grids, beam limitation devices, and digital image receptors. Upon completion, students should be able to demonstrate the principles of selection and usage of imaging accessories to produce quality images. Pre-requisites: Radiographic Physics, Rad Imaging I

## **Radiography Clinical Education III**

The third of five clinical education courses, this practical experience is designed to continue to develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, students continue practicing and performing the clinical competency exams required by the American Registry of Radiologic Technologists (ARRT). Concepts of team practice, patient-centered clinical practice, and professional development are examined and evaluated. Students are assigned to various designated clinical education sites designed to provide patient care and assessment, competent performance of radiologic imaging, radiation safety, and total quality management. Levels of competency and outcomes of each student will be measured preparatory to, during, and following the radiologic procedure. Pre-requisites: Rad Clinical Education II

## **Digital Imaging Equipment & Analysis**

This course continues a comprehensive understanding of the components, principles, and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving, and retrieval are discussed. It includes a study of the design and function of Computed Radiography (CR), Digital Radiography (DR), digital imaging workstations, and Picture Archiving and Communications Systems (PACS). Discussion also includes image acquisition procedures and methods of evaluating radiographic systems to assure consistency in the production of quality images. Pre-requisite: Principles of Imaging Equipment

## **Radiographic Procedures IV**

In this course the student will develop the knowledge and skills of the structure and function and positioning procedures for the upper and lower gastrointestinal systems, urinary system, the paranasal sinuses, facial bones, and skull. This course deals with the principles needed to perform routine radiographic procedures of these systems. Anatomy, positioning techniques, technical factors, equipment usage, and film critique is included. Included in this course are modifications and critical thinking procedures used during emergency and trauma situations. This course consists of lecture and laboratory demonstrations concerning the systems covered. Pre-requisite: Rad Procedures III

## **Radiography Clinical Education IV**

The fourth of five clinical education courses, this practical experience is designed to continue to develop, apply, critically analyze, integrate, synthesize, and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, students continue practicing and performing the clinical competency exams required by the American Registry of Radiologic Technologists (ARRT). Concepts of team practice, patient-centered clinical practice, and professional development are examined and evaluated. Students are assigned to various designated clinical education sites designed to provide patient care and assessment, competent performance of radiologic imaging, radiation safety, and total quality management. Levels of competency and outcomes of each student will be measured preparatory to, during, and following the radiologic procedure. Pre-requisites: Rad Clinical Education III

## **Advanced Radiographic Imaging & QC**

This course presents an overview of advanced topics in diagnostic and clinical imaging modalities with an emphasis on clinically relevant modalities. Modalities include fluoroscopy, computed tomography, nuclear medicine imaging, mammography, magnetic resonance imaging, ultrasound, interventional radiography, and positron emission tomography. This course is also designed to examine the effective functioning of a radiology department. Methods for evaluating quality, equipment testing and documentation will be discussed, as well as the role of the registered radiographer in maintaining quality.

## **Cross Sectional Imaging**

This course is a study of human anatomy from a sectional perspective. The anatomy of the head, neck, thorax, abdomen, pelvis and vertebral column are studied. This anatomy is related to the use of computer-assisted imaging modalities. Instruction incorporates CT and MR images. Common pathological findings in each area are discussed.

## **Radiographic Pathology**

This course will provide the student with the concepts of disease and its effects and etiological considerations on the human body. Pathology and diseases as they relate to various radiographic procedures and radiographs will be discussed along with the impact on exposure factor selection. Students will be participate in an individual research project and presentation of a disease process approved by the course instructor. Pre-requisite: Rad Procedures IV

## **Imaging Analysis I-IV**

These courses require students to analyze all technical aspects of radiographic image production and use problem-solving skills to determine proper corrections required for unacceptable radiographs. This course will provide the student with the knowledge to evaluate radiographic images. Requirements will focus on the ability to identify and recognize diagnostic quality. Advancement in examination difficulty and complexity will be reflected.

## **Radiography Clinical Education V**

The last of five clinical education courses, this clinical course provides the student with the opportunity to function more independently in all areas of basic radiography, and begins to emphasize the development of independence, discretion, and judgment while performing basic radiographic procedures. It provides the student with the opportunity to function as a nearly registry-eligible radiographer. The student is expected to correlate all clinical and didactic experiences while demonstrating a high degree of proficiency and efficiency. Concepts of team practice, patient-centered clinical practice, and professional development are expected at highest levels and are evaluated accordingly. This clinical experience provides the final opportunity for an introduction to special imaging modalities by scheduling rotations through CT, MRI, Sonography, Nuclear Medicine, Cardiac Catheterization/Interventional Radiography, and Radiation Therapy. Levels of competency and outcomes of each student will be measured preparatory to, during, and following the radiologic procedure. Pre-requisite: Rad Clinical Education IV

## **Radiation Biology & Protection**

This course provides an overview of the principles of the interaction of radiation with living systems and describes various radiation protection methods. Radiation effects on molecules, cells, tissues and the body as a whole are presented. Factors affecting biological response are presented, including factors affecting cell response to acute and chronic results of radiation. Cell survival, genetic mutation, somatic and genetic effects of radiation, response to radiation of various tissues, and radiation syndromes are covered. Content presents the responsibilities of the radiographer for patients, personnel and the public. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies, and health care organizations are incorporated. Students will be complete a scholarly research paper on an approved radiobiological topic approved by the course instructor. Pre-requisite: Radiographic Physics

## **Comprehensive Registry Review**

This is a capstone course learning experience offering a comprehensive review intended to serve as preparation for the national examination in Radiography given by the American Registry of Radiologic Technologists (ARRT). Review of the five categories specific to the ARRT's content specifications for the exam in radiography will be presented through examination of text information and test results. Students will complete Content Area Examination (CAE) tests over each section of study presented in the ARRT registry certification and several composite "mock" ARRT exams that simulate the national examination covering the content specifications as determined by the ARRT. Pre-requisites: (All previous Core Courses)

## **Advanced Placement**

Due to the sequential nature of all radiography didactic and clinical courses, as well as limited number of students, Marshfield Clinic School of Radiography *does not* accept transfer credits for radiography course work or clinical experience from any other radiography/radiologic technology program. If an individual that has completed credits from another radiography program and intends to apply to the Marshfield Clinic School of Radiography, they must apply for selection as all other applicants and complete all radiography courses and clinical in the same curriculum sequence.



## Curriculum Design

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### A. Correlation Between Didactic and Clinical Instruction

The primary clinical affiliates of this program are Marshfield Clinic and Marshfield Medical Center. These sites provide an adequate number of radiographic rooms to ensure that the students can acquire expertise and proficiency in a wide variety of diagnostic radiographic procedures by applying classroom theory to the actual practice of technical skills on specified levels of competency.

The didactic component of radiographic procedures is taught through lecture and laboratory demonstration and practice. The lecture portion reinforces the anatomy involved with a particular exam and instructs the student in the proper methods of carrying out a particular exam, i.e. the various positions used, and the theory applicable to those positions. The laboratory portion of instruction is used to demonstrate proper methods and positioning, allowing students to practice positioning through role playing, and to demonstrate an acceptable level of competence to the instructor in these procedures.

Once the student learns a new exam category through didactic instruction and an acceptable level of competence in the new category is demonstrated both in the written classroom (cognitive), and in the lab setting (psychomotor), the clinical affiliate is informed that the students can perform the exams in that category under **direct supervision**. The Registered Technologist in which a student is assigned monitors that student's performance. The technologist evaluated the student's clinical competency when an exam is performed under their supervision. Each exam category has a set minimum number of competency evaluations that must be completed. The student must achieve an 85% or higher on each evaluation to establish clinical competence for that exam. With record of competence, the student may perform under **indirect supervision**. A list of exam categories and the date by which they must be successfully completed is provided in the Clinical Evaluation section of this handbook. In the clinical setting there is virtually constant supervision by the technologists so that film critique and evaluation of the students' performance is continuous and noted.

Image Production and Evaluation is instructed both by lecture and by laboratory demonstration and practice. The lecture component of instruction is used to teach the correct theories and formulas for determining correct exposure factors and for correcting sub-optimal exposure factors. Laboratory instruction is used to demonstrate these theories and formulas, as they would apply to clinical situations, and to provide students with actual practice and experimentation in the use of these theories and formulas. In the clinical setting there is supervision by the technologists so that image critique and evaluation of the students' performance is continuous and noted. It is a requirement of the clinical affiliation sites that the technologist monitoring the exam or reviewing the images, initial all images produced by students in the program.

Basic radiation protection measures are taught early in the program as part of program orientation, Radiographic Procedures I, and Introduction to Radiologic Sciences. This is designed to give the students a preliminary understanding of the principles for protecting the patient and him/herself and other staff in the clinical setting. Radiation protection instruction is an on-going process throughout Radiographic Procedures as well as student clinical rotations. Students are evaluated weekly on their consistency at following radiation protection guidelines. A class devoted to radiation biology and protection is included in the curriculum and is instructed in the second spring semester of the program.

## **B. Clinical Education**

The clinical education portion of the program provides a means for the student to acquire the skills necessary to perform the duties of an entry-level technologist. The purpose of clinical assignments is to allow the student opportunity to apply theoretical principles of radiography, patient care, and department procedures to practical experience. The student will have the status of learner and will not replace department personnel.

Students will be scheduled for approximately 18 hours per week of clinical time during the first (1<sup>st</sup>) and second (2<sup>nd</sup>) semesters of the program, and approximately 24 hours per week of clinical time during the third (3<sup>rd</sup>), fourth (4<sup>th</sup>), and fifth (5<sup>th</sup>) semesters of the program. *At no time will a student be scheduled more than 40 hours per week* of combined clinical and didactic hours. Students will be required to attend early morning, day, afternoon, and evening shift clinical rotations while enrolled in the program. Students will also be scheduled weekend rotations during enrollment in the program. No substitutions for clinical rotation times will be allowed. The Radiography Program reserves the right to make changes to clinical rotation times as deemed appropriate for quality clinical education, adequate procedure, and competency completion. Please see the Clinical Education Section for details on Clinical Rotations, Times, Expectations, and Grading.

## **C. Clinical Competency Development**

The radiography curriculum is founded on principles of Competency-Based Education (CBE) and designed to develop knowledge, skills, and attitudes. The educational experiences are directed toward preparing individuals to perform pre-specified tasks of an occupation or profession under “real world conditions” and to perform these tasks at a level of accuracy and speed required of radiographers on the job. The goal of clinical educations is to allow students to achieve competence in the responsibilities of the profession before leaving the education program.

Clinical experiences are arranged in a sequential manner and proceed to a new experience only when the student has achieved the specified level of competence in the previous task. Continuous evaluation and reinforcement of student performance is critical in CBE. The students participate by: (1) assisting a practicing technologist and observing details of a procedure (2) performing various tasks after becoming familiar with them (3) progressing into more independent phase of performance. This means that the student will perform the task or procedure under supervision of the technologist. During each step, the student's ability and performance are evaluated.

- a. A method of Competency Based Education is utilized. The method is based on cognitive, psychomotor, and effective (behavioral) domain instruction.
- b. Students are assigned clinical competency categories of radiographic exams, which are intended to be completed in a prescribed period of time. The clinical competency categories are those clinical competency requirements adopted by the ARRT.
- c. Competency achievement is noted when a student completes the required number of exams under direct supervision, with an 85% or higher score.
- d. Verification of completion of a category will be by the Program Director.
- e. Prior to completing any clinical category, the student must have completed the anatomy and positioning lecture and laboratory classes associated with the particular category and have attained a minimum grade of 85%, B, on both the written and laboratory exam.
- f. The student will perform the designated number of examinations in each competency category under the supervision of a registered technologist.

## **Student Maximum Hours**

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Students in the Radiography program at no time will be scheduled more than 40 hours per week of combined clinical and didactic hours.

In addition to day shift clinical rotations, students will also have scheduled rotations on weekends, as well as afternoon and evening shift work throughout their enrollment in the program. A schedule of clinical rotations will be provided to them in advance indicating their clinical rotations for each semester. Weekend and evening rotations provide students with the possibility for more exposure to trauma/mobile procedures and enables students to assess the various shift atmospheres in which they may be employed upon program completion. Weekend and evening hours will equal the same hours as a regular clinical day shift for that current semester.

## Semester Weekly Schedules

The Marshfield School of Radiography Curriculum and Semester Schedules are reviewed annually and are ***subject to change***. The current Semester Weekly Schedules reflect the *most current* academic term at time of public posting. This schedule is provided for the 2021-2022 academic year. **Students are required to be present for all scheduled class and clinical rotations.**

For the **first and second semesters** of the program, Junior students will be scheduled for **academic classes on Monday, Wednesday, and Friday**, between the hours of 7:00am and 5:00pm. Classes will total approximately 15-16 hours per week. **Clinical rotations will be scheduled on Tuesday and Thursday**. Individual rotation times will vary (see Clinical Education Section) but will be approximately 18 hours per week.\*

For the **third, fourth, and fifth semesters** of the program, Senior students will be scheduled for **academic classes on Tuesday and Thursday**, between the hours of 7:00am and 5:00pm. Classes will total approximately 12-13 hours per week. **Clinical rotations will be scheduled on Monday, Wednesday, and Friday**. Individual rotation times will vary (see Clinical Education Section) but will be approximately 24 hours per week.\*

*\*In the event a class cannot be held, program officials reserve the right to reschedule for a different day/time, hold classes virtually, or re-assign the academic time to clinical education.*

JUNIOR FALL & SPRING SCHEDULE					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
7:30 AM					
8:00 AM					
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM	CLASS DAY Classes held between 7:00am and 5:00pm	CLINICAL DAY Rotation Times Vary	CLASS DAY Classes held between 7:00am and 5:00pm	CLINICAL DAY Rotation Times Vary	CLASS DAY Classes held between 7:00am and 5:00pm
11:30 AM					
12:00 PM					
12:30 PM					
1:00 PM					
1:30 PM					
2:00 PM					
2:30 PM					
3:00 PM					
3:30 PM					
4:00 PM					
4:30 PM					

SENIOR SUMMER, FALL, AND SPRING SCHEDULE					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
7:30 AM					
8:00 AM					
8:30 AM					
9:00 AM					
9:30 AM					
10:00 AM					
10:30 AM					
11:00 AM	CLINICAL DAY Rotation Times Vary	CLASS DAY Classes held between 7:00am and 5:00pm	CLINICAL DAY Rotation Times Vary	CLASS DAY Classes held between 7:00am and 5:00pm	CLINICAL DAY Rotation Times Vary
11:30 AM					
12:00 PM					
12:30 PM					
1:00 PM					
1:30 PM					
2:00 PM					
2:30 PM					
3:00 PM					
3:30 PM					
4:00 PM					
4:30 PM					

## Certification/Licensure

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### American Registry of Radiologic Technologists (ARRT)

Upon completion of the program, graduates that have met the professional educational requirements for certification by the ARRT are eligible to sit for the national certification examination. Graduates apply for examination up to three months prior to program completion. When all program requirements have been at the end of the 22-month program, graduates can take the ARRT exam immediately following program completion (if they have been awarded their affiliate University degree). Graduates that have met the credential requirements, pass the ARRT examination, and are in compliance with all ethical standards, are awarded the credentials of R.T. (R) – Registered Radiologic Technologist.

The American Registry of Radiologic Technologists (ARRT) is the world's largest credentialing organization that seeks to ensure high quality patient care in radiologic technology. Students may access exam pre-requisites, content specifications, and educational opportunities at:

**ARRT**  
**1255 Northland Drive.**  
**St. Paul, MN 55120**  
**(651)687-0048**  
<https://www.arrt.org>

General qualifications for certification eligibility by the ARRT also require that candidates be of good moral character. If an applicant has been convicted of misdemeanor charges, a felony offense, military court martial, or honor code violations, they may elect to visit the ARRT website and complete an ***"Ethics Review Pre-Application Packet."*** This process will require court documents and evidence of having served the entire sentence, including probation and parole, with restoration of civil rights before being admitted to the certification exam. Students who have had previous convictions may apply to ARRT for precertification prior to program registration. Enrolled students may complete an ethics review up to six months prior to graduation. This review process assures that the learner will be eligible to sit for the certification examination upon program completion.

### Wisconsin State Licensure

In 2010, Wisconsin enacted a law which establishes licensing and permitting requirements for those who perform medical radiography or provide medical radiographic services. The 2009 Wisconsin Act 106, Chapter 462 of the Wisconsin statutes, requires that any person, who performs radiography or operates an X-ray machine or X-ray equipment, shall obtain a license to perform radiography. Students enrolled in an accredited radiography program may operate X-ray machines under the supervision of a credentialed and licensed Radiographer. Students may not be employed to operate an X-ray machine during the education process. Upon graduation, the new ARRT registered technologist may apply for a state of Wisconsin license with proof of active ARRT certification and pay the required fees for the state license. Additional details can be found at <http://dsps.wi.gov>, Wisconsin Department of Safety and Professional Services, under Professions->Radiographer, Licensed.

## Professional Memberships and Societies

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### American Society of Radiologic Technologists (ASRT)

[www.asrt.org](http://www.asrt.org)

*The Community for Radiologic Technologists and Students.*

The American Society of Radiologic Technologists is the premier professional association of people working in medical imaging and radiation therapy. The American Society of Radiologic Technologists (ASRT) organization offers various educational and scholarship opportunities.

ASRT student group membership is a requirement for the 2nd year students to utilize in their final semesters of the program. The ASRT provides student group memberships at a reduced membership fee. All 2nd year students will sign up for the ASRT organization after instructions are received through the program director or clinical coordinator. The ASRT offers students registry prep practice examinations and other study modules to prepare the student for successful completion of their radiography exam.

Student members of the ASRT are also provided opportunities in areas of a Job Bank, Grants and Scholarships, Salary Estimator and resources for specific disciplines, special discounts on uniforms and this is just the start! Educational publications are also available and the list goes on.

Students are encouraged to visit the ASRT web site to view all possibilities and opportunities provided. Students are also highly encouraged to become members as Juniors, but is not required.

### Wisconsin Society of Radiologic Technologists (ASRT)

### Wisconsin Assoc. of Educators of Radiologic Technology (WAERT)

[www.wsrt.net](http://www.wsrt.net)

*"The Wisconsin Society of Radiologic Technologists shall advance medical imaging and therapy professionals by assisting in and maintaining high standards of education, advocacy, and communication to enhance the quality of patient care."*

At the start of the program, students will be provided with information for opportunities as members of WSRT/WAERT.

Each spring, senior students are strongly encouraged to attend the Wisconsin Association of Educators in Radiologic Technology (WAERT) Annual Spring Student Symposium. While in attendance, students will participate in professional meetings. In addition, all students in attendance are encouraged to submit an exhibit or essay entry for the meeting, and encouraged to participate in a Student Quiz Bowl which prepares them for the ARRT Certification Examination.

There is a cost for the student symposium, which is a responsibility of each student. Specific amount for symposium costs will be disseminated to students as the information is received each spring.

***\*\*Attendance at the Student Symposium is a privilege, and not guaranteed to every student. Approval for attendance is at the discretion of the program administration. A student receiving any disciplinary action while enrollment forfeits their privilege to attend Symposium.***

## Wisconsin Sigma Phi Chapter, Lambda Nu National Honor Society



Lambda Nu is the National Honor Society for the Radiologic and Imaging Sciences. Marshfield Clinic School of Radiography is proud to sponsor its own Chapter of the Lambda Nu, the Wisconsin Sigma Phi Chapter. The purpose of this Chapter is to:

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

Radiography students and alumni can qualify for membership according to the following standards:

- Enrollment in the MCHS School of Radiography program for a minimum of two consecutive semesters as a full-time student, and
- Completion of a minimum of two successive semesters with 3.5GPA total, or higher, in MCHS radiography courses, and
- Completion of all five academic semesters without disciplinary action of any kind
- Evidence of professional commitment beyond minimum requirements of the program, including but not limited to (with prior Program Director approval):
  - Active INDIVIDUAL participation and completion of competition project at the WAERT (Wisconsin Association of Educators in Radiologic Technology) Student Symposium, as evidenced by the following:
    - Video, Essay, Presentation, Computer, or Scientific (admin approved in advance) and
    - Participating in the student quiz bowl completion

OR

- Two documented community service projects. (16 hours minimum total-8 hours each)
  - Events must be pre-approved by Program Director
  - 8 hours (ea) must be completed actively participating in the “event,” and does not include preparation, planning, etc. Must submit documentation and proof of active 8hr participation (ea)

AND

- Actively pursuing an independent research project with presentation.
  - Written Research: Eight (8) page body minimum, with proper citations. Pathology or procedure related to Radiology, and
  - Oral presentation: PowerPoint (Slide Presentation) to class, clinical preceptors, technologists at SOR meeting.

All members must register and pay national dues as well as meet all Chapter obligations.

## Academic Advisory Committee

Marshfield Clinic School of Radiography's Advisory Committee supports the mission of the institution and program. The committee is representative of clinical education agencies, academic interests, institutional representatives, communities of interest and/or radiography students (alumni and current).

The committee holds a minimum of two meetings per year. The Program Director distributes the agenda prior to the meeting, and the minutes are recorded and delivered to all members, present or absent. The Advisory Committee's responsibilities are inclusive of program planning, evaluation, and external validation. The committee acts as an information resource.

## School of Radiography Meetings

School meetings are held each month, outside of clinical or class time. Meetings are mandatory for students and will **not** take the place of academic or clinical time. Students should expect one time each month they will be required to attend the *mandatory* school meeting at a time other than their scheduled clinic or class time. Meetings will be scheduled between the hours of 7:00am and 7:00pm, lasting approximately two (2) hours. If a student does not attend a meeting, he/she will have to make up the time and documented as disciplinary action.

The School of Radiography meetings are used to convey important information and updates, review and reiterate policies and procedures, promote communication between departments, and hold open forums and discussions on items and events. Meetings are attended by program officials, clinical instructors, students, clinical department management, and program faculty. School of Radiology meetings may be held on campus, or delivered virtually via Cisco WebEx Online platform.



## Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), a student's file is available to the student for his/her examination. Permission (by the student) to view his/her file cannot be denied and must be received from program faculty.

The Program Director is responsible for the completeness, accuracy, and safekeeping of each student's file. Conferences are regularly scheduled at the mid-term of each semester for the purpose of reviewing the student's academic progression status, and to allow the student the opportunity to review any part of their individual record. Students can also request to view their progress or student file at any time when faculty are present.

### Confidential Student Academic Work

A student's academic or clinical work is considered to be a part of his/her student record. This includes exams, assignments, clinical forms, time off requests, and any other academic or clinical form that has pertinent student information.

To maintain the security and confidentiality of this material, the following have been implemented:

- Placement of locked drop boxes in each clinical setting for submission/placement of grade-sensitive academic documents. Only program administration and faculty have access to the locks that operate the drop boxes.
- Doors to the Program Director and Program Faculty offices will remain locked at all times. Access is only granted by authorized security ID badges and limited to Program Administration
- Student documents are maintained in the Program Director's office which are locked at all times when not occupied. Student clinical evaluation documents are stored electronically and maintained for a period of eight years. All course final grades and academic information is stored electronically indefinitely.

### Release of Student Directory Information

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the School of Radiography has established policies governing privacy and release of student record information.

#### Directory Information

The School of Radiography has designated certain personally identifiable information as directory information, which may be released at the program's discretion to anyone who makes a request. Marshfield Clinic School of Radiography considers the following information as directory information, subject to release:

1. Full Name
2. Dates of attendance
3. Academic Certifications received
4. Date of birth

Students may opt out of the release of directory information by written notification to the program director.

#### Non-Directory Information

The School of Radiography does not permit access to, or the release of education records, without proper authorization of the student *with the following exceptions*:

1. A student's University affiliate, while enrolled
2. Faculty who require such records in the proper performance of their duties
3. Accrediting agencies
4. To comply with judicial order or lawfully issued subpoenas

## Student Transcripts

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A student can request the release of his/her official and/or unofficial transcript to be released to oneself, or a designee by completing and signing a **Transcript Request Form**, available from the program office or website.

## Program Tuition and Segregated Program Fees

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**Effective July 1, 2021, Tuition for the School of Radiography 2022-2023 Academic Year is \$6,000 per year (August 2022-July 2023).**

Tuition costs are evaluated each July and subject to an annual increase at that time.

**Effective July 1, 2022, Segregated Program Fees for the School of Radiography 2022-2023 Academic Year are \$700.00 (\$300 due the Fall of the first semester, \$400 due the Fall of the fourth semester)\*.**

***\*Segregated Program fees are evaluated each July and subject to an annual increase at that time.*** Upgrades or additions to services are at the discretion of the Program Director and selected based on best practices for the success of the student.

Segregated Program Fees are required fees to be paid by each student and are associated with labs, computers, educational/instructional resources, licensure review resources, and professional growth. These are not part of tuition costs, and are the financial responsibility of each student. ***Segregated Fees are paid directly to MCHS School of Radiography.***

### Textbook and Uniform Fees

Textbook costs (including online course resources utilized in the program) and the purchase of required uniforms are the responsibility of each student and are not included in tuition and/or segregated fees. **Textbook and online resource costs are estimated to be approximately \$900 for the first year, and \$200 for the second year.** Uniform costs vary; however, each student is recommended to purchase *at least two complete sets of uniforms each year.*

### Optional Fees

Optional additional fees are possible throughout the program to cover voluntary costs such as professional development, student events/conferences, and licensure review resources. The program reserves the right to require educationally valid resources deemed necessary for successful licensure.

## Student Resources

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### Financial Aid

The School of Radiography does not offer financial aid; however, university affiliation enrollment students may use their financial aid through their university to help pay for tuition. Students are encouraged to contact their affiliate university financial aid office for information.

Students are also recommended to visit [www.fastweb.com](http://www.fastweb.com) to search and apply for scholarship opportunities.

### Disability Services

The School of Radiography is limited in providing disability accommodations. We may approve and provide reasonable accommodations to ensure equitable and fair treatment with documentation of a physician's note.

Accommodations will be determined by School of Radiography Program Administration. Such accommodations may include a different font size for written assignments and exams, longer time period allotted for test taking, and additional reasonable requests as determined by the Program Director.

### Counseling Resources

Counseling service is available for enrolled students based on their affiliate university.

For those students enrolled independent of an affiliate university, students are referred to the local United Way 2-1-1 service. More information about this free service can be found on [www.marshfieldareaunderway.org/2-1-1.html](http://www.marshfieldareaunderway.org/2-1-1.html).

Students attending MCHS through an affiliated university are fully eligible for counseling services by virtue of paying their share of associated university tuition and segregated fees. For more information, students are encouraged to contact or visit their university's Counseling Center or contact their Academic Advisor.

Students are also eligible to receive free assistance through **MCHS Employee Assistance Program – ComPsych GuidanceResources WorldWide.**

**System News Updates**

**Employee Resources**

**On the MCHS Intranet:  
Select: Employee Resources**

- Education & Training
- Employee Resources**
- Reference
- Departments

Employment Opportunities  
 Employment Opportunities: Marshfield Clinic Employees Only  
 Employment Opportunities: Flambeau Hospital  
 Employment Opportunities: Diagnostic and Treatment Center

• MCHS Community Engagement
 

- Marshfield Clinic Health System:
  - Park Falls/Flambeau: Lunch and Dinner
  - Wausau Center
  - Weston Center
  - Season's Catering

**Other Marshfield Clinic Site Resources**

- Marshfield Clinic Health System
- MCHS Locations
- Marshfield Clinic Division of Education
- Marshfield Clinic Research Institute
- Marshfield Labs

MCHS Cares  
 MCHS Brand Hub  
 Outlook Web Access  
 Patient Experience  
 PremierCare  
 Project Shine  
 Referral Diversion Reporting  
 Report Misconduct  
 Self Service Help Desk  
 United Way Campaign  
 United Way Pledge Form  
 Up To Date  
 Value Analysis  
 Workday

**Scroll down:  
Select: Employee Assistance Program**

- Community Resources
- Employee Assistance Program**
- Employee Health & Safety
- Human Resources
- New Visions Gallery
- Patient Navigator

| Next Month  
 | and Marshfield Clinic

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Organization Web ID Help

Register

If you do not know your Organization Web ID, it can be found on your program wallet card, poster, flyer or brochure

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**SECTION TWO:**  
**ACADEMIC**  
**STANDARDS**

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MCSR

## Radiography Program Progression Standards

Marshfield Clinic Radiography students must follow the curriculum sequence. Students cannot withdraw from any Radiography course. In doing so, the student will no longer be eligible to continue in the program. The Marshfield Clinic Radiography student must meet the following criteria to continue enrollment at any time:

- 1. Must complete each semester requirement completely before progressing to the next semester. An incomplete in any course must be completed within 15 days of the start of the next semester, meeting all objectives.** If a student does not meet the requirements for completion of semester within 15 days, the student will be withdrawn from the program. Students may choose to reapply to the program (as a new applicant) the following academic year, but must complete all courses in sequence again, and are not guaranteed acceptance.
- 2. Must achieve a letter grade of “B” (85%) or above in each Radiographic Procedures and Lab, and Clinical Radiography, and a letter grade of “C” (77%) in all other courses in order to progress.** If a student fails to achieve this it will result in academic probation for the first offense (any course), and termination from the program for the second offense (any course). Radiography courses cannot be repeated if the minimum is not achieved. Students may choose to reapply to the program the following academic year, but must complete all courses in sequence again, and are not guaranteed acceptance.
- 3. The student must demonstrate progression with clinical exam competencies.** The program requires a specified minimum number of competency completions per semester. If a student fails to complete the minimum competencies required in a given semester more than twice during the program at any time (2 semesters), the student will be placed on academic probation. If a student fails to complete the required competencies a third time (3<sup>rd</sup> semester) the student will be dismissed from the program.
- 4. The student must demonstrate progression with written cognitive competency exams.** The program requires students to maintain a cognitive comprehension of the Radiography Curriculum, demonstrated by issuing a written competency exam at the end of each semester. The student **must** pass each written competency examination with a **minimum score of 77%**. In the event a student does not pass, the student is placed on academic probation and given the opportunity to take a repeat different, but comparable, test. The student **must** pass this repeat test with a **minimum score of 77%**. Successful completion of the repeat test is mandatory to remain in the program. Failure to pass the repeat test will result in dismissal from the program. A failing grade on a written comprehensive competency exam will only be allowed two (2) times during enrollment of the entire program. A third (3<sup>rd</sup>) failure will result in termination of the program
- 5. The student must complete all required clinical hours as scheduled.**
- 6. The student must complete all clinical and didactic objectives before progressing on to the next semester.**
- 7. The student must exhibit ethical and professional conduct at all times as outlined in the professional code of ethics.**
- 8. The student must abide by all program and clinical site policies and procedures.**
- 9. The student must be eligible to participate and complete all clinical duties at all clinical education sites.** If a student is prohibited from attending clinical at any of the clinical education sites for any reason, they will be dismissed from the program.
- 10. The student must maintain professional and behavioral standards appropriate to the profession in both the didactic and clinical setting.**

## Technical Standards for Student Radiographers

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The following requirements are necessary to perform as a Radiography student. All selected students in the Marshfield Clinic School of Radiography program must possess the following:

1. Sufficient verbal and written skills in order to respond to other members of the healthcare team.
2. Sufficient visual ability to view patient/exam orders, as well as additional patient information with charts (including electronic charts) and radiographic images. Sufficient vision required to observe patient conditions in regards to patient safety.
3. Must possess sufficient hearing in order to interact, communicate and respond to patients and hear audible sounds related to various medical equipment.
4. The ability to stand and remain ambulatory for approximately 80% of the clinical time.
5. Intellectual and emotional skills to exercise discretion in handling confidential medical information.
6. Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during stressful situations.
7. The ability to protect self, patients and other members of the healthcare team from infectious disease by understanding the basic concepts of infection control/standard precautions.

The student must be able to perform all motor skills necessary to execute all radiologic examinations.

1. The student must be physically able to lift, move and transfer patients.
2. The student must be physically able to lift and carry image receptors.
3. The student must be physically able to manipulate and move all mobile x-ray units.
4. The student must be able to fulfill any additional physical requirements essential to complete the course of training.

## Graduation Requirements

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The Marshfield Clinic Health System Certificate Degree in Radiography is awarded to students with the below criteria:

1. **The student must achieve a letter grade of “B” or above in each Radiographic Procedures, Radiographic Procedures Lab, and Clinical Radiography course comprising the program.**
2. **The students must achieve a letter grade of “C” or above in all other courses comprising the program.**
3. **The student must fulfill all program course requirements.**
4. **The student must complete all clinical assignments/hours as scheduled.**
5. **All American Registry of Radiologic Technology (ARRT) clinical competencies must be met.**
6. **Program completion must be within 150% of program length. If a student requests a leave of absence for non-academic reasons and the leave is approved, it will be for a total of one year. The student must resume attendance at the beginning of the semester in which the leave was granted and demonstrate continuous enrollment thereafter for completion. Competency of all previously completed subject areas, content, and procedures must be re-evaluated and successfully achieved with minimum requirements in order to resume.**

**Student will be required to be re-evaluated prior to re-entry and re-entry is dependent on available space; not to exceed class capacity.** *Approval for re-entry in the program following a Leave Of Absence will not be granted if the student was not in good academic standing prior to leave request.*

The student must complete all program requirements for ARRT Radiography exam certification.



## Grading Scale

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All didactic (lecture/lab) and clinical education courses must be taken in sequence. **A minimum grade of “B” is required in all Radiographic Procedures, Radiographic Procedures Lab, and Clinical Radiography courses, and a minimum grade of “C” is required in all other courses within the Radiography Program Curriculum.**

The grading scale for the Radiography Program is as follows:

93% -100% = A

85% -92 = B

77% -84 = C

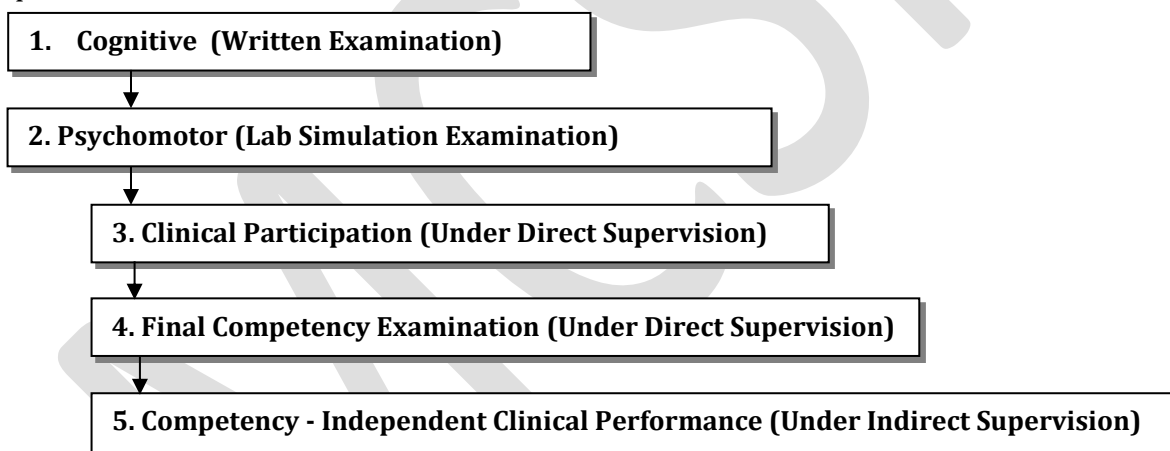
69% -76 = D

< 68% = F

## Evaluating Competency

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The ***Clinical Objective Evaluation (COE)*** is a (5) step format for evaluation of student competence.



**Cognitive & Psychomotor:** These competency assessments involve **written proficiency (cognitive) exams** and **laboratory simulation proficiency (psychomotor) exams**, and occur simultaneously. The student will demonstrate mastery with a **minimum performance level of 85% in both the cognitive and psychomotor domains** before advancing to the clinical participation step. Failure to complete the minimum proficiency level in either step will require the student to repeat the particular examination until 85% proficiency is met. Upon successful completion of the re-examination, the student may advance to the clinical participation step. **Failing grades (and remediation) in either of these steps will be subject to academic discipline and may risk program termination. The Program Director reserves the right to issue academic remediation and/or discipline as deemed appropriate for progression.**

**Clinical Participation:** Upon successful completion of the cognitive and psychomotor proficiency exams/steps, the student will begin **clinical participation** by assisting registered technologists at the clinical site. This participation moves from the passive, observation mode to a more active mode, which includes assisting the technologist in the execution of procedures. The rate a student progresses is dependent on the student's ability to comprehend and perform the assigned procedures as well as the student's individual motivation. As the student becomes experienced in a given procedure, he/she will perform the procedure under **DIRECT SUPERVISION** of a registered radiologic technologist (RTR>1year).\* The RTR will evaluate the performance of the student using the competency evaluation form (yellow) until the required number of procedures within the category has been completed. The student must demonstrate mastery with a **minimum performance level of 85% on each competency evaluation (yellow)** before he/she can progress to the Final Competency Examination (blue) step. **If a student fails to achieve an 85% he/she will continue in Directly Supervised clinical participation until passing proficiency is achieved. Repeat competencies (yellow) carry a maximum score of 85% and will be averaged with the score of the preceding failed competency.\*\***

*\*It is the responsibility of each student to communicate with the evaluating technologist their desire to test-out, and assessment forms must be presented to the technologist prior to obtaining the patient. Failure to present the form prior to obtaining the patient will result in forfeiture of the competency evaluation.*

**Final Competency Examination:** Upon successful completion of the required number of Directly Supervised competency procedures in each category (Clinical Participation/Yellow), the student will request a **Final Competency Examination** Evaluation (Blue) to complete the category. This procedure is completed exclusively by the student, under **DIRECT SUPERVISION** of the evaluation technologist (RTR>1year). Once the procedure is complete, a Clinical Instructor will evaluate the student's proficiency of the Image Acquisition and Analysis.\* The student must demonstrate mastery with a **minimum performance level of 85% on each Final Competency Examination** evaluation. Upon successful completion, the student may now perform in this category with **INDIRECT SUPERVISION**. Failure to complete the minimum proficiency level (85%) in the Final Competency Examination (Blue) step will require the student to repeat the particular final competency examination (with highest possible score of 85% on repeat exam and averaged with the preceding failed competency score) until passing proficiency is achieved. Upon successful completion of the re-examination, the student may now perform in this category with **INDIRECT SUPERVISION**. **A student is only allowed two (2) failures during the final competency step each semester. For every third failing final competency step a student will drop one (1) clinical letter grade.** This can result in disciplinary action or risk termination from the program if a student's final clinical grade drops below the required 85%, B, for progression in the program.\*\*

*\*Image Analysis must be completed within one (1) week from Final Competency test-out date. It is the responsibility of each student to schedule the Image Analysis assessment with the clinical instructor within one week of final competency examination. Failure to schedule and complete the Image Analysis within one week will result in a 5-point deduction for each day not completed.*

**\*\*It is the responsibility of each student to complete competency forms entirely and completely, indicating the category of competency exactly as it appears on the ARRT Competency requirements. Failure to complete assessment forms properly will result in forfeiture of assessment.**

**Any repeat examinations will require the presence of a RTR in the radiographic room with the student, and documentation of the repeat. All students must document repeated radiographs in their Procedure Log Book. Failure to log repeats will result in disciplinary action.**

## Maintaining Competency/Proficiency

To ensure that all students maintain the psychomotor comprehension of Clinical Competency categories, students will be assigned real patient and/or simulated procedures throughout their assigned clinical rotations to evaluate whether proficiency in completed categories and procedures is maintained. Four (4) times during each semester, students will complete random “spot-checks” on live patients or simulated procedures, designated by the Clinical Instructor, to monitor the proficiency of prior achieved final competencies. Failure to pass any spot-check examination with an 85% or better will require the student to return to the Final Competency Evaluation step for re-evaluation of that category. **A failing grade on a spot-check procedure will only be allowed once (1) during enrollment of the entire program without grade deduction consequences. For each failing spot-check after the first, the student will receive one (1) clinical letter grade drop for the semester it is achieved in.** This can result in disciplinary action or risk termination from the program if a student’s final clinical grade drops below the required 85%, B, for progression in the program. Spot-Checks are a component in final Clinical Radiography grades.

To ensure that all students maintain cognitive comprehension of Clinical Competency categories, students will complete random written clinical assessments issued by the Clinical Instructor during clinical education. The purpose of these assessments are to identify and remediate any areas that may need review or attention. Written clinical assessments are a component in final Clinical Radiography grades and will be implemented as follows: **10% of clinical grade for semesters 1-3, 20% of clinical grade for semester 4, and 30% of clinical grade for semester 5.**

To ensure that all students also maintain a cognitive comprehension of the Radiography Curriculum as a whole, the program administers a **written comprehensive competency examination at the end of each semester.** Each test will cover the material previously learned in all previous courses and semesters.

The student must pass each written competency examination with a **minimum score of 77%.** In the event a student does not pass, the student will continue to retest until the **minimum score of 77% is achieved.** Successful completion of the repeat test is mandatory to progress to the next semester. **Failure to pass the repeat test(s) will prevent the student from progressing to the next semester and risk termination from the program.**

**A failing grade on a written comprehensive competency exam will only be allowed two (2) times during enrollment of the entire program. A third (3<sup>rd</sup>) failure will result in disciplinary action and risk termination from the program.**

MCSR

**SECTION THREE:**  
**PROGRAM**  
**POLICIES AND**  
**PROCEDURES**

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MCSR

## **Program Policies and Procedures**

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The Marshfield Clinic School of Radiography establishes policies and procedures that are designed to protect everyone involved in the daily activities and affiliations of the program. In addition to the hospital and clinic mandated policies and procedures, programs must also assure everyone involved in the program is abiding by the Joint Review Committee on Education in Radiologic Technology (JRCERT) policies as well. **The School of Radiography strictly enforces its policies and procedures with all students.**

The Marshfield Clinic School of Radiography requires a respectful and professional behavior exhibited by students at all times. Students are expected to follow professional standards and ethics as outlined by the American Registry of Radiologic Technologists (ARRT) when in the classroom, laboratory and clinical settings.

Faculty provide both oral and written feedback regarding professional behaviors of students during mid-semester and semester end. Students are expected to change unsatisfactory behaviors after receiving feedback from faculty; some examples of such behaviors are stated in this policy but faculty reserve the right to determine inappropriate professional behaviors if such is affecting all entities involved with the program. Serious deficits in professional behavior with no improvement may result in a probationary status or dismissal from the program. Disciplinary action and conduct associated with such is outlined in this handbook.

**Program Administration reserves the right to add, delete, or change content contained within this Handbook at any time. Notice will be given to students in an appropriate timeframe and documented.**

## **Immunization and Health Screening Data Requirements**

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Healthcare workers are required to keep their immunizations up-to-date and students preparing for those professions must also comply. **Following acceptance into the Radiography program, new students will be provided instructional information to meet compliance with all immunization and CPR requirements prior to the start of clinical.**

Students enrolled in Marshfield Clinic School of Radiography participate in clinical training experiences as an essential part of their studies. Clinical training includes performing direct patient care through participation in clinical experiences at affiliated hospitals.

To protect the health of students, patients, employees and others, and to comply with standards established by the affiliated healthcare providers, the School of Radiography **requires all students enrolled to provide dates of current immunization against certain vaccine preventable diseases, and date and results of current tuberculosis (TB) screening before the student is eligible to participate** in clinical training, unless an exception applies. **Students enrolled in the program will be required to obtain TB screening again at the start of the second year in the program.**

Marshfield Clinic School of Radiography students must comply with both Wisconsin law and clinical facility requirements related to immunization and testing.

**Students are required to show proof of the following vaccines: Varicella, Mumps, Rubeola (Measles), Hepatitis B, Tdap, Influenza, and COVID-19**

**Students are required to obtain yearly influenza and COVID-19 vaccinations in order to complete clinical radiography education training.**

## ARRT Code of Ethics

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care. **Marshfield Clinic School of Radiography has adopted these Code of Ethics for enrolled students and requires adherence to its standards.**

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

The ARRT Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

- 1. The radiologic technologist acts 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 the 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 purposes 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 healthcare 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.*

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## **Conduct Subject to Program Discipline**

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The program reserves the right to dismiss any student whose conduct, health, or clinical practice makes it inadvisable for the student to remain in the program.

- The student disciplinary procedure will be initiated due to substandard, unprofessional, disrespectful, unethical, or inappropriate conduct at the discretion of Radiography program faculty or program administration. Substandard conduct may include, but not limited to, habitual tardiness or absenteeism, unprofessionalism, substandard attitude or behaviors, and/or insubordination towards instructors, technologists, management, or administration.

### **Program disciplinary action, suspension, probation, or dismissal may include, but not limited to the following reasons:**

- a. Discourteous treatment of patients, the public, employees, program staff, or fellow students.
- b. Disclosure of confidential information.
- c. Threatening, bullying, intimidating or verbally/physically abusive conduct demonstrated toward, another person, and/or in the presence of patients, co-workers, visitors or others
- d. Engaging in conduct determined to be in violation of Marshfield Clinic's Harassment in the Workplace or Marshfield Clinic's Workplace Violence policies
- e. Unauthorized and/or improper use of computers within the school or clinical education sites.
- f. Insubordination, which would include disrespect for patients, program officials, affiliated personnel, or other students in the program.
- g. Falsification/Dishonesty with any clinical documentation (competencies, procedure logs) or clinical attendance
- h. Neglect of assigned clinical duties
- i. Repeated tardiness and/or absenteeism
- j. Unexcused absenteeism; failure to follow notification procedures as outlined in the attendance policy.
- k. Failure to abide by program supervision and repeat policy
- l. Unethical or unprofessional conduct in class or clinical setting.
- m. Possession or use of alcohol or any mood-altering chemical on the premises of MCHS or clinical education sites. This includes attending class or clinical education while intoxicated.
- n. Theft or misappropriation of personal, clinical site or college property.
- o. False statements on admission, identification or other official documents involving college, program or clinical education sites.
- p. Using radiographic equipment in lab or clinical sites for personal use.
- q. Probation may occur if student is receiving poor weekly evaluations demonstrating they are not meeting the criteria consistently.
- r. Failure to achieve minimum program requirements
- s. Insubordination to instructors, faculty, staff, program officials, clinical staff
- t. Suboptimal or poor attitude or behavior
- u. Cheating, lying, or untrustworthy actions in class or clinical
- v. Deliberate or voluntary unethical or inappropriate behavior or actions

It is difficult to outline all misconducts that will result in disciplinary action. Program faculty will determine the seriousness of any reported offense following investigative procedures for verification and determine the appropriate level of discipline.

- Professional behaviors reflect the standards and ethics outlined by the American Registry for Radiologic Technologists. Such professional behaviors and attributes are necessary for success as a radiologic technologist in the clinical environment. Failure to demonstrate professional behaviors while enrolled in the program may result in probation or dismissal from the program, as deemed necessary by program officials. Students are advised that if a clinical education site refuses to allow a student to participate in clinical activities in their department for any reason, the student will not be allowed to continue in the program.

**Immediate dismissal from class, clinical education, or the program without verbal warning or probation status may result from, but not limited to, the following reasons:**

- a. Possession or use of alcohol or any mood-altering chemicals on the premises, both campus and clinical education sites, or reporting to class or clinical intoxicated.
- b. Carelessness in regard to safety of patients, self and colleagues.
- c. Dishonesty, cheating or theft. This includes plagiarism.
- d. Release of confidential information regarding patients and/or clinical affiliate personnel or activities.
- e. Failure to abide by program supervision and repeat policies.
- f. Prohibited from performing clinical duties at any of the program clinical education sites due to ethical or professional violations.
- g. False information that would jeopardize patient and healthcare personnel safety.
- h. Sleeping or appearing to sleep while on duty.
- i. Insubordination or lack of professionalism resulting in risks to patients or peers
- j. Abuse, theft, or destruction of property belonging to the clinic, patients, visitors, peers or others
- k. Misrepresenting oneself to patients, program faculty, management or others.
- l. Using a Marshfield Clinic's computer network resources to access, display or distribute material determined to be sexually explicit, pornographic or obscene in nature.

## Disciplinary Procedure – Sequence for Professional Behavioral Reasons

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The student disciplinary procedure will be initiated due to substandard, unprofessional, unethical, or inappropriate conduct at the discretion of the Program Director, Program Faculty, and/or clinical affiliates.

1. Upon notification of a student's inappropriate conduct, the Program Director and/or Faculty will meet with the student to discuss the matter and inform the student of the specific conduct deemed inappropriate, and the corrective action needed. If the behavior involves a clinical education site, the clinical instructor may also be included in the discussion. Depending on the seriousness of the offense the student may be:

- 1) given a verbal warning initiating the disciplinary procedure (written record will be placed in student's program file),
- 2) given a written warning,
- 3) placed on probation with a written improvement plan
- 4) suspended
- 5) dismissal from program

*If a student is prohibited from performing clinical duties based on decisions from the clinical education site officials, the student will be dismissed from the program.*

2. If the student's conduct and behavior does not improve following the verbal and/or written warning, program faculty involved will meet or speak with the student again, at which time a written warning of suspension or probationary status is given with documentation of specific actions needed to improve performance. A copy of the documentation will be placed in the student file. The student will be provided a timeline for definite measurable improvement to be demonstrated by the student.

3. If a student is placed on suspension or probation, the length of time of will be determined by the Program Director.

All clinical and class time will be subtracted from remaining PTO first. Remaining time missed caused by suspension will be required to be made up. The student will forfeit any grades acquired during suspension, ie. assignments, quizzes, tests.

4. If students that are suspended for a specified period of time and satisfactory improvement is not demonstrated before a deadline (determined by the Program Director), the student will be placed on academic probation or dismissed from the program.

\*Everything outside of clinical competence/procedures is considered "behavior" related. Any warning that deals with any type of behavior will be included under the same disciplinary event/action.

**Disciplinary action can be initiated at any level, as determined by the seriousness of conduct and the discretion of program administration.**

**Students dismissed from the Radiologic Technology program for behavioral reasons are not allowed to reapply for admission to the program.**

## Disciplinary Action

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- Suspension:** Student is suspended from class and/or clinical rotations for a specified amount of time, determined by the Program Director. All class and/or clinical time/rotations missed during suspension will be deducted from PTO (first) or made up by the end of the semester (second). Any grades acquired during the suspension time are forfeited, ie. assignments, quizzes, tests. Continued enrollment in the program is dependent upon improvement in behavior and/or performance during a specified period of time determined by program officials. Suspension status is provided to the student in writing, indicating the need to improve and where improvement is needed. The student must write a plan of action for improvement. Failure to achieve satisfactory progress at the end of the probationary period will result in dismissal.
- Probation:** Continued enrollment in the program is dependent upon improvement in behavior and/or performance during a specified period of time determined by program officials. Probation status is provided to the student in writing, indicating the need to improve and where improvement is needed. The student must write a plan of action for improvement. Failure to achieve satisfactory progress at the end of the probationary period will result in dismissal.
- Dismissal:** Students dismissed from the Marshfield Clinic School of Radiography for behavioral reasons or unethical and/or unprofessional actions, are not allowed to reapply for admission to the program. Students dismissed from the program due to academic reasons can reapply for admission the following year, but are considered the same as a new applicant. All courses must be completed including repeating those already completed while enrolled in the program prior to dismissal. Students being dismissed due to academics do not require previous disciplinary steps. In the event a student is being dismissed from the program, they will meet with program officials and at that time, a dismissal letter will be signed and dated by student and program officials.

## Academic Probation

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The student must meet the required academic criteria during the educational program for all didactic and clinical courses as stated in Section Two, Radiographic Progression Standards.

In addition, students must meet required ethical and professional standards as stated in Section Three, Conduct Subject to Disciplinary Action.

Failure to meet the required criteria may result in the student being placed on **Academic Probation** for a specified period of time with a plan to demonstrate improvement. A student may be placed on probation at any time throughout a semester and provided an academic improvement plan indicating areas the student must demonstrate improvement in by a specified time. The student will also be required to submit his/her own plan for demonstrating improvement. If at the end of the stated time satisfactory improvement has not been demonstrated, the student will be dismissed from the program.

## Appeal of Program Dismissal

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If a student intends to appeal program dismissal, they are required to follow Marshfield Clinic School of Radiography *Appeal Policy*. An action under this section may be appealed as outlined in Section Three, Student Complaints and Grievances/*Appeal Policy* of this handbook.

## Withdrawal Policy

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Students considering withdrawal from the program must schedule a meeting with the Program Director. Students will be required to complete a *Program Withdrawal Form* and *Exit Assessment* (accessible by enrolled students) and provide a signed copy to Program Director during the scheduled meeting.

## Conditions for Readmission Following Voluntary Withdrawal

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In the event a student voluntarily withdraws from the program, the following conditions exist:

1. Any student that voluntarily withdraws from the program and wishes to re-enter will be allowed to **re-apply** to start at the beginning of the semester following their last successfully completed semester. For example, if a student voluntarily withdraws at the end of the Second (2<sup>nd</sup>) Semester, First Year Cohort, he/she can apply to restart one year later, on the next Third (3<sup>rd</sup>) Semester, First Year Cohort, as the program must be completed within 150% of published time.
2. Any student that voluntarily withdraws from the program and wishes to re-enter must notify the Program Director in writing and **apply for readmission** within 16 weeks of the point in the academic term in which they wish to re-enter. For Example, if a student voluntarily withdraws at the end of the Second (2<sup>nd</sup>) Semester, First Year Cohort, he/she must notify the Program Director in writing, and apply for readmission within 16 weeks of the next Third (3<sup>rd</sup>) Semester, First Year Cohort. (4 months prior to re-starting). Any intentions received after the 16-week/4-month point will not be considered.
3. The student must meet all program admission requirements.
4. The student must request readmission to the program director in writing, and submit a new application.
5. **Student acceptance for re-admission is not guaranteed and is only considered if there is space available at the time of re-entry. Space is not guaranteed.**
6. Readmission is only considered of those in good academic standing.
7. Program faculty will determine the appropriateness for readmission on a case-by-case basis, considering factors such as the student's status at the time of exit from the program, reason for withdrawal, justification for readmission and adequacy of program space. The program is limited to 14 students.
8. If readmission is granted, the student will be required to follow the policies and procedures of the program consistent with the academic year he/she is readmitted.
9. If a student withdrew prior to a semester completion, the student would be required (if readmission was granted) to start at the beginning of such semester and comply with any and all course revisions and learner objectives at the time of readmission.
10. The student is responsible for maintaining the ability to satisfactorily perform all previously learned skills. **Demonstration of satisfactory performance will be required prior to readmission to the program. This means the student will be required to prove maintained competency of the content and procedures already completed.** This will include final examinations and competency examinations.
11. A student is allowed only one attempt for readmission to the program.
12. Students must have been in good academic and professional/ethical and behavioral standing at the time of program withdrawal in order to be considered for re-admission.

## Student Complaints and Grievances Procedure/Appeal Policy

It is the policy of the Marshfield Clinic School of Radiography to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, misunderstandings, or discrimination.

The School of Radiography *Student Complaints and Grievances Procedure* and *Appeal Policy* are procedures formed to identify an avenue for bringing resolution to disputes concerning academic or clinical issues. A student has the right to appeal a grade or academic decision that he/she believes has been made in error or is unfair, and/or to file a grievance if a student feels he/she has been treated unfairly or does not agree with a policy interpretation. If this should happen, the following procedural steps should be taken:

1. Students must first take their grievance to the **Instructor** of the course in which the concern occurred. This may include a didactic instructor or clinical instructor at a respective clinical site. The student must complete a *Clinical/Didactic Concern Form (CDCF)* located in the "Forms" section of the student handbook and submit to the instructor. If a technologist is involved, the clinical instructor may initiate or follow up with a discussion or meeting with the technologist and report back to the student within two (2) working days. (time may be longer if the involved technologist is not scheduled to work).

If the student and instructor are unable to come to an agreement, the student can then following the below steps for grievance/appeal within three (3) working days:

2. The student will submit an *Appeal/Grievance Request Form (AGRF)* located in the "Forms" section of the student handbook and discuss the complaint with the **Program Director**. The Program Director should reach a decision and communicate this to the student verbally within five (5) working days, and document on the GRF. If the matter is not resolved to the satisfaction of the student, the student may proceed to the next step within three (3) working days.
3. The student will submit a formal complaint in writing to the **Director of the Department of Education**. The student must include a copy of the completed Appeal/Grievance Request Form (AGRF) from Step 2 above. The department director will review the complaint and render a written decision within five (5) working days. If the matter is not resolved to the satisfaction of the student, the student may proceed to the next step within three (3) working days.
4. If the complaint should reach this level, the student must notify the Program Director in writing that he/she requests that the **Program Committee** (Program Director, Department Director, and Medical Director) meet to review the grievance/appeal. The program committee shall investigate and render a final written decision within five (5) working days of the receipt of the written meeting request and complaint. The decision of the Program Committee shall be final.\*
5. The grievance/appeals process should not exceed thirty days.

Student wishing to discuss concerns regarding the program in general should be first addressed to the Program Director. If unresolved, the student should proceed with the grievance steps as outlined above. All complaints will be documented, including the projected outcome, and kept on file at the program facility. Students who have a concern or complaint regarding a clinical education site, clinical instructor, didactic instructor, or clinical site staff technologist, should address their concern to the Program Director. Students will be directed to complete the *Clinical/Didactic Concern Form (CDCF)* located in the "Forms" section of the student handbook. This form is required to track and assess the nature of any issues and attempts towards a timely resolution for all parties involved. If unresolved, the student should proceed with the grievance steps as outlined above. All complaints will be documented, including the projected outcome, and kept on file at the program facility.

**\*Please note: The program cannot change the grade assigned by an instructor unless presented with clear and convincing evidence that the grading procedure was biased, did not reflect sound educational practices, or was inconsistent with the common course outline and course syllabus.**

## **JRCERT Standards – Noncompliance Reporting Procedures**

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Students must attempt to resolve complaints regarding concerns involving standards violations of the Joint Review Committee on Education in Radiologic Technology (JRCERT) directly with the program/institution officials by following the Student Complaints and Grievances Procedure as stated above. If, after following the grievance procedures, the student feels the issue has not been resolved, they may address the issue with the JRCERT. The JRCERT reporting process is accessible with the following link:

<http://www.jrcert.org/students/process-for-reporting-allegations/report-an-allegation/>

## **Academic Integrity**

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Academic dishonesty or cheating includes, but is not limited to:

- Copying from another student's assignment or coursework.
- Copying from another student's quiz or test paper and/or collaboration during a quiz or test with any other person by giving or receiving information without authority; using materials during a quiz or test not authorized by the instructor.
- Stealing, buying, or otherwise obtaining all or part of a test or information about a test.
- Selling, giving, or otherwise supplying to another student for use in fulfilling an academic requirement, any theme, report, term paper, assignment; or submitting as one's own, in fulfillment of an academic requirement, any theme, report, term paper, essay, assignment, or other work prepared totally or in part by another.
- Submitting nearly identical work that one has previously offered for credit in another course, without prior approval of the instructor
- Plagiarizing or taking work already completed/posted to the internet without proper citation or reference

Plagiarism and cheating in any form (including internet and computer) is subject to disciplinary action, including but not limited to a failing grade for the quiz, test, or assignment, a failing grade for the course, and/or probation, suspension, or termination from the Radiography Program.

## **Student Pregnancy Policy**

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Since ionizing radiation has been determined to be harmful to the developing embryo/fetus, the following recommendation and issues of compliance are required to protect the health of the student and child.

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," radiation dose to an embryo/fetus during entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting letter of declaration).

If the student chooses to disclose her pregnancy, she may do so by informing the Program Director in writing. The student will be allowed to make an informed decision about continuing in the program based on her individual needs and preferences.

## Radiation Monitoring For Pregnant Student

Declaration of pregnancy is a **voluntary** action of the pregnant student. If the student chooses not to declare her pregnancy, the School and its faculty will not recognize the student as being pregnant with regards to radiation protection. In the event that a student does wish to disclose her pregnancy, the **Declaration of Pregnancy** document must be completed and submitted to the Program Director, and the following actions are taken:

- The student will be issued a fetal monitoring radiation badge. The badge is to be worn under any lead apron used and exchanged promptly each month for accurate dose monitoring.
- The dose to the fetus will be limited to 0.5 rem (500 mrem) over the entire gestational period. The Radiation Safety Officer (RSO) will review the exposure history of the student and adjust working conditions, as necessary, so as to avoid a monthly exposure of more than 0.05 rem (50 mrem) to the fetus.

## Pregnancy Leave Statement

The pregnant student will have two options if choosing to disclose her pregnancy:

1. Continue without modification or interruption. If a student chooses to remain in the program without modification or interruption, she will be required to fulfill all requirements of non-pregnant students (except those that risk radiation exposure, i.e. fluoro). If the student misses class or clinical, the **Attendance Policy** and/or **Extended Leave Policy** will apply. (Classes will not be carried out via computer or digital means.) **Or**,
2. Request a **Leave Of Absence** when either she or her physician feels she is no longer able to continue in the program without modification or interruption, unable to function in a manner conducive to learning, or the student does not believe she will be able to fulfill the requirements. If a student chooses to take a **Leave Of Absence** from the program, she will be allowed back into the program at the start of the academic semester she was in when she left. The student will be required to prove competency upon re-entrance (final exams, competencies, etc.) and continuation of knowledge. The student will not be allowed to continue with didactic courses during this one year leave of absence. If she chooses not to return within one year, her position in the program will not be reserved and she will have to re-apply to the program and start over if accepted. Acceptance into the program will be in accordance with the program selection process and will not be guaranteed. **Leave of Absence** forms are included in the Appendix of this Handbook.

The student may withdraw declaration of pregnancy at any time in a written format.

### **Two Forms related to student pregnancy:**

- 1. Declaration of Pregnancy**
- 2. Withdrawal of Declaration**

Both forms are located in the appendix of this handbook and are also available upon request from program officials.



## Student Pregnancy Guidelines

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In the event that a student in the program declares her pregnancy, the following guidelines are recommended:

1. During the first trimester of pregnancy, the student will not be directly in the room during fluoroscopic procedures but may however participate in the exam before and after the fluoroscopic portion of the exam. After the first trimester, the student may participate in fluoroscopic procedures while maximizing distance from any sources of exposure (tube, patient etc). In the event the fluoroscopy time is excessive (greater than five minutes) or is anticipated to be excessive, the student shall chose to discontinue her participation in the exam only if she is unable to maximize distance from the source.
2. The pregnant student at no time during the entire gestation shall hold patients and/or equipment during non-fluoroscopic exams during their clinical training. Holding is not recommended for any student in the program.
3. The student may participate in surgery with the portable fluoroscopic unit after her first trimester. The student is reminded that at all times, she maximize her distance from the source as this is a principal in all fluoroscopic procedures. Once again if the fluoro time becomes excessive, the student may choose to discontinue participation in the exam only if she is unable to maximize distance from the source.
4. Once pregnancy is declared, the student will be required to wear a fetal dosimeter monitor. The fetal dosimeter shall be worn at waist level at all times during clinical rotation, but **MUST BE WORN UNDER THE LEAD APRON AT WAIST LEVEL** when the student is involved in fluoroscopic, mobile, and surgical procedures.

In the event a student feels her clinical education is being compromised by her pregnancy, she is strongly encouraged to notify program officials as soon as possible.

If dose limits reach ALARA Investigation Level II, 150 mrem/quarter, clinical reassignments and/or a leave of absence may be warranted.

## Professional Appearance/Clinical/Class Dress Policy

In the interest of safety and professionalism, students are expected to adopt the following professional appearance guidelines at all class, clinical education sites, lab practices, field trips and conference attendance:

- No hats
- No clothing with offensive or inappropriate logo's and or advertising allowed.
- Neatly trimmed and clean nails (no acrylic, ceramic, or false of any type, allowed.). No color.
- No excessive jewelry. One small ring per finger. Two stud-type earrings per ear lobe. No other piercings allowed outside of the ear lobe.
- No excessive makeup
- Hair must be clean and of natural coloring only
- No visible face, nose, or mouth jewelry/piercings
- No offensive body odor, including: smoke, or perfume/cologne/body lotion
- Gum chewing should not be noticeable.
- Tattoos must be completely covered.
- Neat and well-groomed hair and facial hair

### Clinical Dress Policy

- **Marshfield Clinic ID/Security badge must be worn at all times.** They must be worn outside of clothing and easily read/seen at all times.
- **Scrub tops and bottoms must be navy blue.** They can be any brand, as long as the color is navy.
- Scrub tops must overlap pants at all times. If you bend over and your back is exposed, this uniform doesn't meet the dress code and is unacceptable to wear.
- Low rise/hip hugger scrub pants are not allowed. Pants should not allow your back to be exposed when bending over.
- Students scheduled to surgery rotations are required to dress in surgery-designated scrubs regardless of surgery caseload.
- No torn, ripped, patched clothing of any time.
- Clothing must fit properly: too short, too low cut, or too tight will not be permitted.
- Shirts can be worn under your scrub top as long as it can be tucked in. Hoodies are not allowed to be worn under scrub tops. Tops worn underneath scrubs must be *navy, white, or black*. Students are not allowed to wear clothing with advertisement or descriptive pictures in the clinical setting.
- No shirts, jackets, or covers may be worn on top of scrub tops, unless it is a *white lab coat* or a *Marshfield Clinic Logo* jacket. Any solid white lab coat/jacket can be worn as long as it has no graphics, patches, or embroidery.
- Uniforms must be in good condition. Uniforms with stains, holes, faded, or fraying must not be worn.
- Comfortable closed-toe **solid white** tennis/fitness shoes or medical clogs must be worn with scrubs.
- **Artificial nails of any kind are prohibited. This is an OSHA Safety requirement. Only clear polish.**
- Any hair length that touches the shoulder in any way must be **pulled up at all times** during **all** assigned clinical rotations. No hair color that is outside "normal hair color shades."
- One small ring per finger; two small stud-type earrings per lobe. No hoops, cuffs, cartilage piercing.
- No visible face, nose, or mouth jewelry/piercings. This includes tongue piercing.
- Tattoos must be completely covered at all times.
- No offensive body odor, including: smoke, or perfume/cologne/body lotion

If any student has questions regarding what is deemed allowable/appropriate for clinical dress, they must address this with the Program Director prior to doing it/wearing it. If students neglect to follow the policy, they will be dismissed from clinical until corrected, which will result in loss of clinical time and require the use of PTO. If the attire is not corrected according to policy, disciplinary action will result.

## Class Dress Policy

Scrubs are not required for class but students are expected to dress appropriately. **You are professionals representing a profession and a medical institution.** Students are required to follow the below dress policy for class:

- **Marshfield Clinic ID/Security badge must be worn at all times.** They must be worn outside of clothing and easily read/seen at all times.
- **Business-Casual dress is required during class times.** This is defined as:
  - No torn, ripped, patched clothing of any time.
  - Clothing must fit properly: too short, too low cut, or too tight will not be permitted.
  - No jeans, denim, or sweat/jogging/wind/athletic pants permitted.
  - No leggings, spandex, or yoga pants permitted.
  - Low rise/hip hugger pants are not allowed. Pants should not allow your back to be exposed when bending over or sitting.
  - Shirts that show cleavage are not permitted. If you have to question it, its probably not a good idea.
  - No hoodies or sweatshirts. Covers must be of sweater or business-casual zip type.
  - No casual style t-shirts, sweatshirts, or jerseys.
  - No tube, halter, tank, or sleeveless tops.
  - No see-through or revealing tops.
  - No shorts.
  - No skirts or skorts above the knee; slits cannot go above the knee.
  - Flip-flop or open-toed shoes are not permitted; no bare feet.
- **Artificial nails of any kind are prohibited. This is an OSHA Safety requirement.**
- No hair color that is outside “normal hair color shades.”
- One small ring per finger; two small stud-type earrings per lobe. No hoops, cuffs, cartilage piercing, etc.
- No visible face or mouth jewelry/piercings. This includes tongue piercing.
- Tattoos must be completely covered at all times.
- No excessive make-up.
- No offensive body odor, including: smoke, or perfume/cologne/body lotion.

## Identification Badges

All students are required to wear their Marshfield Clinic Health System issued identification/security badge at all times when on the premises of Marshfield Clinic, Marshfield Medical Center or other Marshfield Clinic Health System affiliated locations. In addition to general identification of the student, ID/security badges are required for entrance into secure buildings and departments, and are used to record/track Clinical Attendance.

Each student is provided with one identification badge free-of-charge as they start the program. Students are expected to wear their badge each and every day, **to both class and clinical.** In the event the student forgets his or her identification badge at home, **he or she will be dismissed from class or clinical to obtain it.** This time will be deducted from the student’s PTO. If the student no longer has PTO remaining, this time will need to be made up. If a student forgets his/her badge a second time, in addition to being dismissed to retrieve it, the student will be issued a disciplinary action.

**If the student loses his or her identification badge, or damages it due to misuse, he or she will be required to pay \$40.00 for a replacement badge, and will not be permitted to class and/or clinical until it is received.**

## Student Health Policy

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In order to assure proper infection control, infectious/contagious diseases may require the student be removed from his/her clinical assignment until he/she is determined by a physician to be non-infectious. Conditions that may require removal from the clinical assignment may include, but are not limited to the following:

1. Open draining lesions: The Program Director will remove a student from clinical until seen by a physician, diagnosed, treated, and determined by the physician to be non-contagious.
2. Streptococcal infection: Any student with a sore throat, especially accompanied by fever, should request to have a throat culture from their personal physician or other healthcare provider. If group A streptococci are found, the student will be removed from his/her clinical assignment until 24 hours after antibiotic therapy is started and is afebrile; the student is to be treated appropriately as prescribed by their physician.
3. Staphylococcal infection:
  - a. Because of the ubiquitous nature of staph aureus, asymptomatic carriers are not isolated or treated.
  - b. Students with active staph aureus infections may not attend clinical. If a student relates a diagnosis of staph aureus infection, the Program Director will require written verification from the student's physician stating the circumstances under which the student may work to avoid transmitting infection.
4. Students with the following diagnosed conditions shall not be permitted to carry out their clinical assignment, or may require clinical work modifications:
  - a. Respiratory tract infections: i.e., group A strep, any pneumonia, active pulmonary TB, influenza, mumps, COVID-19, or any variant.
  - b. Active exanthems (rashes): chicken pox, herpes zoster, measles, or rubella.
  - c. Enteric infections: hepatitis, salmonellosis, shigellosis, amebiasis, giardiasis, vomiting and diarrhea of unknown etiology, until etiology is determined (and treated if appropriate), or symptoms abate.
  - d. Herpes simplex: shall not care for immunosuppressed patients, including newborns as per hospital policy.
5. Standard precautions: all students are provided with initial education, and in-service education, regarding the practice of standard precautions and are expected to adhere to these procedures in order to prevent acquiring or transmitting infectious agents.

### **Common examples of conditions where students should not report to clinical and/or may be removed from clinical:**

- Any COVID-19 CDC-identified symptoms (refer to COVID-Symptom Tracker)
- Pink eye unless you have been on eye drops for 24 hours
- Strep throat unless you have been on antibiotics for 24 hours
- Oozing, weeping, draining open wounds; off if wound cannot be covered entirely/properly or if drainage is through the dressings
- Persistent diarrhea; off until symptom free for 24 hours
- Persistent vomiting; off until symptom free for 24 hours
- **Fever of 100 or greater**; off until symptom free for 24 hours
- Rash of unknown origin (upon return if rash is still present, you must provide a program official with a doctor note)

## **YOU ARE IN A MEDICAL FACILITY WITH SICK AND IMMUNOCOMPROMISED PATIENTS**

Students with respiratory signs/symptoms will be required to wear a surgical mask (or N-95 if designated) while anywhere in the medical facility.

Faculty reserve the right to determine whether or not the student is allowed to attend class or clinical based on the health policies of Marshfield Clinic Health System. If students are not allowed to attend clinical due to illness, they will be required to utilize Personal Time Off (PTO), as detailed in the clinical Attendance Policy.

If a student presents with a high suspicion of infectious disease, such as a cough, fever, etc., action must be taken to minimize cross-infection. If a student voluntarily comes into the facility with a suspected illness and refuses to be sent home (insisting they are not sick), the student will be temporarily suspended and required to go to Urgent Care to verify (at the student's expense) the presence or non-presence of the infectious disease. Upon a positive verification of illness, the student will be required to leave class/clinical. Upon a negative verification of illness, the student will be allowed to attend class/clinical obligations. The student will be required to use PTO for their time missed.

If a student presents with physical injury or suspicion of physical injury, action must be taken to minimize further injury to the student, peers, and/or patients. If a student presents with an injury that limits their ability to complete clinical learning objectives, he/she will be removed from the clinical setting and sent home until they are able to physically meet clinical learning objectives. If a student presents with an injury that can risk the safety of peers or patients, he/she will be removed from the clinical setting and sent home until they are able to return without posing a risk to self, peers, and patients. If a student appears to have an injury that is not noticeably/visibly improved within 3 days, he/she may be required to obtain a medical release to return to clinical assignments. The Program Director reserves the right to limit clinical participation until it is safe for the student, coworkers, and patients or until a medical release has been obtained. Students will be required to use designated PTO for physical injury.

## **Student Insurance**

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Please be aware that Marshfield School of Radiography and clinical affiliation sites do not provide health insurance to students. It is advised that students carry their own health insurance during enrollment in the program.

All students enrolled in the Marshfield Clinic School of Radiography are covered for professional liability insurance through Marshfield Clinic. This insurance provides liability coverage for unintended injury to patients or other students during on and off campus educational experiences. The insurance is paid as an agreement with affiliated universities. Students are encourage to purchase additional liability on their own should they desire additional coverage. Information on additional student liability insurance can be found at [www.asrt.org](http://www.asrt.org). Information on Marshfield Clinic Student Liability Insurance can be obtained by request. Please contact the Program Director for more information.

## **CPR Requirements**

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All Marshfield Clinic School of Radiography students must be current in CPR certification. In order to ensure all students remain current throughout the program, **the School of Radiography requires students to complete an American Heart Association Health Care Provider level CPR certification during program Orientation.**

## Attendance Policy

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**Students are expected to be present and punctual every scheduled day of the program.** Class and clinical begin promptly at the time scheduled. **Students are required to arrive a few minutes early and assume their class or clinical responsibilities on time – this includes already being “dressed” and ready for your shift.\*** Students not dressed for their rotation and clocked in by their scheduled rotation time will be considered tardy. Students changing before their shift ends at the end of the day will be considered as not having fulfilled their clinical time. ***Changing clothes after clocking in or before clocking out is not allowed and in violation of the Attendance Policy.*** \* Students scheduled for a surgery rotation are required to be dressed in surgery-designated scrubs regardless of surgery caseload.

## Clinical Rotation Clock In/Out Policy

Students are required to clock in/out for all Clinical Rotations utilizing the MCHS ID Badge system on site only (not for use with didactic classes).

The Time-Clock used for “swiping” - aka clocking in and out – during Clinical Rotations is located in the **Hospital Radiology Department**. **This is the only clocking device approved for student use. If any other device is used in a different location, time will not be credited, and the student will be required to make-up the time.**

Students are required to clock:

**In – upon arriving to clinical education**

**Out – upon going to lunch**

**In – upon returning from lunch**

**Out – upon leaving clinical education**

**Students are required to be in their clinical education rotation site, ready for their shift, at the time indicated as their start time.** This means that students are to be changed, clocked in, and to their rotation site/department on time, at the designated scheduled start time. Students found clocking in before changing clothes or putting away personal items will be in violation of the policy and time will be deducted accordingly. **Students are required to remain in their clinical education rotation until the end of their scheduled shift.** This means that students are not to leave their rotation before the end of their shift; and are not allowed to change clothes or go to locker rooms until their shift has ended. Students found clocking out after changing clothes or obtaining personal items from locker room will be in violation of the policy and time will be deducted accordingly.

**If a student forgets his/her MCHS ID badge, they will be dismissed from clinical to retrieve it, and time missed will be deducted from PTO, or be required to be made up.**

**If a student forgets to clock in or out at any point during their rotation, he/she must complete a *Student Absent Form* indicating the date/time, and obtain a signature from a Clinical Instructor. Students will be issued a warning for the first offense. After the first warning, any occurrence thereafter will result in written disciplinary action and time will be deducted from PTO or made up for the timeframe there is no clocking info.**

## Tardy

Tardiness is described as not being present in the assigned area ready at start time. Any student who arrives to class or clinical any time after the scheduled time, is considered tardy. **If a student is late for class or clinic up to 30 minutes beyond their scheduled start time will be marked tardy. The student will be required to stay late that same day 30 minutes to make up for their tardy.** Anything over 30 minutes will be considered **absent** and will be required to deduct a minimum of 4/4.5 hours (half-day) PTO and be required to follow the attendance policy/procedure.

In the event a student is tardy, he/she must (all 4 steps):

1. **Call your clinical site/department to let them know** (if you are driving, obviously pull over or wait until it is safe to do so).
  - **If you are scheduled at the Hospital, call 715-387-7184 and leave a message with a person.** Voicemails are not acceptable.
  - **If you are scheduled at the Clinic and it is before 7:30, call the Hospital at 715-387-7184 and leave a message with a person.** Voicemails are not acceptable. *Let them know you are scheduled at the Clinic but are leaving a message due to nobody being at the Clinic until 7:30.*
  - **If you are scheduled at the Clinic and it is after 7:30, call 715-387-9067, and leave a message with a .** Voicemails are not acceptable.
  - **If you are scheduled for an advanced modality, you must also call that department.** Make sure you find out the phone number to the department **before** your week, in case you need to notify them. You are only there a few days, it is respectful and professional to let them know if you are going to be late, or absent.
2. **Send a REMIND message to the Clinical Instructor and report you will be tardy.**
3. Upon arrival, complete a **Student Absence Report (SAR)** form. This form must be completed, signed (by a Clinical Instructor), and submitted **directly** to a Clinical Instructor immediately.
4. Remain at the clinical site for the same amount of time (up to 30min) at the end of the shift to make up for the time missed upon arriving.

## Absent

Absence is described as not being present in the assigned area within 30 minutes of the start time. Any student who arrives to class or clinical after 30 minutes will be considered **absent** and will be **required to deduct a minimum of 4/4.5 hours PTO** (half-day) and be required to follow the attendance policy/procedure.

**Missed time is in 4/4.5hr increments only.** 4.5hrs for semesters one and two, 4hrs for semesters three-five. If you have PTO remaining, it will be deducted from that first. If you do not have PTO remaining, **you are required to make up your missed time. You must request make-up time with the Program Director within 3 days of the requested make-up day/time.** The Program Director will communicate with the department on behalf of your request and will communicate back to you if this is approved.

When ***illness or emergency*** dictates a student's absence from **clinical**, he/she will (ALL 3 Steps):

1. **Call the clinical site department at his/her assigned clinical site a minimum of 30 minutes** before the start of his/her shift to report absence (half or full day). The student is required to call the department until an answer is had. This will be documented at the clinical site. The student should record the time of call and who he/she spoke to.
  - **If you are scheduled at the Hospital, call 715-387-7184 and leave a message with a person.** Voicemails are not acceptable.
  - **If you are scheduled at the Clinic and it is before 7:30, call the Hospital at 715-387-7184 and leave a message with a person.** Voicemails are not acceptable. *Let them know you are scheduled at the Clinic but are leaving a message due to nobody being at the Clinic until 7:30.*
  - **If you are scheduled at the Clinic and it is after 7:30, call 715-387-9067, and leave a message with a person.** Voicemails are not acceptable.
  - **If you are scheduled for an advanced modality, you must also call that department.** Make sure you find out the phone number to the department **before** your week, in case you need to notify them. You are only there a few days, it is respectful and professional to let them know if you are going to be late, or absent.
2. **Send a REMIND message to the Clinical Instructor and Program Director a minimum of 30 minutes before the start of your shift** to report your absence (half or full day).
3. Upon return, complete a ***Student Absence Report (SAR)*** form. This form must be completed, signed (by a Clinical Instructor), and submitted **directly** to the Clinical Instructor **within two days of return**. A copy will be returned to the student if time is to be made up so that it can be attached to the SAR when make-up is complete.

When ***illness or emergency*** dictates a student's absence from **class**, he/she will (Both Steps):

1. Notify the instructor **via email or REMIND** a **minimum of 30 minutes** before the start of class to report absence (half or full day).
2. The student must complete a ***Student Absence Report (SAR)*** form. This form must be completed, signed (by Instructor), and submitted **directly** to the Instructor or Program Director **within two days of return**. A copy will be returned to the student if time is to be made up so that it can be attached to the SAR when make-up is complete.

When a student ***knows in advance*** they will be absent from **clinical**, he/she will (Both Steps):

1. Complete a ***Student Absence Report (SAR)*** form indicating the day and time of expected absence. Obtain a Clinical Instructor Signature, and turn in **directly** to the Clinical Instructor, making a copy for yourself. A copy will be returned to you if time is to be made up so that it can be attached to the SAR when make-up is complete.
2. **Send a REMIND message to the Clinical Instructor and Program Director the day or evening before your absence to remind them of your upcoming absence** (half or full day).



When a student ***knows in advance*** they will be absent from **class**, he/she will (Both Steps):

1. Complete a ***Student Absence Report (SAR)*** form indicating the day and time of expected absence. Obtain the Course Instructor's Signature, and turn in **directly** to that Instructor, making a copy for yourself.
2. **Send a REMIND message to the Course Instructor and Program Director the day or evening before your absence to remind them of your upcoming absence** (half or full day).

With any potentially contagious illness or extended illness (requiring absence from more than two consecutive clinical days), students will be required to provide documentation, when appropriate, from a physician stating that the student can return to his/her clinical assignment.

Failure to comply with Attendance procedures will result in disciplinary steps.

Excessive tardiness or absences will result in disciplinary action.

Phone numbers for all clinical education sites and email addresses for all faculty/administration will be provided to all students. Students are encouraged to record clinical site and faculty contact numbers/email in their phone or utilize an additional resource for quick access.

### **No Call/No Show**

If a student is absent and fails to contact the appropriate personnel and departments as listed in the attendance policy, that student will be considered a "No Call No Show." This is not only a violation of policy and procedure, but a demonstration of complete lack of professionalism and respect for the program and clinical sites.

The first offense (day) this happens, the student will be issued a *written warning*.

**The second offense will result in termination from the program.**

A student that is absent and fails to contact the appropriate personnel and departments for 3 days in a row will be viewed as a **voluntary withdrawal from the program** and will not be permitted to continue. This student will also not be considered for re-entry.

## Personal Time Off (PTO)

Students will be allowed **80 hours during the course of the program to use as Personal Time Off for both class and clinical time. PTO is utilized in 4 Hour/Half-Day increments only.** Any hours absent in excess of the 80 hours, the student is responsible for making up the loss in clinical time in the semester it occurred. Clinical grade will be affected as indicated below under *Grade Status*. Students with time remaining to be made up at the end of the semester will receive an *Incomplete* for that class until the time is made up. The student must make this time up within 15 days of the end of the semester. If the student has not made up his/her time within 15 days, the student will not have met the requirements of the course, thus failing the course and will be dismissed from the program.

**The 80 hours of PTO will include hours taken for both sick time and personal leave. Time must be taken in increments of at least 4 hours. If a student is absent for any reason, they must first use their PTO available. There are no exceptions.** Any time thereafter, will be required to be made up. Those additional hours absent following the 80 hours will affect their clinical grade status as indicated below under *Grade Status*.

If a student utilizes PTO during a *weekend, evening, or modality rotation*, they will be rescheduled to work this identical shift differential/rotation. All students must work the required p.m., weekend, and modality rotations. Working the various shift differentials and modalities is part of the clinical requirements. In addition, if a student has a conflict prior to their evening shift, they must take PTO and will not be allowed to work the day shift in place of the p.m. shift. PTO will be utilized **and** the student will be scheduled for the completion of the shift.

**Students are strongly encouraged to use their PTO wisely and not view these hours as vacation days. Students are not allowed to use PTO during Final Exam Weeks.**

**PTO must be used to cover all absences including: illness (personal & family), doctor and dental appointments (personal & family), car breakdowns, banking matters, overslept, weather or travel issues, and any needed personal time off. All make-up time must be completed within 15 days past the end of the semester.**

### Extended Time Off/ Extended Leave

Because the School of Radiography is a Competency-Based academic program, Extended Leaves carry the risk of not completing semester requirements as stated in the Progression Standards. If a student arrives at a situation that requires extended leave from class and clinical, the following policy/procedure applies:

1. If a student requires extended absence from class and clinical that is covered by a physician's note/order, and **can be covered by their PTO, and/or can be made up within the semester and/or within 15 days of the end of the semester**, an ***Extended Leave can be requested***. ***The student must be able to fulfill all semester progression requirements in order to advance to the next semester***; this includes assessments, evaluations, competencies, exams, assignments, etc. The grade drop policy will not apply in this situation. If a student's situation fits this criteria, he/she can apply for an ***Extended Leave*** with the Program Director. ***Extended Leave Forms*** can be found in the Appendix of this Handbook. *Extended Leaves are not guaranteed approval.*

2. If a student requires absence from class and clinical that **cannot be covered by their PTO, and/or made up within the semester and/or within 15 days of the end of the semester, or the student will not be able to fulfill progression requirements in order to advance to the next semester**, a student will need to request a *Leave Of Absence*. If this is required, the *Leave Of Absence* policy will apply. *Leave of Absence Forms* can be found in the Appendix of this Handbook.

## Leave Of Absence

If a student needs to take a *Leave Of Absence* from the program, **due to pregnancy or a medical-related issue identified by a physician, that cannot be covered by their PTO, and/or made up within the semester and/or 15 days of the end of the semester, or the student will not be able to fulfill progression requirements in order to advance to the next semester**, he/she may qualify for a one-year *Leave Of Absence*, with the possibility of being allowed back into the program at the start of the academic semester he/she was in when left. A student will need to **request** a *Leave of Absence* by submitting a *Leave Of Absence Form*, which can be found in the Appendix of this Handbook.

In the event a student needs to request a *Leave of Absence* from the program, the following conditions exist:

1. Any student that requests, and is approved, a *Leave of Absence* for one year will be allowed to re-enter the program at the beginning of the semester following their last successfully completed semester. For example, if a student requests a Leave of Absence at the end of the Second (2<sup>nd</sup>) Semester, First Year Cohort, he/she can request a *Leave of Absence* for one year, re-entering on the next Third (3<sup>rd</sup>) Semester, First Year Cohort, as the program must be completed within 150% of published time.
2. Any student that wishes to request a *Leave of Absence* must submit a *Leave of Absence Request* form directly to the Program Director.
3. Leave of Absences are only considered for those in good academic standing.
4. If *Leave of Absence* is granted, the student will be required to follow the policies and procedures of the program consistent with the academic year he/she is readmitted.
5. If a student requests a *Leave of Absence* prior to a semester completion, the student would be required (if approved) to start at the beginning of such semester and comply with any and all course revisions and learner objectives at the time of readmission.
6. The student is responsible for maintaining the ability to satisfactorily perform all previously learned skills. **Demonstration of satisfactory performance will be required prior to readmission to the program. This means the student will be required to prove maintained competency of the content and procedures already completed.** This will include, but not limited to, final examinations and competency examinations.
7. A student is allowed only one *Leave of Absence* while enrolled in the program.
8. Students must have been in good academic and professional/ethical and behavioral standing at the time of request in order to be considered for *Leave of Absence*.
9. Leave of Absences are not guaranteed approval.

The student will not be allowed to continue with didactic courses during this one year leave of absence. If he/she chooses not to return within one year, his/her position in the program will not be reserved and he/she will have to re-apply to the program and start over with semester one. Acceptance into the program will be in accordance with the program selection process and will not be guaranteed.

## Inclement Weather Policy

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**\*\*WEATHER STATEMENT\*\* YOU LIVE IN WISCONSIN. We will experience adverse weather and road conditions during the winter season. MC School of Radiography does not delay or close for every snow event.**

Marshfield Clinic School of Radiography will rarely cancel classes due to winter weather events. In the rare event of delay or cancellation, students will be notified via REMIND. It is each student's responsibility to monitor their REMIND for notifications. Program administration will make every effort to notify students as soon as possible on a decision. \*\*Program faculty reserve the right to utilize WebEx Virtual Classroom in the event of adverse weather. Class will be held at the scheduled time and attendance is required. Absence from virtual class will be handled in accordance with the Attendance Policy.

Marshfield Clinic School of Radiography will rarely cancel clinical education due to winter weather events. If a student feels it is unsafe to travel, he/she is encouraged to wait until safe to do so. **PTO will be deducted for clinical absences due to weather.** If no PTO remains, clinical time must be made up.

In cases of adverse weather and/or poor road conditions such as ice or snow etc., the student is advised to use their best judgment in regards to the driving to MCHS. It is each student's responsibility to monitor the weather and driving conditions in their area. If you do not feel it is safe for you to drive, don't.

**DO NOT ASK ADMINISTRATION IF SCHOOL IS GOING TO CLOSE, OR BE CLOSED. WE WILL NOTIFY YOU IN THE EVENT.**

## Absence Policy – Grade Status

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There will be a drop of **one letter grade for every sixteen (16) hours of clinical time absent, when a student goes over their 80 hours of PTO.** The letter grade drop or (drops) will occur in the semester in which the 16<sup>th</sup> hour is reached. This does not reset each semester. Students receiving a letter grade below "B" due to excessive absence will be subject to probation and/or termination from the program based on the Progression Policy. Although a student's grade is not affected until the 16<sup>th</sup> hour, absences in excess of the 80 Hours of PTO is deemed excessive and may result in disciplinary action. Time missed for classes (above the 80hrs PTO) is subject to the instructors discretion, and will be according to that stated in each course syllabus. The default class attendance policy is as stated: **For every class time missed (any length of class time) above the 80hr PTO, the student will receive a 25% reduction in class average.** Students are responsible for missed content – classes will not be "retaught" due to an absence. All other policies resulting from absences will be stated in the course syllabus.

## Funeral/Bereavement Leave

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The Funeral Leave Policy is adopted from the Marshfield Clinic Funeral Leave Policy.

Upon notification to program faculty, students will be allowed a **maximum of three (3) days** leave of absence for a death in the *immediate family*. Students will be granted up a **maximum of one (1) day** leave of absence for a death in the *extended family*. The days off include travel time.

*Immediate family* includes the following:

- Parent\*^
- *Legal* Guardian
- Sibling\*
- Child\*^
- Spouse

(\* ) Includes step family

(^ ) Includes spouse's family

*Extended family* includes the following:

- Sibling-in-law
- Nieces & Nephews\*
- Grandparent\*
- Aunts\*
- Uncles\*

(\* ) Excludes step and spouse's family

An absence due to bereavement does not count toward a student's personal days. Students are responsible for making up missed course work according to the course syllabus. An obituary or funeral program is required. This must be submitted to program faculty within two days of return.

## Jury Duty or Court Witness Policy

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The Jury Duty or Court Witness Policy is adopted from the Marshfield Clinic Jury Duty/Court Appearance Policy.

Upon notification to program faculty, students will be afforded time off for jury duty or court witness. The student must present the jury summons or subpoena to receive the time off. The amount of time afforded will be determined by the Program Director.

If the court witness hours are subpoenaed for a phone testimony, the student will call program faculty after the phone conversation is completed to determine if he or she will need to return to class or clinical that day.

The absence due to jury duty or court witness does not count toward a student's personal days. Students are responsible for making up missed course work according to the course syllabus.

## Other Attendance Policies/Procedures

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### **There is no banking of additional time.**

If a student begins a clinical rotation early or stays late to complete an exam, and the time exceeds 30 minutes, credit for this time must be taken **at the end of the next clinical shift**. Time cannot be used at the start of a shift, to arrive late. Students cannot “collect” time to be used at a later date. Students must complete the appropriate sections of the ***Student Absence Form*** indicating the day/time of extended exam (with supervising technologist signature), and the day/time of early departure the next day. Form must be signed and returned to the Clinical Instructor.

If a student wishes to complete a competency during class hours, any class material missed will be the responsibility of the student. Quizzes and/or exams will be forfeited.

If a student volunteers to be called or scheduled for clinical experience at any time outside of their daily schedule, for the possibility of gaining/completing a competency procedure, the student is choosing to do so on their own accord (this includes lunch breaks). This time/gesture is strictly volunteer by the student and **will not be credited back**. If a student takes the initiative to be proactive in completing procedures and competencies, that will be reflected positively in an evaluation and/or reference, and will not be exchanged for time off.

### **Attendance Make-Up Policy**

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**Students must make up missed class and clinical time for any time missed beyond the allotted 80 Hours of PTO.** Clinical time must also be made up if certain mandatory rotations were missed, as determined by Program Administration.

If a student is required to make up time, he/she must **REQUEST it with the Program Director no later than three (3) business days prior to the day that is being requested**. The Program Director will meet with the Clinical Instructor and department managers to get approval on the requested day/time. ***Requests made by the student are not guaranteed.*** Time/days approved for make up will be determined by program administration and communicated to the student.

Once a student’s make up time is scheduled/approved, a student cannot request to change it anytime within two (2) days of the scheduled time. If a student is unable to accommodate his/her scheduled make-up time, he/she will be **required** to use remaining PTO. If PTO is not available, and re-scheduling must occur at this short of time, the student will be required to make up both shifts missed; the additional missed time plus the initial missed time. Students must be professional and responsible when accommodations are made for scheduling make up.

Once make up time is arranged and completed, students must complete a ***Student Absence Form***, and have it signed by the supervising technologist. **The student will attach this make-up form to a copy of the associated SAR from when they were absent, and submit together, to a clinical instructor or program director.** If a student fails to complete and submit absence forms as required, disciplinary action will follow.

**If a student fails to make up their required missed time by the end of the semester, an incomplete will be documented on the student’s transcript. The student will have 15 days beyond the end of the semester to complete this time, and any associated progression requirements. If the student fails to complete the make-up time and/or progression requirements, the student will not pass the course, and will not progress to the next semester.**

## Job Interviews

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The program supports a senior student's desire to complete job interviews as they approach graduation. Because the end goal of the student's educational process is to obtain employment in the Radiographic Sciences, time off is given to the student to attend out-of-area interviews in the following manner:

- For in-person interviews needing travel that occur **more than two (2) hours away from Marshfield Medical Center-Marshfield**, (one way) a student is awarded one (1) full, excused day. This time will not have to be made up (unless occurring during a mandatory rotation).
  - For local in-person interviews needing travel that occur **less than two (2) hours away from Marshfield Medical Center-Marshfield**, (one way) a student is awarded one-half (1/2) day. This time will not have to be made up (unless occurring during a mandatory rotation). **\*\*This does not qualify for interviews on MCHS campus or virtually held interviews. These interviews will require PTO to be used.**
  - If more time/days are needed for travel or preparation, a student must use PTO.
  - Because "the time necessary to get ready" for an interview is different for each individual, this is not factored into the requirements listed above. If a student requires more time "to get ready," he/she will need to use PTO.
  - **A student will be granted only one (1) interview day, not both.** I.e. if a student uses a half-day for a local interview, he/she cannot also use a whole-day later on for a long-distance interview.
- 1) To be granted approval for time-off for interviews, the student must submit a **School/Job Interview Form** within seven (7) days before the scheduled interview. This form can be found in the Appendix of this Handbook, and **must include** the required information as depicted on the form. If a student does not submit the request in the timeframe stated, or fails to provide any of the required information, an interview day will not be approved/granted.
  - 2) During the scheduled interview, each student must have an **Interview Verification Form** (located in the Appendix) completed by the personnel completing the interview, and must return it to the Program Director within two (2) days of returning from the interview. If a student does not submit the verification in the timeframe stated, or fails to have the required information completed, and interview day will not be approved/granted.

## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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HIPAA requires confidentiality of all protected health information during all clinical education experience. Information obtained in the form of verbal, written, pictorial or electronic means are all covered as **protected health information**, or **PHI**. Students who require access to patient health information as part of the clinical experience, will protect the information in accordance with the policies and procedures of the site and Marshfield Clinic School of Radiography. Students will not disclose or request protected health information in a manner that violates policies and procedures of MC School of Radiography, the clinical affiliate, or state and federal law.

- 1. Students who violate patient confidentiality will result in disciplinary actions and may be subjected to immediate dismissal from the program depending on the violation severity.**
- 2. HIPAA involves both civil and criminal penalties for violations. Prison time and fines are possible for violations.**
- 3. Based on individual health care facility requirements, student may have to complete HIPAA training and sign confidentiality agreements at their clinical sites.**
- 4. Clinical sites have the right to revoke all clinical privileges for any HIPAA violation.**

## Radiation Safety

The School of Radiography Radiation Safety Policy is adapted from the Marshfield Clinic Policy Occupational Radiation Dose Monitoring and the Marshfield Clinic policy Radiation Safety ALARA Program.

### Radiation Safety Monitoring

Students are issued and required to wear a Radiation Monitoring Device at all times during their clinical assignment or when required for laboratory experiments. This helps assure student radiation exposure is kept as low as reasonably achievable (ALARA).

The Radiation Monitoring Device is considered part of a complete uniform (see Dress Code policy). It should be worn in the area of the upper torso. When a lead apron is worn, the badge should be placed on the outside of the apron at the collar level. **In the event the student forgets his or her Radiation Monitoring Device, he or she will be dismissed from clinical to obtain it. This time will be deducted from the student's PTO.** If the student no longer has PTO remaining, this time will need to be made up. If a student forgets his/her Radiation Monitoring Device a second time, in addition to being dismissed to retrieve it, the student will be given a written disciplinary action.

**If the student loses his or her Radiation Monitoring Device, or damages it due to misuse, he or she will be required to pay \$40.00 for a replacement device, and will not be permitted to clinical until it is received.** This missed time will be deducted from the student's PTO.

***Radiation monitoring devices are exchanged quarterly (every 3 months). Students will be notified when devices are due and collected. Students will be given three (3) days to submit devices when being collected. Failure to submit devices on time will result in one (1) clinical day loss for each day device is late.***

Leaded aprons, thyroid collars, and gloves are provided in the clinical environment and shall be worn whenever the student is in an examination when radiation exposure may occur.

Contact Radiation Safety staff with any problems or questions regarding your monitoring device, dose reports, or viewing the electronic copy of your dose reports:

Chris Kessler  
Radiation Safety Officer/Medical Physicist  
[kessler.christopher@marshfieldclinic.org](mailto:kessler.christopher@marshfieldclinic.org)  
715-387-5248

Emily Bauer  
Health Physics Associate  
[bauer.emily@marshfieldclinic.org](mailto:bauer.emily@marshfieldclinic.org)  
715-387-5206

Kristi Wolf  
Radiation Safety Technologist  
[Wolf.kristi@marshfieldclinic.org](mailto:Wolf.kristi@marshfieldclinic.org)  
715-3893088



## Viewing your Dose Reports

An annual radiation dose report for each student is received by the Program Director from the Radiation Safety Office, and distributed to students upon receipt of the report. A copy is kept in the student's personal folder.

Students are expected to check their quarterly radiation exposure by signing in online:

- 1) Logon to [www.myLDR.com](http://www.myLDR.com)
  - a. Username: marshfield
  - b. Password: 20!2 badges
- 2) Enter necessary information
  - a. Account Number: 207382
  - b. Serial Number: located on the back of the most recent badge you are issued (not a spare badge)
- 3) Your individual dose report history will be displayed. This may take 15-30 seconds to load. To protect your privacy, no personal information is displayed.
- 4) Click "View Details" to see the details of your individual badge reading.
- 5) New dose reports will post a week or two after badge exchange, depending on how quickly badges are returned to the Radiation Safety Office.

## Annual Radiation Dose Limits

Whole body	5000 mrem/year
Lens of the Eye	15,000 mrem/year
Extremities and Skin	50,000 mrem/year
Fetal	500 mrem/gestation
General Public	100 mrem/year

## Radiation Doses Exceeding Normal Ranges

### ALARA Investigation Level I

Any student with a whole body quarterly dose exceeding 125 mrem, lens exposure of greater than 375 mrem, or skin or extremity dose exceeding 1250 mrem will be reviewed by program faculty, the Radiation Safety Officer, and the Radiation Safety Committee. The investigation is to determine cause of the elevated level. At this time, program faculty will review safety practices to minimize further student exposure.

### ALARA Investigation Level II

Any student with a whole body quarterly dose exceeding 375 mrem, lens exposure of greater than 1125 mrem, skin or extremity dose exceeding 3750 mrem, or dose to fetus exceeding 150 mrem will be reviewed by program faculty, the Radiation Safety Officer, and the Radiation Safety Committee. The student and faculty will work together to determine all clinical activities he/she was involved in for that quarter. Student and faculty will be required to meet to outline a plan and modification of behavior that will minimize further exposure. A required action and summary report will be distributed to the student, program director, radiation safety officer (to share with the radiation safety committee) and relevant clinical sites. The student will receive continued radiation dose monitoring to determine if the action plan is successful.

## MRI Safety

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Each student will have the opportunity to gain introductory clinical experience in MRI during his/her second year of the program. Prior to rotating through MRI, a MRI Safety Orientation will be conducted with every student to inform them of the essential safety practices utilized in the MRI suites. Each student is required to document that they have received this training. In addition, a safety screening form is completed by the student to determine if the student has any contraindications to the magnetic or radiofrequency hazards within the MR environment. Any contraindications for students entering the MR suites will be recognized during that time and appropriate accommodations will be made. Documentation of completion of the orientation and screening is maintained in the Program Director's office.

## Radiography Program Lab

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Students are not allowed to take exposures on the radiographic phantom in the designated procedures lab without a faculty member or registered technologist present in the room/lab. Students may practice positioning and/or work with equipment but exposures cannot be made. Students are not allowed to perform radiographic exposures of humans or animals at any time in the radiography program laboratory.

## Parking Policy

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The Parking Policy is adapted from Marshfield Clinic Parking – Marshfield Clinic Facilities Policy. During their first week, students are informed of the correct lots to park via distribution of a parking map and a tour of the medical campus. Failure to follow parking policies will result in disciplinary action.

### Violation of Parking Policy

- i. 1<sup>st</sup> offense
  - a. Staff or faculty warning notice. This warning notice is non-expiring.
  - b. Clinic Security warning notice. This warning notice is non-expiring.
- ii. 2<sup>nd</sup> offense
  - a. City of Marshfield parking citation, and
  - b. Notification of Program Director by Security, and
  - c. Disciplinary Action (Suspension)
- iii. Further offenses
  - a. City of Marshfield parking citation for each offense, and
  - b. Notification of Program Director by Security for each offense, and
  - c. Additional Disciplinary Action, which may include termination from the program

## Substance Abuse Policy

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The Substance Abuse Policy is adapted from the Marshfield Clinic Drug Free Workplace Policy and Marshfield Clinic Substance Abuse Policy.

Reporting to class or attending clinical education while under the influence of alcohol, controlled substances, prescribed medications, or over-the-counter medications that impair your ability to safely and effectively perform required student duties, as determined by the school officials or clinical staff, is prohibited.

Except as otherwise specified, prescribed and over-the-counter medications are not prohibited when taken in standard dosage and/or according to the prescription.

The following are prohibited while on the medical campus:

- Possessing and consuming alcoholic beverages
- Possessing, manufacturing, distributing, procuring, using, or receiving illegal drugs or drug paraphernalia
- Unlawfully possessing, manufacturing, distributing, procuring, using, or receiving controlled substances
- Illegally using or using in an unauthorized manner prescribed medications
- Diverting or stealing medication
- Attending classes or clinical under the influence of illegal drugs
- The presence of any detectable amount of any illegal drug in a student's body system while in attendance will be construed as being under the influence of any such drugs, regardless of when the drug was ingested and regardless of the student's appearance or behavior
- Attending classes or clinical while impaired by alcohol, controlled substances, or prescribed medications
- Switching or altering urine, blood or other sample used for testing, refusing to submit a sample without medical explanation justifying failure to produce urine, blood or other sample for testing when requested, or any other action evidencing a refusal to fully cooperate in the collection/testing process (including refusal to sign an authorization form for testing)

### **Consequences for Violating Substance Abuse Policy**

- A student who tests positive for illegal drugs or as being impaired by controlled substances is ineligible for attendance
- A student who violates or may have violated this policy will immediately be suspended until:
  - The student tests negative
  - Investigation reveals no violation of the policy
  - Student's attendance ends
- Violations of this policy are subject to corrective action, up to and including termination, and referral to the appropriate law enforcement as determined by the school officials
- Use of illegal drugs will automatically result in immediate dismissal
- A student who has diverted medication or believed to have diverted medication will be terminated

### **Reasonable Belief Testing**

This is conducted when there is information about a student's appearance, conduct or behavior that would cause a reasonable person to believe that the student may be impaired by alcohol, controlled substances, or the use of illegal drugs. Reasonable Belief testing may be conducted with the student after an investigation has been completed. This type of testing may be initiated by any clinical staff or program faculty. If possible, circumstances relating to reasonable belief testing should be witnessed by at least two individuals.

Complete documentation will include the basis for suspicion (appearance, behavior – speech and awareness, motor skills – balance, and any other observed actions or behavior – odor of alcohol on breath), time and date, and signatures. The student will also be required to sign a Testing Consent Form, found in the Marshfield Clinic Health System Document Control System within the Substance Abuse Policy. The student is to be brought down to any Marshfield Clinic laboratory for immediate testing, at the student's expense. The student will be sent home (with appropriate transportation arrangements) until the results are received. If the results are negative, the student may return to class or clinical. If the results are positive, the student will be notified and will be subject to corrective action, up to and including dismissal.

## Personal Portable Devices Policy

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The purpose of this policy is to address the use of personal and electronic portable devices [smartphones (i.e. iPhones, Androids), cell phones, and other electronic devices (i.e. iPads, iPods, MP3's, Kindles, laptops, notebooks etc.)] within the clinical rotation departments and classroom.

The use of personal and electronic portable devices and laptops for personal use (including homework, talking, texting, internet, videos, gaming, etc.) are not permitted in any areas during clinical education. This includes break rooms. Students may use their electronic devices only outside of the clinical rotation/department during lunches and breaks.

During scheduled clinical time, cell phones and other personal and electronic portable devices should be turned off and stored in a purse, backpack, or other secure location, and **not be kept out or carried on person or present. If a student is found with a portable device on their person, they will be required to remove it, and disciplinary action will follow. If a student is wearing a smart watch of any kind, and is found/saw to be using it for other than time, he/she will be required to remove it and disciplinary action will follow.**

**During scheduled class time, cell phones and other personal portable devices must be turned off and stored, unless otherwise authorized. This does not mean on the desk/table. They must be stored away, out of sight. YOU WILL NEED A REGULAR CALCULATOR, phones will not be permitted for use as a calculator.**

If a student fails to follow the Personal Portable Device Policy, disciplinary action will follow.

## Emergency Phone Calls

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If there is an emergency situation that someone must contact you while at the medical campus, please share designated program and department phone numbers provided to you.

## Computer Usage

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The computers located in the medical library, School of Radiography, and Clinical Radiography Departments are provided for student educational purposes and patient procedural use. **Students may not use MCHS computers for personal use or business at any time.** Please be aware that any misuse of the computers will result in student privileges being removed and disciplinary action will be taken. Misuse of the computer includes, but is not limited to:

- Browsing internet sites for personal reasons (shopping, e-trading, social media, etc.)
- Viewing internet sites that contain pornography, gambling, or chat rooms.
- Accessing personal email accounts (other than university or program-issued accounts).
- Sending inappropriate e-mail messages. These include, but are not limited to, sending e-mails containing vulgar, abusive or derogatory language, threats of violence (intended or implied).
- Viewing confidential information without clinical necessity.

The program reserves the right to supervise computer usage and determine behaviors that are deemed inappropriate.

Classroom computers provided by Marshfield Clinic are for your use as a student while attending the School of Radiography. **The devices are to be used only on campus.**

## Social Networking

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All students should be aware that any information they post on social networking sites may be disseminated, whether intended or not, to a larger audience. What one says or delivers over such sites may be taken out of context. When posting content or images on social networking sites such as facebook or snapchat, students need to always remember that they are representing Marshfield Clinic Health System as a whole as well as the Radiography Program. In addition, they are representing their affiliation university and clinical education sites as well.

Some examples of networking sites in which inappropriate content could be dispersed would include Facebook, LinkedIn, blogs, wikis, twitter, Flickr, YouTube, Snapchat:

- Ensure that your social networking activity does not interfere with your school and clinical affiliations. Check with program officials if you have questions.
- When you participate in social media, you need to be careful about the information you provide and to distinguish personal from professional comments.
- At no time, should a student post any information regarding patients or activities related to their clinical experience. This could and most likely will result in immediate termination as this is a breach of confidentiality.
- When using social media, be aware that clinical affiliation policies regarding social media may apply to you as a student in our program.
- Consider your content carefully; a posting on the web lives forever. Be respectful and professional. A good rule of thumb is to post or communicate only those things you would want your future employer to see.

The below are some examples that may be deemed inappropriate by program officials as these incidents can affect a student's ability to participate in clinical experiences at the programs affiliated clinical education sites:

- Online derogatory remarks regarding patients, clinical staff, program faculty or peers.
- Online depiction of illegal activity
- Discriminatory language or practices online
- Inappropriate images
- Posting patient radiographic images of any kind

Students involved in any breach of confidentiality, inappropriate behavior or comments related to the college and program affiliates will be subject to disciplinary action as outlined in the disciplinary procedures portion of this handbook.

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MCSR

**SECTION FOUR:**  
**CLINICAL**  
**EDUCATION**  
**PLAN**

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MCSR



## Clinical Rotation Assignments

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All students will rotate through the program's clinical education sites throughout their enrollment in the program, which ensures a wide variety of clinical experiences. The current clinical sites are **Marshfield Clinic** and **Marshfield Medical Center**, located at 1000 N. Oak Avenue, Marshfield, WI 54449. Each clinical education site has a designated clinical instructor/preceptor.

The clinical instructor for each site will provide rotation schedules for students, which may include general diagnostic radiography, pain care, surgery, fluoroscopy, orthopedics, ER/trauma, and/or tomography, as applicable to their respective site.\* **If at any time a student is prohibited from performing clinical duties at any of the program clinical sites, the student will no longer be eligible to continue in the program.**

Program administration determine schedule clinical site rotations and shift times. Students are provided with a schedule each semester, which is distributed in a timely manner, approximately two to three weeks prior to the start of each semester. Clinical rotation schedules are subject to change by the program director when there is a recognized need to do so based on staffing or department changes, procedure changes, competency needs, change in student numbers, individual student needs, or modality rotation needs. **Students are not allowed to change or switch clinical rotations days or times.**

Students will be scheduled for approximately **18 hours per week of clinical time** during the **first (1<sup>st</sup>) and second (2<sup>nd</sup>) semesters** of the program, on **Tuesdays and Thursdays**; and approximately **24 hours per week of clinical time** during the **third (3<sup>rd</sup>), fourth (4<sup>th</sup>), and fifth (5<sup>th</sup>) semesters** of the program, on **Mondays, Wednesdays, and Fridays**. Students will be required to attend early morning, day, afternoon, and evening shift clinical rotations while enrolled in the program. Students will also be scheduled weekend rotations during enrollment in the program. *Students will not be required to complete more than 25% of their total clinical time during the evening/overnight hours of 7:00pm – 5:30am or weekend hours at any time during the program.* In the event a class cannot be held, program officials reserve the right to re-assign the academic time to clinical education. However, ***at no time will a student be scheduled more than 40 hours per week of combined clinical and didactic hours. No substitutions for clinical rotation times will be allowed.***

***\*Students will be provided with a technologist-to-student rotation schedule for each day they are assigned to clinical education. Students are required/expected to follow provided and designated rotations and technologist assignments. At no time should students make any changes to their assigned rotation or technologist without the approval/direction of the clinical instructor. Failure to comply with assigned rotations and/or technologist assignments will result in weekly evaluation point deductions.***

## Modality Rotations

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Throughout enrollment in the program, students are provided the opportunity to observe specialized Imaging areas (modalities) which include **Nuclear Medicine, Radiation Therapy, Computed Tomography, MRI, Interventional Procedures, Mammography, and Ultrasound**. Please refer to the policy below for mammography rotations.

The purpose of the modality rotations is to provide the students with an introductory experience to each related modality and provide a basic understanding as to how each modality plays a role in diagnostic and therapeutic imaging. In addition, students will be apprised to the advanced imaging career opportunities within the field of Radiography. Additional rotations will only be allowed if the student is meeting all clinical requirements and is in good academic standing in regards to clinical requirements and competencies

## Mammography Rotation Policy

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The Marshfield Clinic School of Radiography has implemented a policy, effective Fall Semester 2019, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging.

Under this policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. Male students must be aware that if they request a mammography rotation, it is likely this request will be denied by the programs current clinical education sites. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement regarding mammography rotations is available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources, and is referenced with permission given by the JRCERT.

Marshfield Clinic School of Radiography has implemented this policy to assure female students are not denied the opportunity to explore mammography imaging, due to the constraints of available clinical sites that would allow the same opportunity for males. In reference to the JRCERT position statement, *demographic data indicates that less than 1% of the approximately 50,000 technologists registered in mammography by the American Registry of Radiologic Technologists (ARRT) are males. April - 2016*

## Clinical Rotation Times

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Clinical rotation times are subject to change and are continually evaluated to meet the clinical needs of students. **Program officials reserve the right to change/revise/add/remove clinical rotation shift times as needed.**

Current **Clinical Rotation** times may be as follows: (subject to change)

### First (1<sup>st</sup>) and Second (2<sup>nd</sup>) Semester, Tuesdays/Thursdays

6:30am-3:00pm

7:30am-4:00pm

8:00am-4:30pm/8:30am-5:00pm

9:00am-5:30pm

10:30am-7:00pm

12:00pm-8:30pm

2:00pm-10:30pm

### Third (3<sup>rd</sup>), Fourth (4<sup>th</sup>), and Fifth (5<sup>th</sup>) Semester, Mondays/Wednesdays/Fridays\*

6:00am-2:30pm

7:00am-3:30pm

7:30am-4:00pm

8:00am-4:30pm

12:00pm-8:30pm

2:30pm-11:00pm

**\*Above listed times are for Monday, Wednesday, and Friday with the exception of scheduled weekend shifts during the Senior Year**

## General Clinical Objectives

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The main clinical objective is for students to develop job entry-level competencies in the performance of ARRT mandatory and elective radiographic procedures and to apply the appropriate theory to the various clinical situations that might be encountered. Components of Clinical Grading are 1) *Clinical Competency Examinations*, 2) *Weekly Technologist Evaluations*, 3) *Clinical Instructor Evaluations*, 4) *Spot-Check Competency Assessments*, 5) *Written Clinical Assessments*, and 6) *Required Weekly Exam/Procedure Totals*.

Detailed Clinical Objectives as well as Grading details are listed in each syllabus for each clinical radiography course.

## Modality Rotation Objectives

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Radiology Imaging Modalities are not a central part of the Radiography Program, which concentrates on General Diagnostic Radiography. However, the Marshfield Clinic School of Radiography feels it is important to introduce students to the opportunities in the Imaging Sciences after graduation.

The main clinical objectives for Modality Rotations are to:

- Recognize common procedures performed in each modality as well as general imaging considerations.
- Discover the contribution of modalities in regards to diagnostic/therapeutic aspects of healthcare.
- Familiarize with the clinical indications for requiring the use of the modalities.
- Discover benefits and limitations to each modality.

# Student Supervision Policy – Clinical

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## Direct Supervision

Until the student achieves the program's required competency level in any given procedure, all students will be **directly supervised** by a qualified radiographer. The term "**direct supervision**" shall be interpreted to mean that a qualified radiologic technologist is present in the exam room to supervise all student activities. A qualified radiographer is one that is registered with the ARRT (>1yr). The required level of competency is achieved following the below criteria:

- Written and lab test out of body region and universal exam requirements
  - Required number of completed competency assessments under direct supervision
1. The qualified radiographer reviews the request for examination in relation to the student's achievement.
  2. The qualified radiographer evaluates the condition of the patient in relation to the student's achievement.
  3. The qualified radiographer is present to assist the student as necessary.
  4. The qualified radiographer reviews and approves all images.

**A student must be directly supervised until final competency has been achieved.\***

This policy shall be interpreted to mean that any student (first or second year) requires **direct supervision** for any exam that the student has not proven competence through a documented, final evaluation check-off.

## Indirect Supervision

Once the student achieves the program's required level of competency in a given procedure the student may perform such exam with **indirect supervision**. It is defined as supervision by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "**Immediately available**" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where the radiographic procedure is being performed – within "hearing distance". The term "**indirect supervision**" shall be interpreted to mean that a qualified radiologic technologist is within vocal range of the student so that if the student encounters problems he/she can vocally alert technologist and receive **immediate assistance**. With indirect supervision, supervision is provided by a qualified radiographer immediately when needed to assist students regardless of the level of student achievement. The use of pagers, intercoms, or phones is not permissible in defining "immediately available". This availability applies to all areas where ionizing radiation equipment is in use.

This policy shall further be interpreted to mean that even after the student proves competence they cannot go to the hospital floors to do portable or surgical exams/procedures alone, because in doing so the technologist is not "immediately available". When students do portables after receiving a final competency check-off a qualified radiologic technologist must accompany them to the floor. The technologist does not need to go into the room, but must be within vocal range.

**\*Per the JRCERT, all fluoroscopic and portable/C-Arm radiographic procedures must be completed under Direct Supervision regardless of competency status.**

## Image Repeat Policy

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In the interest of radiation protection, **all unsatisfactory images will be repeated only in the presence of a qualified radiographer (regardless of the competency level of the student, or the difficulty level of the exam), and will be documented by each student in his/her exam log book.**

### Repeat Policy Interpretation/Clarification

This policy explicitly states that all repeat images are to be done only if a qualified radiologic technologist accompanies the student into the room and directly observes and supervises corrective action. The qualified radiographer must be physically present during the repeat image and must approve the student's procedure prior to re-exposure. This ensures patient safety and proper educational practices. The student is required to document this repeat in their Exam Log Book and have it signed off by the Technologist that directly supervised the repeat. This policy must be followed no matter how simple the corrective action may be, and no matter how competent the student may be.

The onus of responsibility for making sure this policy is followed will be placed on the student. Technologists need to realize that students will refuse to go to the floor alone when doing portables, and will refuse to do repeat radiographs unless a technologist provides direct supervision; because, **if any student is observed in violation of this policy, disciplinary action will be initiated.**

### Supervision Advisory Statements:

1. Program officials require that students follow **direct supervision** when imaging a **pregnant patient**.
2. Program officials advise that students follow **direct supervision** when imaging a patient **under the age of 18**.
3. JRCERT requires that students follow **direct supervision** when performing fluoroscopic and/or portable/C-Arm imaging procedures.

## Holding During Radiographic Exams

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Per JRCERT Accreditation Standards,

1. **STUDENTS MUST NOT HOLD IMAGE RECEPTORS DURING ANY RADIOGRAPHIC PROCEDURE.**
2. **STUDENTS SHOULD NOT HOLD PATIENTS DURING ANY RADIOGRAPHIC PROCEDURE WHEN AN IMMOBILIZATION METHOD IS THE APPROPRIATE STANDARD OF CARE**

With this, it is our position as Administration of the Marshfield School of Radiography to issue this position statement on holding during radiographic procedures.

**The Administration of Marshfield School of Radiography does not recommend students to hold patients for any radiographic procedure. Students should never be used in place of immobilization methods.**

If a student volunteers/chooses to hold a patient for an exam, this is saying that the student and the supervising technologist believe that there is **NO OTHER OPTION of immobilization present**. In doing so, the student must understand that this is their voluntary action and responsibility.

**Students are not allowed to hold for phantom exposures and/or QA equipment testing at any time.**

## Radiation Safety Rules in the Clinical Setting

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Students are required to follow department protocol for any additional radiation safety procedures that go beyond the general guidelines. This includes documentation requirements for patients of procreation age, shielding protocols, documenting inquiries for chance of pregnancy etc.

At all times in the clinical setting, the student will:

- Initiate all cardinal principles at all times: Time, Distance, and Shielding
- **Wear their provided dosimeter at collar level. If work requires a protective lead apron, like in the fluoroscopic setting, the dosimeter will be worn collar level, outside the protective apron. Failure to wear radiation monitoring device will result in removal from clinical education.**
- Wear a protective apron at all times when working with mobile or stationary fluoroscopy.
- Follow department protocol for securing exam room access during exposures.
- Remain behind the control booth during exposures for non-fluoroscopic exams.
- No holding of imaging equipment or receptors during exposures.
- No sharing of dosimeters between students.
- Use radiographic and/or fluoroscopic equipment for patient procedures as intended. No imaging of self and/or any other individual is allowed for one's own purpose.
- When working with mobile radiography, protective apron must be worn in addition to following the Cardinal Principle of distance.
- Follow all department protocols on patient shielding for procedures.
- Follow all department protocols on inquiring about chance of pregnancy regarding age and written documentation.

## Radiographic Lead Gravity Identification Markers

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Each student is issued one set (one "Left" and one "Right") of Radiographic Lead Gravity markers for use during clinical rotations. **Students are required to have and use these markers every day, on all exams they perform during clinical rotations.** If a student forgets his/her markers at any time, **he/she will be sent home to retrieve them, and will be required to use PTO for the time missed.** If a student loses or damages either or both markers at any time during enrollment, the student will be responsible for replacing them immediately. **The student will not be permitted in clinical rotations until they have been received, and will be required to use PTO for the time missed, regardless of ordering/processing/shipping time.**

**Students are HIGHLY recommended to purchase additional/extra sets of Lead Gravity Identification Markers.** Markers must be of approved size and type, must contain three (3) initials of student's name, and must contain lead gravity beads.

## Incident Reports

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Any circumstance that occurs at the program's designated clinical sites that requires the clinical education site to complete an incident report must be reported to the Program Director. The Program Director will require documentation to complete the incident report if applicable. This may include, but not limited to a patient fall, exposure to a communicable disease such as TB, performing procedure on incorrect patient, needle stick etc. If the student is working with a patient and an injury or unusual circumstance occurs, they are to report the incident immediately to their clinical instructor or a staff technologist if working under indirect supervision. Facility protocol will be followed following any incident. The student and/or clinical instructor will notify the Program Director within 24 hours following the incident and may be requested to provide a copy of the report.

When the need arises such as in cases of exposure to a communicable disease, the student will follow facility protocol.

## Clinical Assessment Procedures/Grading

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A conference with the student and the Clinical Instructors will take place at the mid and end of each semester. At that time, students will see their overall clinical grade derived from cumulative clinical evaluation tools.

The purpose of the conference is to provide feedback to the student regarding his/her clinical performance throughout the semester. Program faculty may also conduct a conference with a student randomly throughout a semester if needed to address performance or progression issues. All students can request to meet with any program faculty member at any time to discuss issues or concerns or simply to contribute input regarding their learning and experience.

## Clinical Procedure Exam Log Books

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Students will be required to keep a log of all procedures/exams they participate in, complete, and/or performance competency checks on. Each student will be issued an "Exam Log Book" at the start of each semester, and will be responsible for recording all procedures. It is each student's responsibility to keep their log books safe and secure, and without damage.

Students will be required to submit their log books to the Program Director at the end of each semester for grading. Grades issued for exam log books are based on the required total of procedures for each semester. Exam Log Book are a component of each student's Clinical Radiography grade. Grading is assigned according to the following:

***Semester 1 & 2: 15 patients/day (30 patients/week) x # of weeks in semester***

***Semester 3, 4, & 5: 15 patients/day (45 patients/week) x # of weeks in semester***

## ARRT Clinical Competency Requirements

The purpose of the ARRT clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education.

There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. Listed on the following pages are the competency requirements for Marshfield Clinic School of Radiography, which include the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT Radiography Examination. The ARRT encourages individuals to obtain education and experience beyond these core requirements, which is also the intent of the program.

As part of the educational program, students must demonstrate competence in the clinical procedures identified below:

- Ten mandatory general patient care activities;
- 41 mandatory imaging procedures;
- 16 elective imaging procedures selected from a list of 33 procedures;
- Two of the 16 elective imaging procedures must be selected from the head section, and Two of the 16 elective imaging procedures must be selected from the fluoroscopy section

**All clinical competencies must be achieved with an 85%, B, or higher.**

### General Patient Care

Students will be CPR certified during the Orientation of the program, and will be required to demonstrate competence in the patient care activities listed below.

- Vital Signs: Blood Pressure, Temperature, Pulse, Respiration, Pulse Oximetry
- Sterile and Medical Aseptic Technique
- Venipuncture
- Transfer of Patient
- Care of Patient Medical Equipment (Oxygen Tank, IV Tubing)

### Imaging Procedure Competencies

Students will be required to demonstrate competence in the following Radiographic Procedures.



## ARRT CLINICAL COMPETENCY PROCEDURES

<b>Chest</b>	Req	Score	Score	Score	Final Date
PA & Lateral	3				
Chest AP (Wheelchair or Stretcher)	2				
Ribs	2				
Mobile Chest	2				
Pediatric Chest PA & Lateral (6yrs or Younger)	2				
Geriatric Chest PA & Lateral (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Chest Lateral Decubitus	1				
Sternum	1				

<b>Abdomen</b>	Req	Score	Score	Score	Final Date
Abdomen Supine (KUB)	3				
Abdomen Upright	3				
Mobile Abdomen	2				
Abdomen Decubitus	3				
Intravenous Urography	1				
Pediatric Abdomen (6yrs or Younger)	2				

<b>Upper Extremity</b>	Req	Score	Score	Score	Final Date
Thumb/Finger	3				
Hand	3				
Wrist	3				
Forearm	3				
Elbow	3				
Humerus	2				
Shoulder	2				
Clavicle	2				
Trauma: Upper Extremity (Non Shoulder)	2				
Mobile Upper Extremity	1				
Geriatric Upper Extremity (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)	1				
Pediatric Upper Extremity (6yrs or Younger)	2				
Scapula	1				
AC Joints	1				

<b>Lower Extremity</b>	Req	Score	Score	Score	Final Date
Foot	3				
Ankle	3				
Tibia/Fibula	2				
Knee	3				
Femur	2				
Pelvis	3				
Hip	2				
Cross-Table (Horizontal Beam) Lateral Hip (Pt Recumbent)	3				
Mobile Lower Extremity	2				
Geriatric Lower Extremity (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Trauma: Lower Extremity	2				
Toes	1				
Patella	1				
Calcaneus	1				
Pediatric Lower Extremity (6yrs or Younger)	2				

<b>Spine</b>	Req	Score	Score	Score	Final Date
C-spine	2				
T-spine	2				
L-spine	2				
Cross-Table (Horizontal Beam) Lateral Spine (Pt Recumbent)	1				
Upper Airway (Soft Tissue Neck)	1				
Sacrum and/or Coccyx	1				
Scoliosis Series	1				
Sacroiliac Joints	1				
Geriatric Spine (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	1				

<b>Fluoroscopy</b>	Req	Score	Score	Score	Final Date
<i>Pick TWO From Below</i>					
UGI Series, Single or Double Contrast	1				
Cystogram	1				
Small Bowel Series	1				
Esophagus (NOT Swallowing Dysfunction Study)	1				
ERCP	1				
Myelography/Lumbar Puncture	1				
Arthrography	1				
Barium Enema, Single or Double Contrast	1				

<b>Mobile Studies</b>	Req	Score	Score	Score	Final Date
Surgical C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection) (Hip, Knee, or Ankle)	2				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field) (Vertebra)	2				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field) (Urology/Line Placement)	2				
Surgical Mobile C-Arm Orthopedic (Any Extremity)	2				
Pediatric Portable (6yrs or Younger)	2				

<b>Head</b>	Req	Score	Score	Score	Final Date
<i>Pick TWO From Below</i>					
Orbits	1				
Skull	1				
Paranasal Sinuses	1				
Facial Bones	1				
Zygomatic Arches	1				
Nasal Bones	1				
Mandible	1				
TMJs	1				

<b>Electives: Pick 16 (2 Must Be From Head Category, 2 Must Be From Fluoroscopy Category)</b>
<b>Trauma is considered a serious injury or shock to the body and REQUIRES MODIFICATIONS IN POSITIONING and monitoring of</b>
<b>Geriatric must be 65yrs or Older and PHYSICALLY OR COGNITIVELY IMPAIRED</b>

### **Imaging Procedure Competencies**

Demonstration of competence will/must include: • patient identity verification • examination order verification • patient assessment • room preparation • patient management • equipment operation • technique selection • patient positioning • radiation safety • imaging processing and • image evaluation

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## ARRT CLINICAL COMPETENCY SEMESTER DEADLINES

<b>Chest</b>	Req	Score	Score	Score	Final Date
PA & Lateral	3				
Chest AP (Wheelchair or Stretcher)	2				
Ribs	2				
Mobile Chest	2				
Pediatric Chest PA & Lateral (6yrs or Younger)	2				
Geriatric Chest PA & Lateral (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Chest Lateral Decubitus	1				
Sternum	1				

<b>Abdomen</b>	Req	Score	Score	Score	Final Date
Abdomen Supine (KUB)	3				
Abdomen Upright	3				
Mobile Abdomen	2				
Abdomen Decubitus	3				
Intravenous Urography	1				
Pediatric Abdomen (6yrs or Younger)	2				

<b>Upper Extremity</b>	Req	Score	Score	Score	Final Date
Thumb/Finger	3				
Hand	3				
Wrist	3				
Forearm	3				
Elbow	3				
Humerus	2				
Shoulder	2				
Clavicle	2				
Trauma: Upper Extremity (Non Shoulder)	2				
Mobile Upper Extremity	1				
Geriatric Upper Extremity (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)	1				
Pediatric Upper Extremity (6yrs or Younger)	2				
Scapula	1				
AC Joints	1				

<b>Lower Extremity</b>	Req	Score	Score	Score	Final Date
Foot	3				
Ankle	3				
Tibia/Fibula	2				
Knee	3				
Femur	2				
Pelvis	3				
Hip	2				
Cross-Table (Horizontal Beam) Lateral Hip (Pt Recumbent)	3				
Mobile Lower Extremity	2				
Geriatric Lower Extremity (65yrs or Older and Physically or Cognitively Impaired as a Result of Aging)	2				
Trauma: Lower Extremity	2				
Toes	1				
Patella	1				
Calcaneus	1				
Pediatric Lower Extremity (6yrs or Younger)	2				

<b>Spine</b>	Req	Score	Score	Score	Final Date
C-spine	2				
T-spine	2				
L-spine	2				
Cross-Table (Horizontal Beam) Lateral Spine (Pt Recumbent)	1				
Upper Airway (Soft Tissue Neck)	1				
Sacrum and/or Coccyx	1				
Scoliosis Series	1				
Sacroiliac Joints	1				

<b>Fluoroscopy</b>	Req	Score	Score	Score	Final Date
<i>Pick TWO From Below</i>					
UGI Series, Single or Double Contrast	1				
Cystogram	1				
Small Bowel Series	1				
Esophagus (NOT Swallowing Dysfunction Study)	1				
ERCP	1				
Myelography/Lumbar Puncture	1				
Arthrography	1				
Barium Enema, Single or Double Contrast	1				

<b>Mobile Studies</b>	Req	Score	Score	Score	Final Date
Surgical C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection) (Hip, Knee, or Ankle)	2				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field) (Vertebra)	2				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field) (Urology/Line Placement)	2				
Surgical Mobile C-Arm Orthopedic (Any Extremity)	2				
Pediatric Portable (6yrs or Younger)	2				

<b>Head</b>	Req	Score	Score	Score	Final Date
<i>Pick TWO From Below</i>					
Orbits	1				
Skull	1				
Paranasal Sinuses	1				
Facial Bones	1				
Zygomatic Arches	1				
Nasal Bones	1				
Mandible	1				
TMJs	1				

<b>Fall First Semester</b>	
<b>Spring Second Semester</b>	
<b>Summer Third Semester</b>	
<b>Fall Fourth Semester</b>	
<b>Spring Final Semester</b>	

## Imaging Procedure Competencies

Demonstration of competence will/must include: • patient identity verification • examination order verification • patient assessment • room preparation • patient management • equipment operation • technique selection • patient positioning • radiation safety • imaging processing and • image evaluation

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## Evaluating ARRT Competency Procedures

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Upon successful completion of the cognitive and psychomotor proficiency exams/steps, the student will begin **clinical participation** by assisting registered technologists at the clinical site. This participation moves from the passive, observation mode to a more active mode, which includes assisting the technologist in the execution of procedures. The rate a student progresses is dependent on the student's ability to comprehend and perform the assigned procedures as well as the student's individual motivation.

### “Yellow Forms”

As the student becomes experienced in a given procedure, he/she will perform the procedure under **DIRECT SUPERVISION** of a registered radiologic technologist (RTR>1year). The RT will evaluate the performance of the student using the appropriate/designated Competency Evaluation Forms until the required number of procedures within the category has been completed. The student must demonstrate mastery with a **minimum performance level of 85% on each evaluation** before he/she can progress to the Final Competency Examination step. If a student fails to achieve an 85% he/she will continue in Directly Supervised clinical participation until passing proficiency is achieved.

### “Blue Forms”

Upon successful completion of the required number of Directly Supervised procedures in each category (Clinical Participation), the student will request a **Final Competency Examination** Evaluation to complete the category. This procedure is completed exclusively by the student, under **DIRECT SUPERVISION** of the evaluation technologist (RTR>1year). Once the procedure is complete, a Clinical Instructor will evaluate the student's proficiency of the Image Acquisition and Analysis. The student must demonstrate mastery with a **minimum performance level of 85% on each Final Competency Examination** evaluation. Upon successful completion, the student may now perform in this category with **INDIRECT SUPERVISION**. Failure to complete the minimum proficiency level in the Final Competency Examination step will require the student to repeat the particular final competency examination (with highest possible score of 85% on repeat exam). Upon successful completion of the re-examination, the student may now perform in this category with **INDIRECT SUPERVISION**. If, upon completion of the re-examination the student still does not pass with proficiency, he/she will be placed on academic probation and will have a third (3<sup>rd</sup>), and final, opportunity to retake the Final Competency Examination evaluation. If the student passes the third (3<sup>rd</sup>) re-take, he/she will remain in the program under the conditions of their probation, and can now perform in this category with **INDIRECT SUPERVISION**. If the student does not pass the re-take on the third (3<sup>rd</sup>), final, attempt, termination from the program will result. **A failing grade (and remediation) in this step will only be allowed two (2) times during enrollment of the entire program. A third (3<sup>rd</sup>) failure will result in termination of the program.**

## Competency Evaluation Steps

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1. **The Clinical Competency Examination Form must be presented to the RT(R) before the exam is started.** The desire to complete a competency must be communicated, and all Competency Evaluation Forms must be presented to the technologist prior to retrieving the patient. Competency assessments will not be accepted if presented to the technologist after the patient is retrieved. Once the competency procedure has begun, the student is obligated to continue, and finish, even if the procedure is “less than desirable,” mistakes are made, or a failing grade is made. If a student fails to complete a competency procedure, he/she will be automatically issued a zero, and disciplinary action will follow.
2. Student must complete the top portion of form before the exam is started so the supervising technologist is aware of this information. (Name, Clinical Site, Comp Exam/Category, Date, and Patient Code)\*
3. The RT(R) will directly observe the procedure, evaluate the image, complete and sign the Competency Examination Form and return it to the student, or the Clinical Instructor. If the technologist returns it to the student, he/she must sign and submit to the Clinical Instructor. If the technologist returns it to the Clinical Instructor, the instructor will review it with the student for a signature.
4. All evaluations must be submitted to the Clinical Instructor regardless of pass/fail. If a student fails to submit a Competency Examination Form because he/she failed, disciplinary action will follow.
5. Final Evaluations in each category require a Final Competency Examination Form and are to be performed under the supervision of a technologist, but must be given to a Clinical Preceptor for Image Evaluation before a total score can be calculated.
6. Completed forms may be placed in the designated clinical lockboxes or given directly to a Clinical Instructor.
7. **The student is recommended to keep a copy** of his/her competency examinations. In the event there is a loss, the student will be required to repeat the examination if he/she does not retain a copy.

***\*It is the sole responsibility of each student to complete all required student areas of the assessment forms. Competency categories must be labeled exactly as they appear on the ARRT Competency list or the assessment will be forfeited.***

***\*Students are required to properly identify each competency as #1, #2, etc. in the top margin if applicable or the assessment will be forfeited.***

# Criteria For Competency Evaluation

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## Criteria For Performance Evaluation

### **A. Evaluation of Requisition**

Student was able to:

1. Identify procedures to be done.
2. Identify the patient information
3. Determine clinical history.

### **B. Physical Facilities Readiness**

Student was able to:

1. Keep table clean.
2. Cabinets and table in order.
3. Have appropriate size IRs available.
4. Have emesis basins and drugs ready as necessary.
5. Locate syringes and needles as necessary.
6. Locate positioning aides when necessary.
7. Turn tube in position ready for exam.
8. Find and re-supply linens if necessary.

### **C. Patient – Technologist Relationship**

Student was able to:

1. Select the correct patient.
2. Assist patient to radiographic room.
3. Assist patient from whatever his mode of travel to radiographic table.
4. Keep patient covered for privacy.
5. Talk with patient in a gentle manner.
6. Give proper instructions for moving and breathing.
7. Have patient gowned properly.
8. Follow proper procedure for isolation of the patient.

### **D. Positioning Skills**

Student was able to:

1. Position the patient correctly on table. (head at correct end of table, prone or supine)
2. Align center of part to be demonstrated to the middle of the IR/tube.
3. Center “CR” to the center of the part/IR.
4. Position part correctly.
5. Remove unnecessary anatomical parts from the radiographic area.
6. Makes appropriate adjustments/compensations if needed.

### **E. Equipment Manipulation**

Student was able to:

1. Turn tube from horizontal to vertical (and vice versa)
2. Move the bucky tray and utilize lock.
3. Correctly identify and utilize tube locks.
4. Insert and remove IR from bucky tray if required.
5. Manipulate IR as needed
6. Select factors at control panel
7. Measure the patient.
8. Identify the film with correct marker ( "R" or "L").
9. Fill syringes using aseptic techniques.
10. Direct mobile unit.
11. Operate controls for mobile unit.
12. Select proper IR for mobile.
13. Adapt for technique changes if FFD, Grid ratio, and collimation.
14. Adapt for various patient classifications.

### **F. Evidence of Radiation Protection**

Student was able to:

1. Cone or collimate to part.
2. Use gonad shields, if appropriate.
3. Wear lead aprons and gloves if appropriate.
4. Wear film badges as directed by institution.
5. Select proper exposure factors.
6. Adjust exposure techniques for motion.

## **Criteria For Image Evaluation**

### **G. Radiographs Demonstrate**

1. Anatomical Part(s):
  - a. Part is shown in its proper perspective
  - b. No motion present
2. Proper Alignment:
  - a. IR Centered
  - b. Part Centered
  - c. Tube Centered
  - d. Part rotated correctly

### **H. Standard Radiographic Exposure**

3. Radiographic Techniques
  - a. Correct exposure factors used
  - b. Factors manipulated for pathology
4. IR Identification:
  - a. Pt identification
  - b. R or L identification
5. Radiation Protection
  - a. Cone or collimation marks visible
  - b. Gonadal shields in place

## Clinical Grade Components

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- Completed ARRT competencies
  - Weekly Clinical Performance/Rotation Evaluations
  - Clinical Instructor Evaluations
  - Spot Check Assessments / Written Competency Assessments
  - Radiographic Examination Completions
1. Scores of completed required competency procedures. If a student fails to achieve the required competencies in a given semester, the student will receive a zero for that competency. This competency will then be required the following semester, but for a lesser grade (maximum of 85%). If a student fails to complete the minimum competencies required in a given semester more than twice during the program at any time (2 semesters), the student will face disciplinary action and risk termination from the program. If a student fails a competency but is able to repeat the examination prior to the end of the semester, the student's grade for that competency will be the average of the two grades.
  2. Weekly Clinical Performance Evaluations: Students are assessed by their supervising technologist on the following categories on a rubric scale 1-5:
    - Communication and Patient Care
    - Imaging Procedures
    - Equipment Operation
    - Radiation Protection
    - Independent judging/Critical Thinking
    - Initiative
    - Professionalism
  3. Clinical Instructor Evaluations: Clinical Instructor evaluations are completed on each student by each clinical instructor at the clinical education sites once at the midpoint of the semester, and once at the end of the semester. The purpose of an overall clinical instructor evaluation is for students to recognize both strengths and weaknesses as perceived by clinical staff in order to improve clinical performance or recognition for stellar qualities. The following criteria are assessed:
    - Communication and Patient Care
    - Professionalism and Ethical Behavior
    - Initiative and Responsibility
    - Procedures and Protection
  4. Students will be assigned patient and simulated procedures throughout their assigned clinical rotations to evaluate whether proficiency in completed categories and procedures is maintained. Four (4) times during each semester, students will randomly be "spot - checked" on live patients or simulated procedures, designated by the Clinical Instructor, to monitor the proficiency of prior achieved final competencies. ***Failure to pass any spot-check examination with an 85% or better will require the student to return to the Final Competency Evaluation step for re-evaluation of that category. A failing grade on a spot-check procedure will only be allowed once (1) during enrollment of the entire program without grade deduction consequences. For each failing spot-check after the first, the student will receive one (1) clinical letter grade drop for the semester it is achieved in.***

To ensure that all students maintain cognitive comprehension of Clinical Competency categories, students will complete random written clinical assessments issued by the Clinical Instructor during clinical education. The purpose of these assessments are to identify and

remediate any areas that may need review or attention. Written clinical assessments are a component in final Clinical Radiography grades and will be implemented as follows: **10% of clinical grade for semesters 1-3, 20% of clinical grade for semester 4, and 30% of clinical grade for semester 5.**

5. Students will be required to complete a minimum number of radiographic procedures each semester. Grades for this component will be configured based on the percentage of the number met. If a student consistently fails to achieve the minimum number of procedures, the student will be placed on Academic Probation. If after a given time the student still does not perform to standard, the student will risk termination from the program. Grading is assigned according to the following:

***Semester 1 & 2: 15 patients/day (30 patients/week) x # of weeks in semester***

***Semester 3, 4, & 5: 15 patients/day (45 patients/week) x # of weeks in semester***

## **Clinical Grading Scale**

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**A minimum grade of "B" is required in all Radiographic Clinical courses within the Radiography Program Curriculum.**

The grading scale for the Radiography Program is as follows:

93% -100% = A

85% -92 = B

77% -84 = C

69% -76 = D

< 68% = F

# Pandemic/Natural Disaster Response Action Plan 2022-2023



**Marshfield Clinic  
Health System**

School of Radiology



**Marshfield Clinic**  
Division of Education



**Marshfield Clinic  
Health System**

MCSR



## **MCHS Employee Health**

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Marshfield Clinic Health System – Department of Employee Health  
100 N. Oak Avenue ML9  
Marshfield, Wisconsin 54449  
PH: (715) 387-7081 or ext. 77081  
FX: (715) 389-5505  
[employeehealth@marshfieldclinic.org](mailto:employeehealth@marshfieldclinic.org)

The School of Radiography adheres to all policies, procedures, and protocols set forth by the Centers for Disease Control and Marshfield Clinic Health System Employee Health Department.

<https://spintranet.mfldclin.org/sites/mc/employeehealth/layouts/15/start.aspx#/>

Specific policies and protocols are found on the MCHS Intranet.

## **Coronavirus Disease 2019 (COVID-19)**

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<https://spintranet.mfldclin.org/sites/mc/iqips/infectionprevention/COVID-19/layouts/15/start.aspx#/SitePages/Home.aspx>

<https://www.marshfieldclinic.org/specialties/infectious-diseases/coronavirus-update>

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

## **PPE Guidelines**

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<https://spintranet.mfldclin.org/sites/mc/iqips/infectionprevention/COVID-19/layouts/15/start.aspx#/SitePages/PPE%20Guidelines.aspx>

## **Bloodborne Pathogen Exposure Control**

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<https://pulse.mfldclin.org/Shared%20Documents/Bloodborne%20Pathogen%20Exposure.pdf>

## **Exposure Control Plan**

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<https://spintranet.mfldclin.org/sites/mc/employeehealth/SitePages/Exposure/ExposureControlPlan.aspx>

## **Influenza and COVID Vaccination Plan**

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<https://spintranet.mfldclin.org/sites/mc/employeehealth/SitePages/fluInfo.aspx>

## **Tuberculosis Program**

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<https://spintranet.mfldclin.org/sites/mc/employeehealth/SitePages/TB/TBHome.aspx>

## Didactic and Clinical Education Contingency Plan During a Pandemic

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During COVID-19 and any infectious disease pandemic outbreak, MCHS School of Radiography will continually monitor and practice health and safety guidelines set forth by the Centers for Disease Control and the United States Department of Education.

The following are steps that may be taken during a pandemic outbreak (but not limited to):

- Didactic courses will be offered via distance education delivery (WebEx Virtual Classes, Google Classroom) either by hybrid or fully online format
  - Students will be required to attend all classes regardless of instructional format
  - All course and attendance policies & procedures will remain in effect during hybrid/online format
  - Course meeting days/times will be determined by the instructor
  - Assignments/Quizzes/Exams will not be decreased or diminished due to changes in instructional format
  - Minimum requirements for courses will be unchanged
  - Proficiency requirements will be unchanged
  - Minimum testing and assessment requirements will be established and communicated to students
- Clinical Education will be suspended until it is deemed safe to return as determined by the Division of Education
  - All clinical time must be made up upon return (requirement)
  - All clinical objectives must be met prior to graduation
  - All clinical competency requirements must be completed prior to graduation
  - All clinical assessments must be completed prior to graduation
  - Clinical rotations may be altered upon return to meet requirements of the institution
  - Proficiency requirements will be unchanged
  - Students will be required to follow all MCHS infection control policies and procedures for safety of exposure and transmission of disease
- Positioning Lab courses will be suspended until it is deemed safe for return as determined by the Division of Education
- Students will receive complete orientation to PPE procedures, protocols and guidelines in order to keep their safety and the safety of patients, paramount
- Students will be expected to maintain knowledge and proficiency of content learned up to and included during any pandemic outbreak, even if classes are suspended or changed in format; program will assess proficiency levels upon return
- Graduate dates may be extended to accommodate for making up missed didactic or clinical education

***MCHS School of Radiography reserves the right to make changes to the Pandemic Contingency Plan at any time to accommodate for the safety and well-being of other students, patients, and staff.***

## Student Masking and Entrance Requirements

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During any infectious disease pandemics identified by the CDC or MCHS, or when deemed necessary by MCHS, students will follow all health system protocols regarding masking, symptom checking, and entrance/exit of the building.

1. All students are required to wear a medical-grade mask while on any property of MCHS, to include all buildings and parking lots, regardless of vaccination status.
2. All students are required to wear a medical-grade mask upon entering and exiting any MCHS building/campus.
3. Cloth masks are only allowed out-of-doors and in parking lots. Once inside any MCHS building, medical-grade surgical masks are required.
4. Students are required to following all parking and entrance requirements as established by MCHS and/or the School of Radiography.
5. All students must follow established infectious disease symptom checking and tracking protocols and procedures at all times.

***Failure to follow required protocols will result in disciplinary action.***

## Symptom Tracker and Call-In Procedure

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Currently, MCHS requires all employees and learners to 'self-screen' for COVID-19.

The following are steps required prior to entering any MCHS facility.

***If you have a working thermometer at home:***

- 1) Within 2 hours before entering any MCHS facility, you are required to take your temperature.
  - a. Document your symptoms and temperature on the 'MCHS Symptom Tracker' form.
  - b. You may enter the facility using **designated employee entrances**.

***If you do not have a working thermometer at home:***

- 1) Enter the MCHS facility through a designated screening entrance at LEAST 15 minutes prior to the start of your clinical rotation or class time, and have your temperature checked.
  - a. Document your symptoms and temperature on the 'MCHS Symptom Tracker' form.
- 2) ***\*\*Keep your Symptom Tracker safe, and on your person.*** MCHS School of Radiology requires you to have your Symptom Tracker form completed and on your person at all times while inside any MCHS facility. MCHS Employee Health and COVID Response Team members will be randomly checking.
  - **Failure to provide proof of this form on your person at any time will warrant disciplinary action and you will be sent home immediately.** Any clinical time missed as a result will be deducted from your PTO or need to be made up if no PTO remains.

- 3) If/When you have any of the following symptoms whatsoever, to any degree, **you are required to stay home, or leave the facility immediately:** (even if you think they are just the 'flu' or 'common cold' you must follow these steps)
- *Fever or chills (Fever greater than 100 degrees F)*
  - *Cough*
  - *Shortness of breath or difficulty breathing*
  - *Fatigue*
  - *Muscle or body aches*
  - *Loss of taste or smell*
  - *Sore throat*
  - *Nasal congestion or runny nose*
  - *GI symptoms including nausea, vomiting, diarrhea, and abdominal pain*

**\*\*Any employee or learner reporting to work/school without having been screened for symptoms and/or failing to report symptoms will face disciplinary action.**

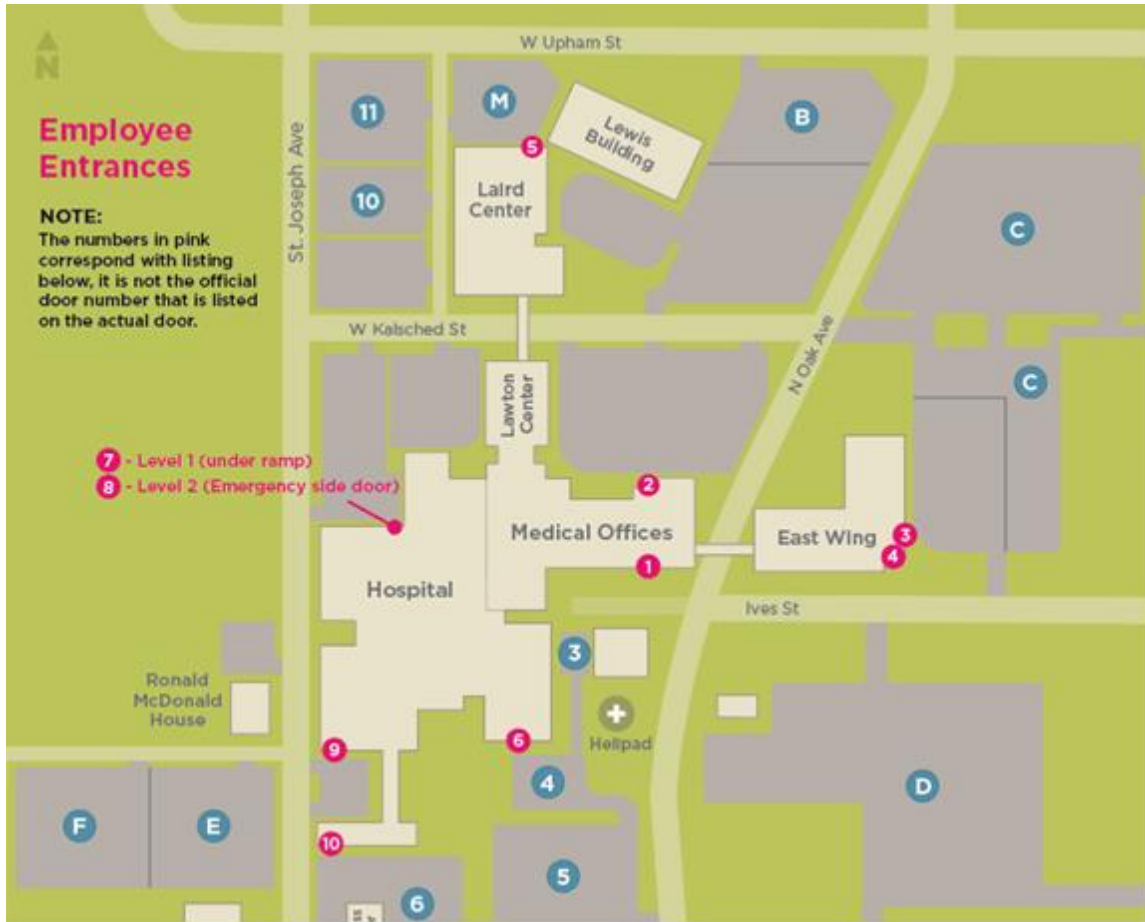
- 4) Notify the program director **immediately. Call and leave a message immediately, and send an email or REMIND message, immediately.**
- In addition, **you must send an REMIND message to your Clinical Instructor,** letting them know you will be out (if it is a clinical day) and follow the designated Attendance Policy stated in the Student Handbook.

In the case that you have any of the symptoms above, you are considered a “HCW/First Responder with Symptoms of COVID-19” aka “symptomatic.”

- 5) **You will be required to quarantine based on the strategies outlined on the attached doc “COVID MCHS Isolation and Quarantine Guidelines.”** This means, your quarantine time will all depend on whether or not you are waiting on COVID test results, what your COVID test results are, and the length of your symptoms. No two cases are identical so there is no way of having one-size-fits-all when it comes to how long you will need to self-isolate/quarantine. It can be anywhere from 24hrs after your last symptom, all the way up to 14 days; it just depends on all the factors as outlined in the guidelines, per ‘HCW/First Responder – Symptomatic.’ The MCHS Program Director will inform you of the required self-isolation/quarantine steps you will be required to complete.

## Student Entrance to MCHS

It is very important for our patients' and visitors' experience that staff and students self-screen and use designated **employee entrances**. If you're using the shuttle service, they can accommodate you and drop off at the nearest employee entrance.



Employee Entrances – Self-screen: masks and hand sanitizer available at entrance. Badge access unless otherwise noted.	
Ambulatory/Clinic: Monday-Friday	Acute/Hospital Entrances: 7 days per week
1 - Building Services Entrance	6 - Lot 4 employee entrance (pit)
2 - Medical Offices administration door – Open 6 a.m. to 6 p.m. Monday-Friday	7- North entrance under ramp, 1 <sup>st</sup> floor
3 - East Wing discharge door	8 - Emergency side door, 2 <sup>nd</sup> Floor – Open 24/7
4 - East Wing Ground Level	9 - West Building, 1 <sup>st</sup> Floor
	10 - South building, ground floor (old ambulance garage/COVID Testing area)

# MCHS Policies & Procedures 2022-2023



**Marshfield Clinic  
Health System**

School of Radiology



**Marshfield Clinic**  
Division of Education



**Marshfield Clinic  
Health System**

## Responding to a Novel or Pandemic Respiratory Outbreak Policy

### 1. SCOPE

- 1.1. MCHS Hospital Acute Care
- 1.2. MCHS Hospital-Based Ambulatory Care
- 1.3. MCHS Clinic Ambulatory Care
- 1.4. Facilities and departments included in the scope are further defined in the [Scope Definitions Resource Guide](#) if not specifically outlined above.

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

#### 2.1. Abbreviations:

- CDC: Center for Disease Control
- CPAP: Continuous Positive Airway Pressure
- DPH: Division of Public Health
- HEPA: High Efficiency Particulate Air
- MCHS: Marshfield Clinic Health System
- MMC: Marshfield Medical Center
- MRI: Magnetic Resonance Imaging
- NIV: Noninvasive Ventilation
- OR: Operating Room
- PAPR: Powered Air Purifying Respirator
- PPE: Personal Protective Equipment
- SARS: Severe Acute Respiratory Syndrome
- TB: Tuberculosis

#### 2.2. Definitions:

- Airborne isolation rooms: negative pressure rooms with minimum air exchanges per hour as required by the Facility Guideline Institute for the year of the building and direct exhaust to the outside, which is located more than 25 feet from an air intake and from where people may pass. If air cannot be exhausted directly to the outside more than 25 feet from an air intake and from where people may pass, then air is filtered through an appropriately installed and maintained HEPA filter.
- Pre-Identified Rooms: rooms designated for the care of influenza patients may not meet the above All criteria. An enclosed private room(s) is to be used for

isolating suspect patients until the patient is transported for care. The room is to be located in an area that minimizes exposure to staff and other patients. Additional considerations include traffic patterns, ventilation system, windows and doors. Patients are to be requested to wear a surgical mask while staying in this room to limit droplet spread. However, the patient's respiratory status must be considered with prolonged mask use.

- Mask: a surgical mask that covers nose and mouth and protects wearer from direct contact with droplets.

Live

POLICY



### 3. POLICY BODY

**Purpose Statement: This policy is to be used during outbreaks of severe novel respiratory pathogens such as SARS or Avian Influenza, not for normal seasonal influenza.** Some epidemic pathogens are spread by the respiratory route, either thru droplets or airborne particles. This policy is written to address protocols dealing with these pathogens. This policy serves as a supplement to the hospital Disaster Plan and Surge Capacity Procedures. Inter-healthcare facility transfer criteria during a Respiratory Outbreak (Pandemic) will be assessed by Incident Command in consult with appropriate medical staff. In the event of a novel respiratory illness outbreak, guidelines, recommendations or public health law from an outside public health entity may override this policy. This policy serves as a supplement to the hospital's Emergency Operations Plan (EOP).

#### 3.1. Initial Contact

- a. All patients presenting with complaints of fever and cough are to be offered a mask or tissue to cover mouth and nose during coughing. Private rooms are to be used for patients, presenting with fever and cough, whenever reasonable. The patient is to be placed in an airborne isolation room, if available. Masks are to be worn (if the patient is able to do so) until the patient is evaluated for the possibility of a communicable disease or is to be placed in an airborne isolation room.

#### 3.2. Initial Evaluation

- a. All patients presenting with cough and fever will be evaluated for communicable respiratory illnesses, which include, but are not limited to Avian Influenza and SARS according to CDC current recommendations. They be instructed to follow respiratory etiquette which includes:
  - Covering coughs and sneezes with a tissue or coughing/sneezing into their elbow area.
  - Cleansing hands with an alcohol based hand rub or soap and water if hands are used to cover their cough/sneeze.

#### 3.3. Patient Placement

- a. Patients are to be placed in the appropriate airborne isolation room according to CDC or State Public Health guidelines, as soon as significant respiratory outbreak is known/suspected.
- b. Placement of suspected ill patients into airborne isolation rooms is to have the priority over patients who do not need airborne isolation rooms.
- c. Patients are to be placed in a private airborne isolation rooms whenever possible. If it becomes necessary to cohort patients, patients diagnosed with the outbreak pathogen are to be roomed together. Since the results from testing for significant respiratory outbreak may take several days, all suspect respiratory outbreak patients are to be placed in a private airborne isolation rooms, unless otherwise directed by Infection Prevention.

- d. Cohort placement may be established in an area with an independent air supply, exhaust system and bathroom facilities. When cohorting patients with droplet isolation, the distance between beds are to be more than 3 feet and preferably separated by a physical barrier (e.g. curtain or partition).
  - e. All furniture in the patient's room is to be such that it is easy to thoroughly clean or disinfect or must be removed from the room.
  - f. If at all possible, the patient is to be allocated non-critical care items (e.g. stethoscope, sphygmomanometers, thermometers, blood sugar monitors, etc.). Any item that is required for other patients is to be thoroughly disinfected immediately upon removal from room. Follow disinfectant manufacturer's recommendation for wet time.
  - g. Exhausting air through opened windows, away from air intake with exhaust fans, may be an option in extreme circumstances.
  - h. If possible, when no airborne isolation rooms are available, the patient is to be transferred to another institution with available airborne isolation rooms. This would be evaluated at Incident Command and/or Emergency Operations Center with input from Infection Prevention and/or Public Health.
- 3.4. Signage
- a. Signage is to be placed on the outside door of the airborne isolation rooms, instructing those entering to don the appropriate protective equipment.
  - b. The signage is to remain in place until isolation precautions are discontinued and appropriate cleaning is completed.
- 3.5. Personal Protective Equipment (PPE)
- a. N-95 respirators are to be used once and discarded after caring for suspected patients. A supply of N-95 respirators is to be available on the unit. If N-95 respirators must be re-used, a hospital mask must be used to cover the N-95 respirator and the hospital mask must be discarded after each use. This will occur following CDC or State Public Health guidelines.
  - b. PAPR units may also be used and should be cleaned to facility guidelines.
  - c. Eye Protection (disposable goggles, face shields) is to be worn whenever entering the room. Face shields are not a substitute for safety glasses.
  - d. All individuals entering the room are to don an isolation gown.
  - e. Gloves are to be donned prior to entering the airborne isolation rooms and removed after removing gown, glasses and respirator. Hands are to be cleansed after removing gloves and alcohol gel is used immediately after leaving airborne isolation rooms.
  - f. Anyone entering an airborne isolation rooms, whether staff or visitors, must wear the recommended personal protective equipment. Visitors are to wear a hospital mask, not an N-95 respiratory mask.
- 3.6. Reporting of Significant Communicable Diseases

- a. The physician or designee is to contact Infection Prevention immediately if respiratory outbreak is suspected.
- b. Infection Prevention is to report all suspect and probable cases to the local health department immediately (unless the state requires immediate notification). The local health department will then report all suspect and probable cases to the Division of Public Health (DPH).
- c. In the event of a novel/emerging respiratory outbreak: Infection Prevention is to assist both the state and local health departments in the investigation as directed.

### 3.7. Employee Health

- a. Employees need to immediately report any unprotected exposure to a respiratory outbreak to Employee Health who will report information to Infection Prevention.
- b. Prophylaxis will follow CDC Recommendations. Prophylaxis may begin with contact to suspect cases depending on recommendations.
- c. Influenza antiviral medications may be in limited supply during an outbreak. Work with DPH to obtain needed medications in these circumstances.
- d. An exposed individual is usually not considered infectious unless symptoms develop. However, in some cases, the infectious period begins the day prior to onset of symptoms. The healthcare worker is to be instructed to limit close interactions and public contact during the contagious period as recommended by the CDC. Employee Health is to be notified immediately of any exposed employee (off hours contact Nursing Supervisor)
- e. Under the direction of Employee Health, an employee with unprotected contact to a respiratory outbreak may be required to maintain a log of their temperature and the presence of any symptoms after the last exposure, as recommended by the CDC. The temperature and related symptoms are to be monitored twice daily. The log is to include, but is not limited to: temperature, cough, shortness of breath, headache, an overall feeling of discomfort, body aches, conjunctivitis and a sore throat. If any positives, notify Employee Health for further recommendations which could include work restrictions.
- f. Employee Health is to determine fitness for duty of employees with previous contact to suspected respiratory outbreak prior to returning to work.

### 3.8. Transportation Within Hospital

- a. Patient transport to other departments is **strongly** discouraged and bedside treatment/testing is to be arranged, if possible. Whenever possible, patients are to be confined to the appropriate airborne isolation rooms based on CDC or State Public Health recommendations.
- b. If it is medically necessary for the patient to leave the airborne isolation room (i.e., MRI, OR, etc.), the receiving department is to be notified by telephone of the patient's status. Arrangements are to be made to prevent exposure to

subsequent patients and staff in the receiving department. Infection Prevention is to be consulted with any questions/concerns.

- c. Patients are to be asked to wear a mask when outside the airborne isolation room, to don a freshly laundered gown, and to be supervised during hand hygiene, which is to be done just prior to exit from room.

### 3.9. Respiratory Care

- a. Bronchoscopy **MUST** be performed in an airborne isolation room, along with wearing of N-95 or other approved respirators by all in attendance. Special arrangements are to be made with the team disinfecting the bronchoscope concerning transport, cleaning and terminal sterilization of the bronchoscope if special procedures are needed.
- b. The following procedures may increase risk of potential exposure to contaminated droplets and are to be avoided or minimized if possible.
  - Nebulizers
  - NIV
  - CPAP
  - High flow humidified oxygen and high-frequency oscillation
  - Bronchoscopy or gastroscopy
  - Sputum induction for cultures for TB
  - Physiotherapy
  - Nasal washing
  - Any treatment that encourages coughing
  - Ribavirin administration is restricted and has a specific protocol
  - Endotracheal intubation
  - All aerosolized treatments

### 3.10. Room Cleaning

- a. Disposable wipes and mop heads are to be used for cleaning daily or when surfaces or furniture are visibly soiled. Careful daily cleaning of the airborne isolation rooms is important to limit the potential of cross-contamination. This includes disinfection of all frequently touched surfaces.
- b. Terminal cleaning is to be done when precautions are discontinued or patient is discharged.
- c. Isolation signs are to be left next to the door and isolation is maintained until the room is terminally cleaned; this includes wearing a respirator for all staff entering the room. They are not to enter the airborne isolation rooms until it is completely aired out for one hour for terminal cleaning. The person responsible for terminal cleaning is to remove the isolation signs after terminal cleaning is completed.

### 3.11. Linen

- a. Laundry is to be handled as per standard protocols.

### 3.12. Food Service

- a. Food service is to be handled through standard isolation protocols. Food and Nutrition Services should not enter an airborne isolation room.

### 3.13. Hospital Discharge or Outpatient Follow-Up

- a. Patients are to be educated on methods for preventing spread of the respiratory organisms as needed.
- b. Hand hygiene and Respiratory Hygiene and Cough Etiquette are to be reviewed with the patient and household members. "Respiratory Hygiene and Cough Etiquette" can be found at:  
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- c. The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.
  - Cover the nose/mouth when coughing or sneezing;
  - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
  - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- d. The patient may be instructed to wear a mask during contact with others in the home. It may be prudent for household members to wear surgical masks when in close contact with the patient.

### 3.14. Visitors

- a. MCHS reserves the right to allow volunteers during an outbreak unless approved by Infection Prevention in collaboration with Incident Command.
- b. It is preferred to prohibit visitors while the patient is in the infectious period. However, it is recognized that visitors are crucial to the patients overall health and wellbeing. Patients are to designate one or possibly two significant others as their visitors. The designated visitors are to be healthy and without symptoms of illness. Visitors are to be free from contraindications for treatment/prophylaxis of the outbreak pathogen per CDC Guidelines.
- c. Visitors are to be provided with a mask and not a respirator for personal protection while visiting the patient.

### 3.15. Care of Deceased

- a. Standard Precautions should always be used during care of the deceased Refer to system polices or local public health guidelines concerning additional precautions or guidelines as needed for specific pathogens.

### 3.16. Autopsy

- a. Follow all standard autopsy procedures that help to ensure minimal production of aerosols.



## Occupational Radiation Dose Monitoring

### 1. SCOPE

- 1.1. Marshfield Clinic Health System

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. ALARA: As low as reasonably achievable
- 2.2. ARSO: Associate Radiation Safety Officer
- 2.3. Dosimetry: A broad term commonly applied to those methods used to measure or otherwise quantify radiation doses to individuals
- 2.4. Millirem (mrem): one-thousandth of a rem; rem is a unit of radiation effective dose
- 2.5. Monitoring year: January 15<sup>th</sup> of one year to January 14<sup>th</sup> of the following year
- 2.6. OSL: Optically stimulated luminescence dosimeters
- 2.7. RSC: Radiation Safety Committee
- 2.8. RSO: Radiation Safety Officer
- 2.9. TLD: Thermoluminescent dosimeters

### 3. PROCESS BODY

A dosimetry program is required for individuals likely to receive in 1 monitoring year a radiation dose in excess of 10% of the occupational dose limits. If an individual is likely to receive more than 10% of the annual dose limits, the State of Wisconsin requires monitoring of the dose, to maintain records of the dose, and, on at least an annual basis, to inform the worker of his/her dose.

It is necessary to assess doses to radiation workers to demonstrate compliance with regulatory limits on radiation dose and to help demonstrate doses are maintained at ALARA levels.

Providing for the safe use of radioactive material and radiation-producing equipment is a management responsibility. It is important management recognize the importance of radiation monitoring in the overall requirements for radiation protection.

#### 3.1. Dosimetry Monitoring Review

- a. The ARSO or RSO reviews the results of staff dosimetry monitoring at least quarterly to assess whether staff radiation doses are ALARA and below regulatory limits.
- b. ALARA summary reports are prepared for the RSC. See the [Radiation Safety ALARA Program](#).

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### 3.2. Dosimetry Monitoring Reports

- a. Each monitored radiation worker receives an individualized radiation dosimetry report in the spring of each year with the results of the previous monitoring year.
- b. Each monitored radiation worker may access their individual radiation monitoring dose reports at any time by accessing the Landauer® myLDR.com® website:
  - Log on to [www.myLDR.com](http://www.myLDR.com)
  - Username: marshfield
  - Password: 20!2badges
  - Account number: 207382
  - Serial (barcode) number: from the back of the most recent radiation badge you are issued (not from a spare badge)
  - Your individual dose report history will be displayed. This may take 15-30 seconds to load. No personal information is displayed.
  - Click "View Details" to see the details of your individual badge reading
  - New dose reports will post two to four weeks following badge exchange



- c. Contact the Radiation Safety Office with any questions.
- d. An individual may obtain a copy of their radiation dose records at any time by contacting the Radiation Safety Office.

### 3.3. External Radiation Dosimetry

- a. There are three dose limits that apply to external radiation exposure:
  - Deep dose to the whole body (5000 mrem/monitoring year)
  - Shallow dose to the skin or extremities (50,000 mrem/monitoring year)
  - Dose to the lens of the eye (15,000 mrem/monitoring year)
- b. External dose is determined by using individual monitoring devices such as OSLs, or TLDs.

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### 3.4. Issuing Radiation Dosimeters

- a. All individuals who are occupationally exposed to radioactive material or radiation-producing equipment on a regular basis, such that their annual dose is likely to exceed 10% of the limits listed above will be issued a whole-body dosimeter that will be exchanged and processed on a monthly basis.
- b. All individuals who, on a regular basis, handle large amounts of radioactive material or frequently must place their hands in the primary beam of a radiation-producing machine, such that their annual dose is likely to exceed 10% of the extremity dose limit will be issued a TLD ring dosimeter that will be exchanged and processed on a monthly basis.
- c. For all other workers who are not likely to exceed 10% of the dose limits, the ARSO or RSO on a case-by-case or group-by-group basis determines the monitoring requirement.
- d. Workers whom the ARSO or RSO deems should also be monitored will be issued a whole-body dosimeter exchanged and processed on a quarterly basis. A TLD ring dosimeter may also be issued for extremity monitoring on a quarterly basis as deemed appropriate by the ARSO or RSO.
- e. Staff who work frequently with and in close proximity to medical fluoroscopic equipment may be assigned one dosimeter to be worn at the collar outside the lead apron and one dosimeter to be worn at the waist under the lead apron. It is important these dosimeters not be reversed (i.e., waist dosimeter must not be worn at the collar and vice versa). The dosimeters are appropriately labeled.
- f. An individual operating medical fluoroscopic equipment.
- g. A voluntarily declared pregnant woman likely to receive, in one year from sources external to the body, a dose in excess of 100 mrem must be monitored. See the [Pregnant Radiation Worker Policy](#).
- h. An individual entering a high radiation area during operation (e.g., accelerator rooms, Gamma Knife®, or HDR treatment rooms) must be monitored.
- i. Radiation dosimeters are issued by the Radiation Safety Office and the appropriate type of monitor will be determined for the employment conditions.

### 3.5. Wearing Radiation Dosimeters

- a. The radiation dosimeter for monitoring the whole body dose, eye dose, skin dose, or extremity dose shall be placed near the location expected to receive the highest dose during the year. When the whole body is exposed fairly uniformly, the dosimeter is typically worn on the front of the upper torso.
- b. If the radiation dose is highly non-uniform, causing a specific part of the whole body to receive a substantially higher dose than the rest of the whole body, the dosimeter shall be placed near that part of the whole body expected to receive the highest dose. For example, if the dose rate to the head is expected to be higher than the dose rate to the trunk of the body, a dosimeter shall be located on or close to the head.

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- c. Contact the Radiation Safety Office if a highly non-uniform dose situation exists that may require an evaluation to determine the proper dosimeter location.
- d. Workers assigned a whole body radiation dosimeter and who are required to wear a lead apron must wear the dosimeter outside the lead apron at the collar to monitor dose to the head, neck, and lens of the eye.
- e. If a second dosimeter is used, for the same purpose, it shall be located under the protective apron at the waist.
- f. A dosimeter used for monitoring the dose to an embryo or fetus of a declared pregnant woman shall be located at the waist under any protective apron being worn by the woman.
- g. A dosimeter used for monitoring the lens of the eye shall be located at the neck or collar, outside any protective apron being worn or at an unshielded location closer to the eye.
- h. TLD ring dosimeters must be worn on the hand and finger likely to receive the highest dose. The white (name) portion of the ring dosimeter must be worn facing the source of radiation. For radioactive material workers, the ring dosimeter must be worn under gloves to protect it from contamination.

### 3.6. Exchange of Radiation Dosimeters

- a. A coordinator is designated for each department issued radiation dosimeters. It is the individual user's responsibility to exchange their dosimeter(s) with the coordinator.
- b. For workers on a monthly exchange, dosimeters are exchanged on the 15th of each month.
- c. For workers on a quarterly exchange, dosimeters are exchanged on Jan. 15, Apr. 15, July 15, and Oct. 15. The wear dates are listed on the front of each dosimeter.
- d. It is vital this exchange be made promptly each exchange period in order to keep dose records accurate and current.
- e. Dosimeters should be returned within two weeks following the exchange date. Unreturned dosimeters may be assessed a fee by the vendor for every dosimeter not returned to them within 60 days after the end wear date.

### 3.7. Proper Use of Radiation Dosimeters

- a. Only the person who is assigned a dosimeter shall wear it. Dosimeters shall not be loaned to another individual or used to monitor an area. Dosimeters for the latter purpose are available from the Radiation Safety Office upon request.
- b. Radiation dosimeters should not be taken home and must be left in an area where they will not be exposed to radiation when not being worn.
- c. Use care when removing lead aprons and lab coats so dosimeters are not left in exposure areas such as an x-ray room or near radioactive material. Contact the Radiation Safety Office if an exposure of the dosimeter may have occurred when not being worn.

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- d. Do not wear radiation dosimeters when undergoing personal medical or dental diagnosis or therapy since occupational dose limits are not applicable to personal medical procedures.
- e. Contact the Radiation Safety Office if a dosimeter is lost or damaged.

3.8. Internal Radiation Dosimetry

- a. When quantities of radioactive material used by personnel present a potential for internal contamination, bioassays will be required. Specific guidelines have been established for personnel using radioiodine in volatile form. See [Thyroid Bioassay Monitoring for Radioiodines in Staff](#).

3.9. Subcontractors, Visitors, and Guests

- a. Employees who are responsible for the presence of outside contractor employees, visitors, or guests in any radiation area shall, in conference with the Radiation Safety Office, decide what personnel dosimetry is necessary, if any.

**4. ADDITIONAL RESOURCES**

4.1. Supporting documents available:

- [Radiation Safety ALARA Program](#)
- [Pregnant Radiation Worker Policy](#)
- [Thyroid Bioassay Monitoring for Radioiodines in Staff](#)

**5. DOCUMENT HISTORY**

Version No.	Revision Description
1.0	New Document
2.0	07/02/2015 – updated information on reviewing and accessing dosimetry reports; reformatted a couple of sections
3.0	04/06/2018 – wording updates; updates to match regulatory revisions

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PROCESSES



## Radiation Safety ALARA Program

### 1. SCOPE

- 1.1. This policy covers all facilities operating under the Marshfield Clinic radioactive material license and facilities operating radiation-producing equipment under the jurisdiction of the Marshfield Clinic Radiation Safety Officer (RSO).

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. ALARA: As low as reasonably achievable
- 2.2. DHS: State of Wisconsin Department of Health Services
- 2.3. RSO: Radiation Safety Officer
- 2.4. RSC: Radiation Safety Committee

### 3. POLICY BODY

This policy outlines the requirements to keep radiation doses to staff, patients, and members of the general public to ALARA levels.

- 3.1. ALARA Program
  - a. ALARA refers to a principle of keeping radiation doses as low as can be achieved, based on technologic and economic considerations. It is a requirement in the law, meaning all facilities using radioactive material and radiation-producing equipment must have a formal ALARA program.
  - b. The biological basis for radiation safety assumes a conservative estimate of radiation dose versus effect, termed the "linear hypothesis". This hypothesis asserts any dose, no matter how small, may inflict some degree of detriment. This detriment takes the form of a postulated risk of cancer and genetic damage. These risks already exist in the absence of radiation, but could be increased by exposure to ionizing radiation. The Marshfield Clinic radiation safety program, therefore, strives to lower radiation doses. In nearly all situations this can be accomplished, but sometimes this involves more costly practices. Eventually, the costs outweigh the benefit of further dose reduction. ALARA serves as a balance in the Marshfield Clinic radiation safety program.
  - c. It is not a violation of law to exceed an ALARA guideline; however, these occurrences alert the RSO and radiation users to situations that need to be reviewed to determine whether the practices may be modified to better reflect ALARA management principles.

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- d. All responsible individuals, in consultation with the RSO, should make sure ALARA principles have been considered and incorporated into processes and facilities. This could include special monitoring or dosimetry (badge) requirements, training, and equipment.
- e. Department managers are also encouraged to review current procedures and develop new ones as appropriate to implement the ALARA concept. These reviews and other routine assessments may suggest the need for modifications to current operating and maintenance procedures, equipment, and facilities. These modifications should be made if they reduce exposures unless the cost is considered to be unjustified.

### 3.2. ALARA Investigation

- a. The RSO investigates all instances in which reported external doses or measured internal contamination levels exceed review levels specified in the institution's ALARA program. The investigation attempts to determine the cause(s) of the elevated level and to identify whether appropriate corrective actions can be taken to prevent a recurrence. A written report of each ALARA investigation is prepared and presented to the RSC for review and approval.

### 3.3. Management Commitment

- a. Management is committed to the program for maintaining personnel radiation doses (individual and collective) ALARA. In accord with this commitment, the administrative organization for radiation safety will develop the necessary written policies, procedures, and instructions to foster the ALARA concept. The organization includes the RSC and the RSO.
- b. A formal annual review of the radiation safety program including ALARA considerations is performed. The review shall include RSC examination of selected operating procedures and past dose and bioassay records, inspections, etc., and consultations with the RSO.
- c. Modification of operating and maintenance procedures and equipment and facilities will be made where they will reduce doses unless the cost is considered to be unjustified. The RSC will demonstrate if necessary, improvements have been sought, modifications have been considered, and changes have been implemented when evaluated as reasonable by the RSC.
- d. In addition to maintaining doses to individuals ALARA, the sum of the collective doses received by all exposed individuals (expressed in person-rem) will also be maintained at the lowest practicable level. It is recognized it is not desirable to hold the highest doses to certain individuals to some fraction of the applicable limit if this involves exposing additional people and significantly increasing the collective radiation doses received by all involved individuals.

### 3.4. Radiation Safety Committee (RSC)

- a. The RSC reviews the qualifications of each applicant with respect to the types, quantities, and intended uses of the requested radioactive material to assure the applicant will be able to take appropriate measures to maintain doses ALARA.

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- b. The RSC reviews the efforts of the applicant to maintain doses ALARA when considering significantly new uses of radioactive material.
- c. The RSC will not approve uses inconsistent with accepted ALARA practices.
- d. The RSC delegates authority to the RSO to enforce the ALARA concept.
- e. The RSC supports the RSO when it is necessary for the RSO to assert authority. If the RSC overrules the RSO, the basis of the action is recorded in the minutes of the RSC meeting at which the matter was discussed.
- f. The RSC encourages all users to periodically review procedures and to develop new procedures as appropriate to achieve ALARA.
- g. The RSC reviews reported occupational doses that exceed the Investigation Levels of the ALARA program each calendar quarter (refer to Tables 1 and 2). The primary purposes of the review are to decide if corrective actions should be implemented and to assess any trends in occupational doses as an index of the effectiveness of the ALARA program.
- h. The RSC evaluates the overall efforts for maintaining doses ALARA on an annual basis. This review includes the efforts of the RSO, Authorized Users, executive management, and workers.

3.5. Radiation Safety Officer (RSO)

- a. The RSO performs an annual review of selected components of the radiation safety program for adherence to the ALARA philosophy.
- b. The RSO reviews the external radiation doses of workers each quarter to determine their doses are in accordance with the provisions of this program and will prepare a summary report for the RSC.
- c. The RSO reviews radiation surveys in restricted and unrestricted areas to determine the measured levels are consistent with the ALARA concept and prepares a summary report for the RSC.
- d. The RSO schedules training sessions to inform workers of the ALARA program concepts. The RSO prepares written information regarding ALARA and provides it to personnel as part of the annual refresher training.
- e. The RSO assures workers who may be exposed to radiation will be instructed in the ALARA philosophy and informed that executive management, the RSC, and the RSO are committed to implementing the ALARA concept.
- f. Radiation workers are given opportunities to participate in formulation of the procedures that they will be required to follow.
- g. The RSO is in contact with all users and workers in order to develop ALARA procedures for working with radioactive material.
- h. The RSO establishes procedures for receiving and evaluating the suggestions of individual workers for improving radiation safety practices and encourage the use of those procedures.
- i. The RSO investigates all known instances of deviation from good ALARA practices; and, if possible, determine the causes. When the cause is known, the RSO requires changes in the program to maintain exposures ALARA.

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3.6. Authorized User (AU)

- a. The AU consults with and receives the approval of the RSO or the RSC during the planning stage before using radioactive material for a significantly new procedure.
- b. The AU evaluates all procedures before using radioactive material to ensure that exposures will be kept ALARA. This may be enhanced through the application of trial runs.
- c. The AU explains the ALARA concept and the need to maintain exposures ALARA to all supervised individuals.
- d. The AU ensures supervised individuals who are subject to occupational radiation exposures are trained and educated in good radiation safety practices and in maintaining exposures ALARA.
- e. Workers are instructed in the ALARA concept and its relationship to procedures and work conditions.
- f. Workers are instructed in recourses available if they feel ALARA is not being promoted on the job.

3.7. Establishment of Investigation Levels in Order to Monitor Individual Occupational Radiation Doses

- a. The RSC has established Investigation Levels for occupational radiation doses. When exceeded they initiate a review or investigation by the RSO.
- b. The Investigation Levels adopted are listed in Tables 1 and 2 of this section. The inclusion of Investigation Levels for internal radionuclide contamination is voluntary and is consistent with good radiation safety practice although not currently required by any state or federal agency.
- c. The RSO will review:
  - Radiation dosimetry reports of personnel external dose monitoring; and
  - Records of bioassay measurements of internal radioactivity at least once each calendar quarter.
- d. The following actions are taken at the Investigation Levels as stated in Tables 1 and 2:
  - Quarterly levels of individuals less than Investigation Level I:
    - Except when deemed appropriate by the RSO, no action will be taken in those cases where an individual's level is less than Investigation Level I values.
  - Quarterly levels of individuals equal to or greater than Investigation Level I but less than Investigation Level II:
    - The RSO will review each instance in which an individual's level equals or exceeds Investigation Level I.
    - The results of the reviews will be presented at a RSC meeting within 90 days following the quarter during which the reports were completed.
    - If the level does not equal or exceed Investigation Level II, no action is required unless deemed appropriate by the RSC.

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- The RSC may, however, consider each such level in comparison with those of others performing similar tasks as an index of ALARA program quality.
- Quarterly levels of individuals equal to or greater than Investigation Level II:
  - The RSO will investigate in a timely manner the cause(s) of all personnel levels equaling or exceeding Investigation Level II and, if warranted, take action.
  - A report of the investigation and the individual's exposure record will be presented at the RSC meeting following completion of the investigation.
  - The details of these reports will be recorded in the RSC minutes.
- e. Re-establishment of an individual occupational worker's Investigation Level I or II above that as listed in Table 1:
  - In cases where a worker's or a group or worker's levels need to exceed Investigation Level I or II, a new, higher Investigation Level I or II may be established on the basis that it is consistent with good ALARA practices for that individual or group. Justification for a new Investigation Level I or II will be documented.
  - The RSC will review the justification for and will approve all revisions of Investigation Level I or II values. When a dose level equals or exceeds the newly established Investigation Level I or II, those actions listed above will be followed.

**Table 1 – ALARA Investigation Levels for Occupational External Doses**

Part of the Body	Quarterly Investigation Level I (mrem)	Quarterly Investigation Level II (mrem)
Whole body (head, trunk, active blood-forming organs, & reproductive organs)	125	375
Lens of the eye	375	1125
Skin of the whole body	1250	3750
Extremities (elbows & below, knees & below)	1250	3750
Dose to Embryo/Fetus	N/A	150

**Table 2: Investigation Levels for Occupational Internal Radionuclide Contamination**

Radionuclide	Investigation Level* (calculated body burden in $\mu$ Ci unless noted otherwise)	Radionuclide	Investigation Level* (calculated body burden in $\mu$ Ci unless noted otherwise)
H-3	800	Sr-89	6
C-14	20	Y-90	4
F-18	500	Tc-99m	800

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POLICY

P-32	6	In-111	40
P-33	60	I-123**	0.5 (Thyroid)
S-35	60	I-125**	0.12 (Thyroid)
Ga-67	70	I-131**	0.04 (Thyroid)
Sr-82	2 (LLI wall)	Sm-153	20
Sr-85	30	Tl-201	200

Others – contact RSO

\*These values represent 1.0% (0.01) of the most restrictive annual limit of oral ingestion specified in the DHS regulations (Appendix E to DHS 157).

\*\*Radioiodines have a more restrictive investigation level.

### 3.8. ALARA Principles for Mitigating External Radiation Exposure

a. The following mitigation methods may often be a practical and effective means of minimizing external radiation exposures.

- Time
  - Reducing time exposed to sources of radiation (while still maintaining proper patient care) will reduce radiation dose.
- Distance
  - Increasing the distance between a worker and the radiation source will reduce exposure by the square of the distance (e.g., doubling the distance from a source of radiation may reduce radiation exposure up to a factor of 4). Any increment of increased distance one can achieve from a source of radiation will greatly reduce radiation exposure.
- Shielding
  - Using appropriate shielding material such as lead for gamma rays and x-rays will effectively reduce radiation exposures in some situations. Shielding, such as in the use of lead aprons, is required in many common x-ray practices. Follow the established procedures of each department.

### 3.9. ALARA Principles for Mitigation of Internal Radiation Exposures

a. The following mitigation methods may often be a practical and effective means of minimizing internal radiation exposures.

- Good Hygiene
  - Good hygiene habits and good housekeeping effectively moderate the internal radiation hazards presented by radioactive material. Essential elements of good hygiene are eliminating food and drink in areas where radioactive materials are used and/or stored, and controlling “hand to mouth” habits.
- Control of Contamination

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- Effective ways to heighten awareness and prevent the spread of contamination is to label radioactive (and potentially radioactive) areas and items, contain contamination, or decontaminate surfaces.
- Protective Clothing
  - The use of gloves, laboratory coats, and other protective clothing minimizes the chances for the ingestion or absorption of radioactive materials through the skin.
- Airborne Hazards
  - Using fume hoods and avoiding dust, aerosol, or volatile gas production can reduce the potential for inhalation of radioactive materials.

<b>4. ADDITIONAL RESOURCES</b>
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- 4.1. References:
- None
- 4.2. Supporting documents available:
- None

<b>5. DOCUMENT HISTORY</b>
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Version No.	Revision Description
1.0	New Document
2.0	Updated to new Document Control template. Minor wording corrections.
3.0	Expanded to include entire ALARA program policy; minor wording corrections.
4.0	03/30/2018 – minor grammatical wording updates during annual review of policy

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## Pregnant Radiation Worker Policy

### 1. SCOPE

- 1.1. MCHS Hospital-Based Ambulatory Care
- 1.2. MCHS Hospital Acute Care
- 1.3. MCHS Clinic Ambulatory Care
- 1.4. Facilities and departments included in the scope are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. MCHS – Marshfield Clinic Health System
- 2.2. ALARA – As low as reasonably achievable
- 2.3. Declared Pregnant Woman - woman who has voluntarily informed the licensee or registrant, in writing, of her pregnancy and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.
- 2.4. DHS – State of Wisconsin Department of Health Services

### 3. POLICY BODY

- 3.1. Under applicable regulations of the State of Wisconsin Department of Health Services (DHS), Chapter DHS 157 Radiation Protection, and other applicable State of Wisconsin and Federal statutes, the radiation dose limit to the embryo/fetus of a declared pregnant woman is 0.5 rem (500 mrem) over the entire gestation period.
- 3.2. The Radiation Safety Office shall review the exposure history of the declared pregnant woman and adjust working conditions, as necessary, to avoid a monthly exposure of more than 0.05 rem (50 mrem) to the declared pregnant woman.
- 3.3. The Radiation Safety Office shall provide counseling and education to the declared pregnant woman, as needed or requested, with regard to risks of radiation exposure and to consult with her regarding recommendations for maintaining the radiation dose to the embryo/fetus within the above limits and ALARA.
- 3.4. Declarations and records under this policy are confidential.
- 3.5. The Radiation Safety Committee (RSC) is responsible for administering the above policy. Day to day implementation of this policy has been delegated to the Radiation Safety Office.
- 3.6. Background:
  - a. Effective, fair management of pregnant employees exposed to ionizing radiation requires the balancing of three factors:
    - The rights of the expectant mother to pursue her career without discrimination based on sex;
    - The protection of the embryo/fetus; and,

- The needs of the employer.
- b. Radiation protection measures have been devised according to the principle of ALARA. Radiation exposure should be maintained at the lowest practicable level. Radiation protection practices do not change because the worker becomes pregnant. Measures that reduce the radiation dose to the worker will also reduce the dose to the embryo/fetus.
- c. The three basic principles of reducing external radiation exposure are:
  - Time – minimize time spent around sources of radiation as much as practicable;
  - Distance – maintain as much distance as possible from the source of radiation while still maintaining quality patient care; and
  - Shielding – utilize, as required, the shielding devices made available such as lead aprons to further reduce the exposure to the whole body.
- d. The whole-body occupational dose limit for radiation workers is 5 rem (5000 mrem) per year. Because the embryo/fetus is more sensitive to radiation than an adult, the dose limit is ten times lower (500 mrem) for a declared pregnant woman. In addition, efforts are made to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman.
- e. The risk to an embryo/fetus is *extremely low*. Radiation effects on an embryo/fetus are not seen below an acute (in a very short period of time) dose of 15,000 mrem which is a factor of 30 higher than the dose allowed for a declared pregnant worker (500 mrem) over the gestation period.
- f. For comparison, the average individual is exposed to about 311 mrem per year from naturally occurring sources of ionizing radiation (radon gas, cosmic radiation, etc.). During the gestation period, the embryo/fetus will receive about 75 mrem from naturally occurring sources of ionizing radiation even in the absence of occupational exposure.

### 3.7. Responsibility of Pregnant Workers:

- It is the responsibility of the pregnant worker to decide when or whether she will formally declare her condition to her employer.
- Declaration of pregnancy is **not** mandatory.
- Formal declaration is defined as filing a completed, signed, and dated Declaration of Pregnancy Form with the Radiation Safety Office. A copy of the Declaration of Pregnancy Form is attached.
- If a pregnant worker chooses not to declare her pregnancy, the RSO will continue to ensure she receives all normal occupational protections – the annual occupational whole-body dose limit of 5 rem and all ALARA requirements will be in effect.
- All rights of declaration rest with the pregnant woman. The declaration of pregnancy may be withdrawn at any time by a signed, dated, written statement of withdrawal filed with the Radiation Safety Office.
- No sooner than nine months after the estimated date of conception, a worker will be automatically withdrawn from the declared pregnant

radiation worker program if a written withdrawal has not been received by the Radiation Safety Office.

- All pregnant radiation workers have the responsibility to comply with DHS regulations and the radiation safety policies and procedures.
- The Radiation Safety Office assumes no responsibility for providing specific fetal radiation dose precautions until a radiation worker openly requests or declares her pregnancy status (in writing).

### 3.8. Work Assignments for Pregnant Workers:

- a. In order to ensure the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (500 mrem), the Radiation Safety Office shall review the exposure history and the present job duties of the declared pregnant woman and require an adjustment in working conditions, as necessary, so as to avoid a monthly exposure of more than 0.05 (50 mrem) to a declared pregnant woman.
- b. For the majority of pregnant radiation workers, whole-body doses are well less than 500 mrem per year; therefore, dose to the embryo/fetus will be less than 500 mrem during the gestation period.
- c. For women whose typical doses are well less than 500 mrem, there are no radiation safety restrictions in the performance of the pregnant worker's job. Adjustments in job functions are only made if whole-body doses are near or greater than 500 mrem per year.
- d. If, by the time the pregnant worker declares pregnancy to the Radiation Safety Office, the dose to the embryo/fetus has exceeded 0.45 rem (450 mrem), the Radiation Safety Office shall ensure that additional occupational dose to the embryo/fetus does not exceed 0.05 (50 mrem) during the remainder of the pregnancy.
- e. If exposures have occurred between the time of conception and the declaration date, the exposures will be subtracted from the permitted exposure limits and the balance will be prorated over the remaining months.

### 3.9. Confidentiality and Records:

- a. It is realized the pregnant radiation worker may choose to maintain her pregnancy status as personally confidential for a time. Any employee may still obtain fetal dose and related radiation safety information at any time from the Radiation Safety Office without declaring her pregnancy status.
- b. Every pregnant radiation worker is encouraged to consider her manager's responsibility for her safety and freely involve the manager in all work-related situations.
- c. If an adjustment of working conditions is necessary, the Radiation Safety Office will consult with the declared pregnant woman; discuss with her any adjustment of working conditions that may be required; and obtain her written authorization prior to discussing such adjustments with her manager.
- d. Declarations and records required should be protected from public disclosure because of their personal privacy nature.

3.10. Radiation Monitoring:

- a. A declared pregnant worker is assigned a fetal radiation badge, in addition to her regular whole-body badge, that is worn at the waist level and under a lead apron when one is being worn. The fetal badge will be exchanged monthly to document that exposures do not exceed 50 mrem per month.
- b. Note: Women normally assigned two radiation badges (one collar and one waist) will not require a third badge for fetal monitoring. The normally assigned waist badge will act as the fetal badge.
- c. Radiation dose reports may be obtained from the Radiation Safety Office.

3.11. Provision of Further Information:

- a. Any pregnant worker or other departmental group having questions related to the radiation safety of the embryo/fetus is encouraged to contact the Radiation Safety Office. The Radiation Safety Office will provide appropriate and confidential education and counseling.
- b. Further information may be found in the following publications available from the Radiation Safety Office:
  - Regulatory Guide 8.13 (WISREG 8.13), Instruction Concerning Prenatal Radiation Exposure, State of Wisconsin Department of Health Services, January 2002.
  - Health Physics Society Fact Sheet, Radiation Exposure and Pregnancy, Health Physics Society.

3.12. Working Around Radiation as a Pregnant Worker – Procedure Examples:

- a. Contrary to what is generally believed, fluoroscopy and portable x-ray procedures do not result in high exposures to the fetus of an occupational worker.
- b. For example, in fluoroscopy, wearing a lead apron will reduce the scatter radiation by more than 95%. Additionally, the womb lies between 5 and 15 cm below the skin line, further reducing the exposure to the embryo/fetus. Radiation badge readings totaling 500 mrem for the badge worn outside the lead apron correspond to a fetal dose of about 7.5 mrem. Consequently, pregnant workers in these cases may continue their worker assignments throughout the pregnancy.
- c. Prostate and eye plaque implant seeds are sealed, solid pieces of metal. They pose no radioactive contamination hazard to staff. The radioactive material used in these sources is iodine-125 (I-125). I-125 emits low-energy x-rays similar to what is encountered from a c-arm or portable x-ray unit. The radiation dose received by staff that handles the seeds during the procedure is small. Using a lead apron provides ample protection during one of these procedures in addition to utilizing time and distance to reduce radiation exposure. There is no radiation safety restriction from participating in these procedures.
- d. The expected radiation exposure to surgery personnel during Sentinel Lymph Node (SLN) procedures is minimal. Studies performed in the United States and Europe demonstrates that the occupational radiation dose to medical

personnel due to these procedures is insignificant. Since the amount of radioactive material used in these procedures is small, external radiation exposure is minimal. Due to the low risk of radiation exposure, standard precautions adequately cover handling of specimens, drapes, towels, etc. involved in the procedure to prevent any kind of uptake into the body. There is no radiation safety restriction from participating in these procedures.

**4. ADDITIONAL RESOURCES**

4.1. References:

- See Declaration of Pregnancy form available from the Radiation Safety Office or on the Intranet:  
[https://pulse.mfldclin.org/sites/departments/radiology/SiteAssets/SitePages/Medical%20Physics%20and%20Radiation%20Safety/Declared%20Pregnant%20Worker%20Form%20\(2019\).pdf](https://pulse.mfldclin.org/sites/departments/radiology/SiteAssets/SitePages/Medical%20Physics%20and%20Radiation%20Safety/Declared%20Pregnant%20Worker%20Form%20(2019).pdf)

**5. DOCUMENT HISTORY**

Version No.	Revision Description
1.0	New Document
2.0	Policy updated to Document Control Template.
3.0	06/19/2015 – updated declaration of pregnancy form; added statement to policy re: automatic removal from declared status
4.0	09/16/2016 – updated declaration of pregnancy form
5.0	08/03/2017 – changed RSO references to Radiation Safety Office
6.0	Updated for Joint Commission compliance.
7.0	05/13/2019 – minor wording updates; updated reference to declaration of pregnancy form
8.0	05/04/2020 – updated reference to declaration of pregnancy form
9.0	4/8/2021 No changes per C. Kessler

**6. DOCUMENT PROPERTIES**

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When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.



## Employee Health Scope of Service

### 1. SCOPE

1.1 System-wide

1.2 Specific facilities and departments included in the scopes listed above are further defined in the [Scope Definition Resource Guide](#).

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Abbreviations

- EH: Employee Health
- MCHS: Marshfield Clinic Health System

2.2. Definitions

### 3. POLICY BODY

**Purpose Statement:** Employee Health (EH) seeks to maintain a safe and healthy environment, while promoting a healthy lifestyle for all employees, enabling them to provide safe, quality care to the patients we serve. Volunteers, contracted employees and students may be covered for some services; however they are expected to meet all the same health requirements as those employed by Marshfield Clinic Health System (MCHS).

3.1. The Services Provided by EH Include:

- Facilitate placement of individuals in positions where they are able to perform the essential functions of the job according to the individual's physical, mental and emotional abilities, with or without reasonable accommodation; and without endangering their own health and safety, or that of their co-workers and patients.
- Enable the employee to protect him/herself against potential health hazards in their work environment.
- Facilitate adequate medical care and rehabilitation of the occupationally illness/injured.
- Encourage personal health maintenance; assist employees in identification and management of potential health risks / problems.
- Comply with mandated regulatory agencies and guidelines.

These objectives are accomplished through these specific functions / services / procedures, utilizing specifically identified equipment/skills/protocols.

3.2. Post Offer Health Assessment:

- a. Job offers to prospective employees are made contingent upon satisfactory completion of all pre-employment screens and other appropriate considerations. Prospective employees that have NEGATIVE drug test results will have a post offer health assessment and physical assessment/exam completed by EH prior to the start of employment with MCHS.
- Prospective employees that have a NON-Negative drug test result are not eligible for employment; as such, there will be no health assessment for prospective employees that have a non-negative drug test result.
- b. The Recruiter who scheduled the Post offer assessment with EH will be notified of any issues/concerns related to the individual's ability to perform the essential functions of the job, prior to the start of any work, so that reasonable accommodation can be considered. EH will also inform the Recruiter when the employee is cleared to assume work duties.
- If the prospective employee is not clearing their Health Assessment due to restrictions, medications, and etc. HR recruiter will set up a meeting with the EH RN, the hiring manager, Manager of Absence Management and/or HR Business Partner Manager and the Director of Workforce Planning. This team will review the job description along with the restrictions/assessment concerns and determine if any reasonable accommodations can be implemented to allow this candidate to fill that position prior the rescinding of a job offer to prevent a possible discrimination claim.
- c. The assessment will consist of:
- Review of health history form completed by prospective employee.
  - Brief physical assessment/exam based upon physical requirements of job identified in the specific job description.
  - Health screening / tests: height, weight, blood pressure, color vision, and visual acuity.
  - Tests:
    - Serological testing will be dependent on proof of vaccination records indicating completion of series below:
      - Measles, Mumps, Rubella, Varicella Zoster (VZ) titers – based upon results, immunization may be indicated; vaccination is provided to employee if non-immune. Rubella immunity is required; Employees may sign an informed declination form for Measles, Mumps if non-immune; and VZ non-immune status after review of Risk/Benefit.
      - Hepatitis B antibody – if vaccine series completed and immune status not documented following such. CDC indicates that if there are NO documented dates of Hepatitis B vaccine series; do not draw Hepatitis B surface antibody level, as without the completed series this does NOT indicate immunity. The Hepatitis B vaccine series is

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offered to ALL MCHS employees and highly encouraged for any employee who may come in contact with Blood or Body Fluids. Employees may sign an informed declination statement after review of Risk/Benefits of this vaccine series. (If titers are negative after first series, give second series and assume immune "no titers".)

- TB Screening / testing – a T-spot is drawn on all prospective employees; TB Skin Test (TSTs) – two step (if indicated) or if done elsewhere is acceptable, only initial.

Baseline screening and testing (IGRA)-include individual risk assessment. If test one positive and employee is asymptomatic with low individual risk assessment, retest (IGRA). If both test positive considered to have Tb, if second test negative no further action.

Evaluation & treatment of healthcare provider with positive result. New result confirmed by second test undergo symptom evaluation and chest x-ray. Notify local Public Health immediately if suspect TB. Healthcare provider with prior positive TB test and documented normal chest x-ray do not require repeat chest x-ray unless symptomatic or starting LTBI treatment. Healthcare provider with LTBI and no prior treatment highly encourage the Employee to take treatment from their Primary Care Provider. Healthcare provider with LTBI and no treatment require annual symptom screening.

Post exposure screening and testing. Must have known exposure without proper PPE. If employee has NO documented evidence prior LTBI or TB, timely symptom evaluation, IGRA then repeat 8-10 weeks after exposure if negative. If employee has documented LTBI or TB, no testing, ID consult if symptomatic or concern for infection.

Serial screening and testing for healthcare personnel without LTBI. In absence of known exposure or evidence of symptoms (on going TB transmission) testing is not recommended. Annual education including risk factors, signs, symptoms, potential occupational and non-occupational exposures. If concern case-by-case basis for testing.

- Influenza Vaccine – Seasonal Vaccine is required for all employees/providers including those that work remotely. If an exemption is not approved, employees/providers are to be vaccinated as long as the vaccines are still available or when the vaccine becomes

available. New hires have five (5) days from starting their employment with MCHS to receive the vaccine or to obtain an approved exemption. Failure to comply may result in disciplinary action up to and including separation of employment. This requirement is mandatory for all current active employees/providers and due on or before November 15, 2021.

- COVID Vaccine is required for all employees/providers including those that work remotely. If an exemption is not approved, employees/providers are to be vaccinated as long as the vaccines are still available or when the vaccine becomes available. New hires have five (5) days from starting their employment with MCHS to receive/begin the vaccines or to obtain an approved exemption. Failure to comply may result in disciplinary action up to and including separation of employment. This requirement is mandatory for all current active employees/providers and due on or before November 15, 2021.
  - Respiratory Protection – Medical Clearance / Fit Test – if appropriate, based upon specific job functions (in program or exempt from program); as specified in [Respiratory Protection Program](#)
  - Hazardous Drug Baseline Screening – if appropriate based upon specific job functions (per EH protocol).
  - Amlser Grid if potential of exposure to lasers in the work environment. All employees' visual acuity and color vision is screened.
- If any health issues or concerns arise that would impact the prospective employee's ability to perform the essential functions of the job, EH will notify the Recruiter and the start date may need to be adjusted to obtain further information /tests to determine if a reasonable accommodation is needed and can be made.
- If any musculoskeletal injury/surgery is documented in the past 5 years, the prospective employee is to provide a Return to Work slip from the provider to determine if the prospective employee is able to safely perform the essential functions of the job.
- All prospective employees are provided an Employee Health information packet specific to EH and processes at that facility.

### 3.3. Annual Health Assessment

- a. All employees will complete a health assessment annually. This assessment consists of:
- Health questionnaire - A system-wide notice is sent annually reminding employees when Annual Health work is due. The Annual Health Assessment questionnaire is attached to this notification with instructions to complete and return to EH. EH RN reviews and lets the employee know if further follow-up is needed. This may include:
    - TB education through CBT only test if exposure without proper PPE.
    - Hazardous drug handler questionnaire if appropriate to job.

- Respiratory medical questionnaire assessment and fit-test if appropriate to job covered under Respiratory Protection Program.
- Immunizations

b. Employees/Providers will be notified by Employee Health that they are required to complete the Annual Health Assessment. They will have that month to complete in order to be compliant.

### 3.4. Employee Immunization Program

a. Immunization needs are assessed at the Post Offer exam and the annual Assessment for all employees.

- Immunity to Measles, Mumps, Rubella, Varicella and Hepatitis B (if immunized) is evaluated at the time of post offer exam and vaccines are required or offered based upon the CDC guidelines as indicated by the immune status.
  - Measles, Mumps and Rubella:
    - If employee has written documentation of vaccination with 2 doses of MMR vaccine (the first dose administered at age  $\geq 12$  months; the second dose no earlier than 28 days after the first dose); OR
    - Required lab evidence (titer) of serological immunity titer.
      - If titers are negative, give two (2) MMR's, presume immune.
    - Signed informed declinations are accepted for Measles and Mumps if non-immune, except Rubella is mandatory.
  - Varicella Zoster (Chicken Pox):
    - If employee has written documentation of disease; OR
    - If employee has written documentation of vaccination with 2 doses of Varicella Zoster; OR
    - Required lab evidence (titer) of serological immunity titer.
      - If titers are negative, give two (2) Varicella Zoster vaccines, presume immune.
    - Signed informed declinations are accepted for Varicella Zoster if non-immune.
  - Hepatitis B Vaccine:
    - If employee has written documentation of vaccination with complete series of Hepatitis B Vaccine; OR
    - Required lab evidence (titer) of serological immunity titer.
      - If titers are negative, give second series of Hepatitis B vaccines, presume immune.
    - Signed informed declinations are accepted for Hepatitis B if non-immune.
    - The complete series of vaccine is highly recommended and encouraged by the CDC, OSHA and MCHS for all Health Care Workers.
  - Influenza Vaccine:

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- This vaccine is a requirement of employment for ALL MCHS employees/providers including those that work remotely. Employees have five (5) days from starting with MCHS or returning from leave to receive or take action to address this requirement. Casual staff must comply/or address within five (5) days before next shift if gap in workdays. Casual staff will not be scheduled to work until in compliance with the vaccinations, and failure to work within the [Casual Status Policy](#) may end an employee's casual status. This requirement is mandatory for all current active employees/providers and due on or before November 15, 2021. Medical or religious exemptions or accommodations may be granted if appropriate through the formal exemption/accommodation process. Failure to comply may result in disciplinary action up to and including separation of employment. ([Medical Exemption from Vaccination Request - Health Worker](#) & [Medical Exemption from Vaccination Documentation - Provider](#) or [Religious Accommodation Request Form](#))
- COVID Vaccine:
  - This vaccine is a requirement of employment for ALL MCHS employees/providers including those that work remotely. Employees have five (5) days from starting with MCHS or returning from leave to receive or take action to address this requirement. Casual staff must comply/or address within five (5) days before next shift if gap in workdays. Casual staff will not be scheduled to work until in compliance with the vaccinations, and failure to work within the [Casual Status Policy](#) may end an employee's casual status. This requirement is mandatory for all current active employees/providers and due on or before November 15, 2021. Medical or religious exemptions or accommodations may be granted if appropriate through the formal exemption/accommodation process. Failure to comply may result in disciplinary action up to and including separation of employment. ([Medical Exemption from Vaccination Request - Health Worker](#) & [Medical Exemption from Vaccination Documentation - Provider](#) or [Religious Accommodation Request Form](#))
- Tdap (Tetanus, Diphtheria, Pertussis):
  - CDC and MCHS recommends but does not require all adults, especially Health Care Workers, receive a single dose of Tdap one after age 11. If none is documented after age 11, offer and encourage this vaccine or booster every 10 years.
  - This vaccine may be declined with signed Informed Declination.

### 3.5. Noncompliant Employees/Providers

- a. Employees or Providers are considered as noncompliant when they have not met their conditions of employment as set by Human Resources.

- b. Employees: Managers will be notified of those employees who are found to be noncompliant with this requirement. Employees who do not complete the requirement within one week of this notification will be referred to Human Resources and the Operational Manager for possible disciplinary actions such as final warning up to and including separation of employment.
- c. For Providers: Notification of those who have not met the Annual Health Requirements during their birth month will be sent to the Medical Director of Employee Health to address.

Notification of those who have not met the Annual Health Requirements by the last day of the month following the Providers birth month will be sent to the Employee Health Medical Director who will notify the Chief Medical Officer who will address.

### 3.6. Ergonomic Safety

- a. This program provides a mechanism by which requests for ergonomic assessment and equipment / remodeling of work areas that include ergonomic concerns and can be processed to efficiently meet these needs for the organization. The program provides assessments for preventive interventions, reconcile specific events / issues that have been identified, and promote efficient, safe return to work following an injury if appropriate.
  - Ergonomic consults / referrals are available to departments or individual employees through referral by the EH department.

### 3.7. Infection Control

- a. Infection Control is critical to a safe working environment for employees, as well as a safe environment for the patients we serve. EH is committed to partnering with Infection Control to protect employees and the patients from communicable diseases.
- b. Employee risks to communicable diseases are contained via:
  - Identification of specific work areas where employees may be exposed to infection risk and potentially Teratogenic Infectious Agents;
  - Detection and control of clusters of Infections in employees;
  - Encouragement of good personal hygiene and health habits for employees'
  - Post-offer health assessments;
  - Annual health assessment;
  - Immunization programs;
  - Exposure follow-up.
- c. Employees with any of the following must not work and are required to report to EH:
  - Skin infections with any draining lesions or weeping dermatitis, including herpes simplex, herpes zoster, pediculosis, and scabies.
  - Infective conjunctivitis (bacterial or viral).
  - Acute respiratory infections including Group A streptococcus and influenza.

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- Acute gastrointestinal infections with enteric pathogens such as Hepatitis A, Salmonella and phlobacteria giardia; and /or diarrhea.
  - Other communicable disease such as Measles, Mumps, Rubella, Varicella, diphtheria, or Pertussis, including inadvertent exposures if the employee is non-immune.
- d. Supervisors/managers are responsible for ensuring that employees with the above conditions are not permitted to work until the employee is determined to be non-infectious.

### 3.8. Work Related Illness/Injury/Bloodborne Exposure

- a. Employees are to report any work related illness or injury, or suspected exposure to communicable disease to immediate supervisor, or designee, or directly to Employee Health.
- b. Employee must complete in ReadySet a Self-Reported Incident Survey and submit it which will be received by Employee Health.
- c. Supervisors are to refer the employee to the Employee Health Office for any work related illness / injury during Employee Health office hours.
  - When the Employee Health Office is not open and the need for assessment is urgent or an emergency, the supervisor can refer the employee to Urgent Care / Walk-in or if Urgent Care / Walk-in is not available then the Emergency Department would be appropriate. Traumatic injuries should be referred to the Emergency Department. If the employee is unable to continue working due to a work-related illness / injury, he/she must be seen as described above, before going home. Employee Health must be notified of the incident and treatment sought ASAP to properly manage the claim. Paperwork from the treatment needs to be included and sent to Employee Health/WC Navigators ASAP.
- d. EH will conduct assessment and if employee requires medical treatment or experiences lost time or restricted duty related to this incident, EH will process and submit a first report of injury to insurance company and Leave Management for determination of compensability and follow-up.

### 3.9. Health Maintenance

- a. During contact with employee, the Employee Health nurse may identify a health situation / problem that may pose a risk to the health and safety of the employee, patients, or that of co-workers. When this occurs, the EH nurse may:
  - Identify and discuss with the employee
  - Provide appropriate health education and referral assistance.
  - Assist with communication to supervisor when appropriate and with employee knowledge.

### 3.10. Employee Health Records

- a. Employee Health Services will maintain and update employee health records for the duration of the employee's employment plus 30 years in accordance

with Occupational Safety & Health Administration (OSHA) Standard 29CFR1910.20 and State regulations.

- b. All employee records are held confidential within the scope of the law. As required by the OSHA Standard, these records are available in ReadySet under the MyHealth Tab. The employee will have access to their Employee Health records only after employment is terminated.

3.11. Applicable Standards:

- a. Joint Commission Standard ICEO-COI
- b. OSHA Standard(s) 29CFR 1910
- c. CDC – All Guidelines – Health Care Workers

3.12. Applicable Federal/State Regulations:

- a. Wisconsin Statute HFS 124.02

#### 4. ADDITIONAL RESOURCES

4.1. References:

- Epidemiology & Prevention of Vaccine – Preventable Diseases 10th Addition 2008
- American Association of Occupations Health Nurse (AAOHN)
- Association of Occupational Health Professionals (AOHP)
- CDC
- Joint Commission
- OSHA
- [American College of Occupational and Environmental Medicine – Guidance of Occupational Health in Medical Centers. April 2017](#)
- [CDC MMWR January 12, 2018, Prevention of Hepatitis B Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices](#)
- [CDC-Recommended Vaccines for Healthcare Workers](#)

## Bloodborne Pathogens Exposure Control Policy

### 1. SCOPE

- 1.1. System-wide, Marshfield Clinic Health System (MCHS)
- 1.2. Specific facilities and departments included in the scopes listed above are further defined in the [Scope Definition Resource Guide](#).

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

#### 2.1. Abbreviations

- BBP: Blood Bourne Pathogens
- CDC: Centers of Disease Control and Prevention
- CSF: Cerebral Spinal Fluid
- ECP: Exposure Control Plan
- ED: Emergency Department
- HIV: Human Immunodeficiency Virus
- IV: Intravenous
- MCHS: Marshfield Clinic Health System
- NIOSH: National Institute for Occupational Safety and Health
- OPIM: Other Potentially Infectious Materials
- OSHA: Occupational Safety and Health Administration
- PPE: Personal Protective Equipment
- SESIP: Sharps with Engineered Sharps Injury Protections

#### 2.2. Definitions

- **Engineering Controls:** Engineering Controls are physical controls designed to eliminate or minimize employee exposure. They are the first line of control to eliminate/minimize exposures. Engineering controls will be reexamined, maintained or replaced when an exposure incident occurs or at least annually by Safety.
- **Contaminated:** The presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
- **Contaminated Sharps:** Contaminated Sharps are any sharp object that has the presence or reasonable anticipated presence of blood or OPIM on its surface.



- **Sharp:** Any object or item that can penetrate the skin including, but not limited to, needles, scalpels and other surgical instruments, bone fragments, broken glass tubes and slides, broken capillary tubes, and exposed ends of dental wires.
- **Significant exposure:** Contact with blood or OPIM on an employee's non-intact skin, eyes, mouth, other mucous membrane or by piercing the skin or mucous membrane with a contaminated sharp.
- **Blood:** Human blood, blood components, and products made from human blood.
- **Bloodborne Pathogen:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B, Hepatitis C, and HIV.
- **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy BBP on a surface of item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- **OPIM:** (1) Semen, breast milk, vaginal secretions, CSF, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids. (2) Any unfixed tissue or organ.
- **PPE:** Specialized clothing or equipment worn by staff for protection against a hazard. General work clothes (uniforms, scrubs) are not intended to function as PPE.
- **Regulated waste:** Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM if compressed; items caked with dried blood or OPIM and are capable of releasing these materials during handlings; contaminated sharps; and pathological or biological wastes containing blood or OPIM.
- **Safer medical devices:** Sharps with an engineered safety feature or mechanism that effectively reduces the risk of an exposor incident.
- **Significant exposure:** Under Wisconsin Statutes s. 252.15(1)(em) "significant" contact or exposure is defined as that which carries the risk for transmission of HIV by one or more of the following:
  - ◇ Transmission into a body orifice or onto mucous membrane of blood, semen, vaginal secretions, or cerebrospinal, synovial, pleural, peritoneal, or amniotic fluid, or other body fluid that is visibly contaminated with blood.
  - ◇ Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture of blood, semen, vaginal secretions or cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid, or other body fluid that is visibly contaminated with blood;
  - ◇ Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood,

semen, vaginal secretions or cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid, or other body fluid that is visibly contaminated with blood;

◇ Other routes of exposure, defined as significant in rules promulgated by the department. The department promulgating the rules shall consider all potential routes of transmission of HIV identified by the CDC.

- **Work practice controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (prohibiting recapping of needles by a two handed technique).

### 3. POLICY BODY

**Purpose Statement:** The MCHS is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following ECP is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist MCHS in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Implementation of various methods of exposure control, including:
  - Standard precautions and Transmission-based precautions
  - Engineering and work practice controls
  - Administrative controls
  - PPE
  - Housekeeping
- Hepatitis B vaccination
- Determination of employee exposure
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident.

The method of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

#### 3.1. Program Administration

- Employee Health Department (7-7081) is responsible for:
  - Implementing the system-wide ECP,

- Maintaining, reviewing and updating the ECP at least annually and whenever necessary to include new or modified tasks and procedures.
  - Determine, in conjunction with Human Resources who has potential exposure to blood borne pathogens (BBPs) and to what degree of risk.
  - Work with employees to develop/revise policies and procedures needed to support the effective implementation of this plan.
  - Assist in development of educational/training programs as needed.
  
  - Assist Infection Prevention as needed in the analysis and reporting of employee exposure data.
  - Evaluate exposures to determine significance (conducted by EH RN On-Call when Employee Health is closed).
  - Evaluate compliance with BBP mitigation procedures based on exposures.
  - Develop and/or review policies related to significant, hazardous and infectious exposures in conjunction with Infection Prevention.
  - Communicate with Infection Prevention and other departments as needed on employee health and safety issues.
  - Ensure that all medical actions required are performed and that appropriate EH and OSHA records are maintained.
- b. Safety
- Product evaluation and implementation as new, improved and safer engineering controls become available. This can be accomplished through collection of product information, communication with patient care departments, product evaluation and expert consultation from Infection Prevention, Employee Health, and Safety Subcommittee and other pertinent groups.
  - Creation and maintenance of Safer Needle Program and other safety devices with expert consultation from Infection Prevention, Employee Health, and Leadership as needed.
  - Monitor trends related to type and number of occurrences.
  - At least annual evaluation and presentation of employee exposure data to the Marshfield Medical Center's Safety/ Quality Improvement and Infection Prevention and Control Committees.
  - Responsible for approval and denial of safer needle exemption requests.
- c. Department Managers and Supervisors
- Assist with policy/procedure review.
  - Document Exposure Control training received by employees in their area.
  - Evaluate exposure incidents which occur in their area.
  - Ensure staff has access to personal protective equipment (PPE), engineering equipment like sharps containers, safety devices and other equipment needed to help keep staff safe from BBP exposures.

- Managers/Supervisors will conduct accident investigations, problem solve and provide education to departments and individuals.
- d. Employees
  - Know how to prevent occupational exposure.
  - Understand the procedure to follow in the event of an exposure incident or how to find the procedure out.
  - Complete mandatory annual training related to the Exposure Control Plan.
  - Comply with terms of the Exposure Control Plan and all related policies and procedures.
  - Use Personal Protective Equipment (PPE) as appropriate.
  - Use safety devices, including needle safe devices.
- e. Availability of the Plan
  - The ECP is located on the MCHS intranet in Document Control. All employees must know where the plan can be found. All employees should refer to the plan when information is needed. Department managers and/or Employee Health (7-7081) can be consulted if additional information is required.
- f. Implementation Schedule: As outlined in the [OSHA Bloodborne Pathogens Standards, 29CFR 1910 and 29CFR 1910.1030.](#)

### 3.2. Employee Exposure Determination

- a. A key component of the ECP is the identification of employee job classifications with risk of occupational exposure. The following is the job classification identified at MCHS:
  - Class 1 – Usual job functions place them at risk of exposure.
  - Class 2 – Some job functions place them at risk of exposure.
  - Class 3 – Only under rare emergent events are employees at risk. The usual job functions do not put employees at any risk of exposure.
- b. Detailed listings of exposure determination by job classification are available in the Employee Health Department offices. These listings are updated annually and as indicated based on information provided by staff/management and Human Resource Services.
- c. Contracted and other non-hospital employees providing services to MCHS are covered under the [Non-Employee Follow-Up Including Visitor Procedure.](#)

### 3.3. Definitions of Invasive Procedures

- a. The following are definitions of invasive procedures per the CDC and Shea 2020 Standards:
  - Category I. Procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV).
  - These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and

vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions). Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include:

- digital palpation of a needle tip in a body cavity and/or
  - the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.
- Category I. Procedures, especially those that have been implicated in HBV transmission, are not ordinarily performed by students fulfilling the essential functions of a medical or dental school education.
  - Category II. All other invasive and noninvasive procedures
  - These and similar procedures are not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include:
    - surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I;
    - the use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
    - dental procedures other than major oral or maxillofacial surgery;
    - insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
    - endoscopic or bronchoscopic procedures;
    - internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination; and
    - procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

### 3.4. Methods of Implementation and Control

The following measures are taken in order to reduce the risk of exposure to blood/body fluids and OPIM:

#### a. Standard Precautions

- All blood/body fluids and OPIM are considered potentially infectious from all patients. Preventing exposure to blood/body fluids and OPIM is dependent on the healthcare employee's interaction with the patient rather than on the patient's diagnosis. All employees are expected to follow Standard Precautions. Refer to policy: [Standard and Transmission Based Precautions](#).

**b. Exposure Control Plan (ECP)**

- Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training on Learning Connections. All employees have an opportunity to review this plan at any time during their work shifts by locating it on the Employee Health intranet page under the Policy and Guideline icon. Employee Health Department is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**c. Engineering Controls and Work Practices**

- Engineering controls put in place by Safety with Employee Health assistance and administration controlled per OSHA Guidelines and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below.
- Engineering control put in place by Safety with Employee Health assistance and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Most of the specific engineering controls and work practice controls used are listed below:
  - Handwashing/hand hygiene
  - Needle and sharps containers
  - Specimen containers are leak proof. All blood/body fluids and OPIM are considered potentially infectious from all patients. Preventing exposure to blood/body fluids and OPIM is dependent on the healthcare employee's interaction with the patient rather than on the patient's diagnosis. All employees are expected to follow Standard Precautions. Refer to policy: [Standard and Transmission Based Precautions](#).
  - Laminar airflow hoods
  - Sharps safety devices including, but not limited to:
    - Retractable lancets
    - Safer needle selection
      - Wavier for not using safer needles
      - Capping options
    - Needleless IV system for IV access devices
    - Protected syringe needles, including safety insulin needles
    - Needle tip covers
    - Urology bags with needleless sampling port
    - Other Sharps with Engineered Sharps Injury Protections (SESIPs)
  - Smoke evacuators for aerosols/plumes generated by laser or cautery procedures in OR.
  - Plastic shields in clinical laboratory and microbiology
  - Plastic capillary tubes
  - Rigid sharps disposal containers – wall mounted
  - Free-standing rigid sharps disposal containers
  - Home use sharps disposal containers
  - Hematype segment device in clinical laboratory
  - Safety Lock – Protective Butterfly needles
  - Safety Vacutainers - Clinical Laboratory
  - Needle protection devices with attached needles or syringes
  - Rigid emesis basins for scalpel passing in the OR

- Safety catheters
  - Dialyses
  - At least annual review of The Exposure Control Plan.
  - Department specific infection control policy review, when applicable.
  - Periodic department/unit safety assessments – risk rounds.
  - Infection Prevention/Employee Health periodic significant exposure data analysis.
  - Ongoing sharps safety product evaluations by front line workers conducted annually and shared with the Infection Prevention Committee.
  - Representation by Employee Health on appropriate system-wide committees.
  - When sharps disposal containers are full, MCHS or designated contract staff should secure the closure on the container and place it in their department's designated safe pickup location. MCHS staff or designated contract staff will remove the containers from the department and place them in boxes/containers in the sharps disposal closet. Stericycle will remove sharps disposal containers from the storage closet or a designated location and deliver them to their facility for autoclaving and sterilization. New sharps disposal containers are delivered into the safe pickup location for distribution.
  - New sharps safety devices are identified based on the need for changes in engineering control and work practices through review of OSHA records, employee interviews, and follow-up of exposures to bloodborne pathogens.
    - MCHS will supply employees with the appropriate safety devices as soon as the devices are evaluated and proven to be effective for employee and patient safety with input from point of care workers.
- d. **Hand Hygiene**
- The CDC recognizes that handwashing/hygiene is the most important and effective means of preventing the transmission of infection. All hospital employees having direct or indirect patient care should wash their hands at the following instances:
    - When coming on and going off duty.
    - Before and after patient contacts.
    - Immediately or as soon as feasible after removing gloves or other PPE.
    - Before and after meals/snacks.
    - After using the restroom.
  - The above are examples of times when hands should be washed and are not meant to be a complete list. When in doubt, wash your hands! Refer to [Hand Hygiene Policy](#) and the description in the Infection Prevention and Control Manual.
  - Hands and other body surfaces must immediately be washed with soap and water when contaminated with blood/body fluids or OPIM and after glove removal if contaminated with blood/body fluids.
  - Waterless based hand wash systems, such as an alcohol based hand rub, may be used as a supplement to soap and water handwashing. The alcohol based hand wash could be used prior to donning gloves, between patient contacts or when going on or off duty, for example. The only time it may NOT be used is when hands are soiled with blood/body fluids or OPIM or if a patient has diarrhea, even if staff are wearing gloves.

- MCHS will supply employees with the appropriate safety devices as soon as the devices are evaluated and proven to be effective for employee and patient safety with input from point of care workers.
- Contaminated needles and sharps must not be bent or broken but placed uncapped, as soon as possible after use, into puncture-resistant needle containers that are located where needles are used or expected to be found. Contaminated needles and sharps with activated safety devices must also be put into puncture-resistant needle containers. When needle containers are not readily accessible in the area of use, a portable needle container or other protective needle device MUST be used.
- Contaminated needles and sharps will not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure. When recapping or needle removal is required, a mechanical device (hemostat or needle block) or one-handed recap technique MUST be used.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where blood/body fluids or OPIM exposure may occur.
- Food and drink is not kept in refrigerators, freezers, on countertops or other storage areas where blood/body fluids or OPIM are present.
- All procedures involving blood/body fluids or OPIM will be performed in such a manner as to minimize spraying, spattering and splashing or generation or droplets of these fluids.
- Mouth pipetting or suctioning of blood/body fluids or OPIM is prohibited.
- All specimens are handled as potentially infectious. All specimens of blood/body fluids or OPIM are placed in designated leak-proof containers. Secondary containers are used if the specimen can puncture the primary container or if outside contamination of the primary container occurred. All employees having contact with specimens must practice Standard Precautions. Specimen containers must be labeled with the biohazard sign if they are to be transported outside of the facility.
- Equipment that becomes contaminated with blood/body fluids or OPIM is decontaminated prior to servicing or shipping. If decontamination is not feasible, a biohazard label identifying the contaminated portions is attached to the equipment. This information must be conveyed to all employees and individuals having contact with the contaminated equipment prior to handling, servicing or shipping.
- Refer to Infection Control Policies: Disinfection and Sterilization of Equipment and Infection Prevention and Control Technique for Creutzfeldt-Jakob Disease for instructions on decontamination.

**e. Personal Protective Equipment (PPE)**

- PPE is provided to our employees at no cost to them. The employee's department provides training in the use of the appropriate PPE for the tasks or procedures employees will perform. The types of PPE available to employees



may include but not limited to, gloves, gowns, face shields, goggles, shoe covers, encapsulated suits, respirators. PPE is located within the employees' department and may be obtained through the manager or purchasing department.

- All employees using PPE must observe the following precautions:
  - Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
  - Remove PPE after it becomes contaminated, and before leaving the work area.
  - Used PPE should be disposed of in the appropriate waste container. MCHS will be responsible for laundering and decontamination of reusable PPE.
  - Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Hands should be washed after gloves are removed.
  - Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
  - Never wash or decontaminate disposable gloves for reuse.
  - Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
  - Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
  - Fit tested N-95 respirators or Powered Air Purifying Respirators (PAPRs) must be worn when performing aerosol generating procedures for patients with known or suspected influenza or other diseases deemed by the CDC requiring N-95s.
  - Resuscitation devices are used for cardiopulmonary resuscitation.
  - Protective clothing such as aprons and gowns must be worn when exposure to blood/body fluids or OPIM is anticipated, to prevent contamination of skin and clothing. Surgical caps and hoods and /or boots or shoe covers are worn in situations where gross contamination is anticipated.
  - All PPE are removed prior to leaving the work area and immediately or as soon as feasible when contaminated with blood/body fluids or OPIM. See information on how to don and doff PPE.
  - Marshfield Medical Center is responsible for cleaning, laundering and disposal of PPE.
  - Wear a PAPR or fit-tested N-95 respirator when entering the room of patients with known or suspected TB or other pathogen requiring airborne isolation.

#### f. Environmental Services

- **Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (refer to [Labels-biohazard](#)), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- The procedure for handling **sharps disposal containers** is: MCHS utilizes reusable sharps disposal containers through Stericycle (refer to [Sharps Disposal Procedure](#)).
- The procedure for handling **other regulated waste** is:
  - MCHS follows the Wisconsin State Department of Natural Resources definition of biohazardous waste which includes (refer to [Medical Waste](#)):
    - Sharps
    - Bulk blood and body fluids from humans
    - Human Tissue
    - Microbiology laboratory waste
    - Tissue, bulk blood or body fluids from an animal that is carrying a zoonotic infectious agent.
  - Contaminated sharps shall be discarded immediately or as soon as feasible in approved containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.
  - Materials meeting the State of Wisconsin definition of biohazardous waste (refer to [Medical Waste](#)) shall be bagged, tied and designated as a biohazard (refer to [Red Bag Closure Procedure](#)). The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. MCHS utilizes red colored bags to indicate biohazardous waste.
  - Equipment that may become contaminated with blood or OPIM will be examined prior to servicing and shipping and shall be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping.
  - Specimens of blood or OPIM will be placed in containers that prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers will be labeled with a biohazard symbol.
  - If outside contamination of the primary container occurs, the primary container shall be placed within a second container, which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded.
  - If the specimen could puncture the primary container, the primary container shall be placed within a secondary container that is puncture-resistant in addition to the above characteristics.
  - In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated by staff wearing appropriate PPE.

- o Disposal of all regulated waste shall be in accordance with applicable regulations of the Wisconsin Department of Natural Resources.
- o Medical equipment, surgical devices, and other patient care items require different levels of cleaning/disinfecting depending on the potential risk of infection when the item is used.
- o Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush, tongs, or forceps. Broken glass will not be placed in regular trash containers, it should be placed in a sharps container.

#### g. Laundry

All MCHS facility laundering will be performed by an outside vendor or within the facility itself.

- o The following laundering requirements must be met:
- o Handle contaminated laundry as little as possible, with minimal agitation.
- o Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport.
- o Wear gloves and/or gowns when handling and/or sorting contaminated laundry.
- o Lab coats should not be laundered at home.
- o Contaminated personal clothing should not be taken home; it will be laundered per policy.

#### h. Labels and Signs

Either RED colored bags or the biohazard sign are used to indicate blood/body fluids or OPIM contamination. The following items must contain the biohazard sign or placed into a RED bag:

- o Containers of regulated infectious waste.
- o Sharps disposal containers
- o Refrigerators/freezers containing blood/body fluids or OPIM.
- o Containers used to store or transport blood/body fluids or OPIM.
- o Items that are contaminated with drippable/pourable/blood/body fluids or OPIM.
- o Contaminated equipment prior to servicing.

Signs and labels must be affixed, and placed as close as possible to the container/equipment by string, wire, or adhesive tape to prevent unintentional removal or loss (refer to [Biohazard Label](#)).

### 3.5. Hepatitis B Vaccination

- a. MCHS highly recommends the Hepatitis B vaccination series of all employees. The employee(s) will be provided with information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. See the current [CDC Hepatitis B Vaccine Information Sheet](#) for current information. The Hepatitis B vaccination series will be

available after the above training and/or within 10 working days of initial assignment.

- b. The Hepatitis B vaccination series is available to the employee at a reasonable time and place and is administered under the supervision of a licensed physician or by or under the supervision of a licensed health care professional, according to the most current recommendations of the U.S. Public Health Service.
- c. Records regarding Hepatitis B vaccinations are kept on file in the Employee Health Department.

### 3.6. Post-Exposure Evaluation and Follow-Up

Employee Health investigates all reported or identified exposures to blood/body fluids.

The purpose of this evaluation is to:

- Identify and, where possible, obtain blood testing of the source patient.
- Provide employees with medical consultation and treatment (if required).
- Identify trends and recommend corrective actions.

Procedure to be followed in the event of an exposure:

#### a. Role of Employee

- Ask source patient to wait if outpatient.
- First Aid
  - If an exposure occurs, immediate first aid and appropriate follow-up can reduce risk of an infection.
  - Immediately treat a needle puncture, laceration (scratch) or broken skin by cleansing the wound thoroughly with soap and water.
  - Immediate treatment of a mucous membrane or conjunctiva exposure includes irrigation of the affected area with tepid water.
- Notification
  - Call the MCHS Exposure Hotline at ext. 7-7081, 24 hours per day, 7 days a week.
- After Regular Hours, Weekends and Holidays:
  - Contact the Exposure Hotline at extension 7-7081 (1-800-782-8581) and ask Telecommunications to page the Blood/Body Fluids staff person on call. The operator will connect you directly or take your number so that the nurse can return your call. Be prepared to give information as to the type of exposure and also some information about the source patient of your exposure.
- If source patient is known HIV-positive or at a high risk of being HIV-positive, make certain to report your exposure immediately to Employee Health Department ext. 7-7081 to assure proper treatment occurs in a timely manner.
- Complete a Self-Reported Incident Report in ReadySet. Document: the route of exposure, where and how the exposure occurred, the device involved, and the identity and location of the source patient.

#### b. Role of Employee Health Department

- Discuss incident with exposed employee and document.

c. Evaluation of the Exposure

- Discuss incident with exposed employee and document.
- Evaluate incident immediately upon notification to determine significance of exposure.
- For source patients, if exposure is determined to be significant the source patient will be informed of HIV testing as in NOTE below. Baseline post-exposure laboratory tests will be ordered by Employee Health:
  - Hepatitis B Surface Antigen (HbsAg [or HAA])
  - Hepatitis C Antibody (HCVAB)
  - HIV-1 Antibody (HIV-1) - The HIV Consent will be filed in the Marshfield Clinic Health System Injury/Illness Report of the employee who was exposed.

**NOTE:** An informed consent for HIV testing is not required in writing from the source patient. A detailed explanation of the reason for the test and the testing process is required. Therefore, a signed consent is used to document that the source patient has been fully informed as required by law. If the source patient is or will be incapacitated and unable to understand/sign such a request, consent will be sought from a family member. If the source patient is less than 14 years of age, his/her guardian must sign the consent.

- If the source patient is discharged/unavailable/deceased and serum is available in the laboratory:
  - The patient will be contacted (if possible) for a verbal consent, witnessed by two people, for HIV testing of his/her serum by Supervisor, Manager, or Delegate. Source patient will be also mailed an HIV Consent Form to be signed and returned to Employee Health Department.
    - If patient gives consent, order post exposure testing, as described in above section on the source patient.
    - If patient refuses consent, is unable to be contacted or is deceased, contact the Employee Health Department. They will order post-exposure testing, as described in above section on the source patient.
- Immediately review the exposed staff member's Employee Health Department record for the following:
  - Hepatitis B vaccines received.
  - Documentation of a reactive or non-reactive Hepatitis B Surface Antibody (HbsAb) titer.
- Offer employee laboratory tests, which may include baseline HIV, HCVAB and/or prophylactic treatment if needed per physician recommendations. Consult with the PEP-line 1-888-448-4911. If treatment is required based on a positive HIV test, the employee will be referred to the local Emergency Department or Urgent Care for prophylaxis.
- Continue to follow-up with employee as necessary for subsequent testing and treatments based upon source patient's lab results and on the treatment guidelines defined in Bloodborne Pathogen Exposure Protocol.

- Counseling on the implications of testing and post-exposure prophylaxis will be provided at no cost to employees.
- There shall be a documented evaluation of reported illnesses and a subsequent appropriate referral if necessary. Employee Health Department will provide employee with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual. All information on both the employee and also the source patient is strictly confidential and will not be shared with anyone without either the source patient's or the employee's signed release.
- Employee Health will complete the sharps injury log to document the circumstances of the exposure incident based off of the exposed employee's Self-Reported Incident Report in ReadySet. Documentation should include:
  - Engineering controls in use at the time.
  - Work practices followed.
  - A description of the device being used.
  - Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
  - Location of the incident (OR, ED, patient room, etc.).
- Training will be conducted in conjunction with Safety, Employee Health Department, Corporate Education, and the employee's manager.
- MCHS shall ensure that all medical evaluations and procedures, including prophylaxis will be provided at no cost and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician or other licensed health care professional and laboratory tests shall be conducted in either the Marshfield Laboratories or other certified laboratories.
- Information available to the healthcare professional that evaluates the employee shall include:
  - Information on the location of the [OSHA Standard 29 CFR 1910.1030](#);
  - A description of the employee's duties as they relate to the exposure incident;
  - Documentation of the route of exposure and circumstances under which exposure occurred;
  - Results of the source patient's blood testing, if available;
  - All exposure records relevant to the appropriate treatment of the employee including vaccination status, which Employee Health Department is responsible to maintain.
- All information obtained in the process of exposure evaluation is confidential and is not released without permission of the employee or as required by law.
- Employee Health Department follows up with the employee and notifies him/her of the results of any all testing done.
  - This may be through either direct contact or via electronic mail.
  - This notification will take place within 15 days of completion of the evaluation.
    - MCHS's post-exposure follow-up is limited to the following information:

- Whether Hepatitis B Vaccination is indicated for the employee and if the employee has received such vaccination in the past.
  - The employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation and/or treatment.
- If the source patient is exposed to a staff member's blood during the course of the procedure, Infection Control will be notified.
    - Employee Health RN will order baseline post-exposure laboratory tests will be performed on the staff member's blood of whom the source patient is exposed:
      - Hepatitis B Surface Antigen (HbsAg [or HAA])
      - Hepatitis C Antibody (HCVAB)
      - HIV-1 Antibody (HIV-1) - The HIV Consent will be filed in the staff member's Employee Health record
      - These laboratory test results will also be filed with Employee Health.
      - Source patient will be notified of these test results by Employee Health.

### 3.7 Information and Training

- a. All employees who have occupational exposure to bloodborne pathogens will receive initial training conducted by Employee Health and in orientation. Those who conduct training have had additional education related to bloodborne pathogens.
- b. All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:
  - A copy and explanation of the standard.
  - An explanation of our ECP and how to obtain a copy.
  - An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
  - An explanation of the use and limitations of engineering controls, work practices, and PPE.
  - An explanation of the basis for PPE selection.
  - Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
  - Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
  - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
  - Information on the post-exposure evaluation and follow-up that the employer is required to provide to the employee following an exposure incident.

- An explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers with the person conducting the training session.

### 3.8 Recordkeeping

#### a. Training Records

- Records are completed for each employee upon completion of the training. These documents will be kept for at least three years in Corporate Education.
- The training records include:
  - The dates of the training sessions.
  - The contents or a summary of the training sessions.
  - The names and qualifications of persons conducting the training.
  - The names and job titles of all persons attending the training sessions.
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days through Corporate Education.
- Annual education updates and record of completion will be done on MCHS Learning Connection program.

#### b. Medical Records

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." Employee Health is responsible for maintenance of the required medical records.
- These **confidential** records are kept for at least the **duration of employment plus 30 years**.
- Employee's medical records are provided through ReadySet. If needing help to reset their login, please have employee call 715-387-7081.

#### c. OSHA Recordkeeping

- a. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Employee Health staff nurses.

#### d. Sharps Injury Log

- In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded on the [Sharps Injury Log](#).
- All incidences must include at least:
  - The date of the injury.
  - The type and brand of the device involved.
  - The department or work area where the incident occurred.
  - An explanation of how the incident occurred.



- This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover.
- If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Live

POLICY

## 4. ADDITIONAL RESOURCES

### 4.1. References:

- [CDC Hepatitis B Vaccine Information Sheet](#)
- WI Statutes and Administrative Code Pertaining to AIDS and HIV Infection, Ch.252 12-02 revision and 2009 Wisconsin Act 209.
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis. MMWR September 30, 2005. Vol 54 (No. RR-9)
- Immunization of Health Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR December 26, 1997. Vol 46 (No. RR-18)
- Information for Health Care Workers-Occupational Exposure to HIV. U.S Department of Health & Human Services.
- Occupational Exposure to Bloodborne Pathogens; Final Rule Occupational Safety and Health Adm. Federal Register, December 6, 1991. 64175-64181
- Occupational Exposure to Bloodborne Pathogens, Needle sticks and Other Sharps Injuries: Final Rule. Federal Register, January 18, 2001, 232-240.

### 4.2. Supporting documents available:

- [Standard Precautions](#)
- [Biohazard Label](#)
- [Sharps Disposal Procedure](#)
- [Medical Waste](#)
- [Red Bag Closure Procedure](#)
- [Bloodborne Pathogen Exposure Protocol](#)
- [Disinfection and Sterilization of Equipment](#)
- [Infection Prevention and Control Technique for Creutzfeldt-Jakob Disease](#)
- [OSHA Bloodborne Pathogens Standards, 29CFR 1910 and 29CFR 1910.1030.](#)
- [Non-Employee Follow-Up Including Visitor Procedure.](#)
- [CDC](#)
- [SHEA 2020](#)


## Bloodborne Pathogen Exposure

### **Steps to follow in the result of needle stick or exposure to bodily fluids to mucosal membranes for Non-Employees of Marshfield Clinic Health Care**

(Ex. Vendors, Visitors, Non-Resident Student Programs, and Volunteers)

1. In the event of a sharps injury, immediately wash the exposed body part with soap and water and cover with a dressing. In the event of a mucous membrane exposure, immediately flush the involved area with copious amounts of water or normal saline.
2. Notify the **House Supervisor/Manager** and informed them of the event.
3. Report to the **Emergency Department/Urgent Care** staff immediately after transfer care of patient.
  - a. **Emergency Department/Urgent Care** to follow attached procedure
    - i. [Non-Employee Exposure Follow-Up Including Visitors Procedure](#)

### **Steps to follow in the result of needle stick or exposure to bodily fluids to mucosal membranes for Marshfield Clinic Health Care Employees**

1. In the event of a sharps injury, immediately wash the exposed body part with soap and water and cover with a dressing. In the event of a mucous membrane exposure, immediately flush the involved area with copious amounts of water or normal saline.
2. Call **Employee Health Hot Line at 7-7081** to report exposure to RN in Employee Health 24/7.
  - a. Daytime hours you will reach Employee Health office. After hours, it will ring in Telecom and be transferred to a RN on call.
  - b. **Employee Health will order the exposure labs for the Source and the Employee.**
3. Notify the **House Supervisor/Manager** and informed them of the event.
4. Notify patient of the exposure and ask to obtain exposure labs.
  - a. **Print Source Consent for [HIV Testing](#)**
  - b. **Print [Employee Consent](#)**
    - i. Employee must available to seek medical testing if source patient positive
5. You now need to login to your **ReadySet** account and follow the directions below.
  - a. Click on the **ReadySet icon** on your desktop.  You must be logged in as yourself using your Marshfield Clinic username and password.
  - b. Confirm that your name displays in the **ReadySet** portal.
  - c. Once logged in on the left hand side click on Health Surveys and complete the **Self-Report Incident Survey**
6. Complete survey
7. Click Submit



**COVID-19**

**Employee Symptom Log**

Marshfield Clinic Health System is requiring screening for all onsite employees (including providers) prior to entering any facility. With this and parallel efforts, we can slow the spread of COVID-19 and better protect our communities.

Name \_\_\_\_\_ Employee ID number \_\_\_\_\_

**Instructions:**

- Employee must document any symptoms below before beginning to work. Enter the dates of work in the date columns.
- If “yes” to any of the symptoms or exposure below, you should stay home. You are responsible to inform your unit/department following the normal sick notification process. Remind staff person taking your call to have your manager complete the Absence Illness Form and submit to Employee Health Shared (employeehealth@marshfieldclinic.org).
- It is the employee’s responsibility to maintain this log. Your manager will be checking this log for compliance.

Symptoms	Dates (month/day) – Answer yes or no for each date													
	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Do you feel like you have a fever > 100.4° F° (37.8° C) or chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a new cough not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new shortness of breath or difficulty breathing not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new fatigue not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new muscle or body aches not due a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a new headache not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Symptoms	Dates (month/day) – Answer yes or no for each date													
	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Do you have a new loss of taste or smell not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a new sore throat not due to chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new nasal congestion and/or runny nose not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new nausea or vomiting not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new diarrhea not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have new abdominal pain not due to a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has employee health or public health notified you that you have been exposed to COVID-19 since your last shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cleared = 1    Do not report = 0

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# MCHS Isolation and Quarantine Guidelines

**Instructions:** When providing disposition for isolation and quarantine based on exposure, symptoms and COVID-19 test results, please refer to the following MCHS guidance.

<b>Table of Contents</b>	
To navigate the outline below, use 'ctrl' while clicking the link for quick navigation. Otherwise, scroll down.	
<b>Isolation and Quarantine Guideline Chart</b>	
<a href="#">Symptomatic</a>	
<a href="#">Non-symptomatic</a>	
<b>Resources and References</b>	
<a href="#">Calendar Visuals</a>	
<a href="#">Definitions</a>	
<a href="#">Discontinuation of Isolation and Quarantine Strategies</a>	
<a href="#">References</a>	
<b>MCHS Employee Health SharePoint Link for Staff</b>	
<a href="#">MCHS Employee Guidelines, Recommendations, Line List and RTW Protocols</a>	
<b>COVID-19 Quick Text Dispositions for Use in Clinical Results Manager</b>	
<a href="#">Quick Text</a>	
<b>Important Notes</b>	
<ul style="list-style-type: none"><li>• <b>HCW/First Responders:</b> Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.<sup>8</sup></li><li>• <b>Essential Workers:</b> DPH also acknowledges that local public health officials may identify other critical services and front-line workers in their jurisdiction that would be unable to operate if recommended quarantine guidance were applied. DPH supports local public health officials offering alternative arrangements to these employers on a case-by-case basis if the recommended home-quarantine would negatively impact public health and safety. In these limited scenarios, DPH recommends that return-to-work for potentially exposed employees be conditional upon following CDC's <a href="#">interim guidance</a>. Employers should work with local public health officials to create a plan for monitoring employees for symptoms regularly, disinfecting work areas, masking employees, and modifying operations to reduce contact between employees.<sup>10</sup></li><li>• <b>School Districts:</b> The Department of Public Instruction (DPI) and/or school districts may offer isolation and quarantine guidance that differ from DHS/CDC guidance. In situations where a student's family asks about isolation and quarantine guidelines for households, inform the family to follow DPI/school district recommendations.</li><li>• <b>Elective Surgery:</b> Patients may proceed with elective surgery once they complete the appropriate disposition pathway below and have been evaluated for fitness for surgery.</li><li>• <b>Vaccination Recommendations:</b> Persons in the community or outpatient setting who have had a known COVID-19 exposure should not seek vaccination until their quarantine period has ended to avoid potentially exposing healthcare personnel and other persons to SARS-CoV-2 during the vaccination visit. Persons residing in congregate settings (healthcare and non-healthcare) who have had an exposure and are awaiting results of SARS-CoV-2 testing may be vaccinated if the person does not have symptoms consistent with COVID-19<sup>30</sup>.</li></ul>	

- **COVID-19 Variant Suspicion:** If you have a patient of suspicion for COVID-19 variant, as defined by WI DHS HAN 25 Please contact Lab Customer Service at 1-6700 to inquire on sending any specific samples.

If you have a positive COVID-19 patient who:

- Have traveled to another country within the previous 30 days
- Have been in close contact with a person who tested positive for COVID-19 after traveling to another country in the previous 30 days.
- Prolonged clinical illnesses, including those who are suspected of having protracted SARS-CoV-2 viral replication, are immunocompromised, or who have a recurrence of COVID-19 disease after an initial period of recovery.
- Suspected repeat infection occurring in patients who received monoclonal antibody therapy, convalescent plasma therapy, or antiviral drugs including remdesivir.
- Any SARS-CoV-2 infection in an individual who has received a COVID-19 vaccine.
- **Please note that results will not return to you on your patients and will not populate in CMR. There are no current guidelines concerning infection prevention/treatment/quarantines for patients with recognized COVID-19 variants.**

Isolation and Quarantine Guideline Chart (all patients)			
Patient <i>with Symptoms</i> of COVID-19			
Exposure	COVID 19 Test Result	Disposition	Notes
Yes	Positive	<p><a href="#">Symptom-based strategy</a><sup>3,8</sup></p> <p>For adolescents who are participating in sports, please refer to additional guidance: <a href="#">WIAA Adolescent Guidance</a></p>	<p>Advice for close contacts: Recommend quarantine for all close contacts and share community testing locations. Recommend close contact wait to test at day 6 or 7 after exposure.</p> <p>If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider</p>
Yes	Negative	<p>Quarantine at home for 14 days from last exposure<sup>3, 10,18,22,23</sup> AND until at least 24 hours after <a href="#">symptom improvement</a>.<sup>7, 8</sup></p> <p>If living with someone that is COVID-19 positive, quarantine begins after last source in household is out of their isolation. <a href="#">See Continued Exposure</a></p> <p>Employees who have worsening symptoms or re-emergence of symptoms in the 14-day time period after exposure must not report to work or must leave work immediately.<sup>11</sup> Consult with public health and employer for determination of need for <a href="#">crisis staffing mitigation strategy</a>.</p>	<p>Negative test results do not change the disposition based on patient's exposure. Ask patient to report if they have worsening symptoms or re-emergence of symptoms in the 14-day time period after exposure.</p> <p>If exposure is reported via DHS COVID-19 contact tracing App, exposure is day notification received.</p> <p>If patient received public health letter notifying them of exposure that does not contain an exposure date, date letter written is considered exposure date.</p> <p>If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider</p>
Yes	No test or awaiting test results	<p>Quarantine at home for 14 days from last exposure<sup>3, 10,18,22,23</sup> AND until at least 24 hours after <a href="#">symptom improvement</a>.<sup>7, 8</sup> or until test results are available. Ask patient to report if they have worsening symptoms or re-emergence of symptoms in the 14-day time after exposure.</p> <p>If living with someone that is COVID-19 positive, quarantine begins after last source in household is out of their isolation. <a href="#">See Continued Exposure</a></p> <p>Employees who have worsening symptoms or re-emergence of symptoms in the 14-day time period after exposure must not report to work or must leave work immediately.<sup>11</sup> Consult with public health and employer for determination of need for <a href="#">crisis staffing mitigation strategy</a>.</p>	<p>If exposure is reported via DHS COVID-19 contact tracing App, exposure is day notification received.</p> <p>If patient received public health letter notifying them of exposure that does not contain an exposure date, date letter written is considered exposure date.</p> <p>If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider</p>
Yes/No/Unknown	Tested positive within previous 90 days, new emergence of symptoms	<p>Provider evaluation recommended. Testing is generally not recommended unless otherwise determined by the evaluating provider.<sup>7,25,26</sup> Isolate until at least 24 hours after <a href="#">symptom improvement</a> or until an alternative diagnosis is made.</p>	<p>If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider</p>



No/ Unknown	Positive	<p><a href="#">Symptom-based strategy</a><sup>3,8</sup></p> <p>For adolescents who are participating in sports, please refer to additional guidance: <a href="#">WIAA Adolescent Guidance</a></p>	<p>Advice for close contacts: Recommend quarantine for all close contacts and share community testing locations.</p> <p>Recommend close contact wait to test at day 6 or 7 after exposure.</p> <p>If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider</p>
No/ Unknown	Negative	Self-isolate and self-monitor until at least 24 hours after <a href="#">symptom improvement</a> . <sup>7</sup>	If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider
No/ Unknown	No test or awaiting test results	Self-isolate and self-monitor for at least 10 days since symptoms first appeared AND for at least 24 hours after <a href="#">symptom improvement</a> . If patient receives a negative test result, follow these recommendations until at least 24 hours after <a href="#">symptom improvement</a> . <sup>3,7,8,10</sup>	If symptoms persist due to chronic condition (e.g. Allergies) recommend evaluation or contact with PCP provider

**Isolation and Quarantine Guideline Chart (all patients)**

**Patient *without Symptoms* of COVID-19**

Exposure	COVID 19 Test Result	Disposition	Notes
Yes	Positive	<p><a href="#">Time-based strategy</a><sup>3,8</sup></p> <p>For adolescents who are participating in sports, please refer to additional guidance: <a href="#">WIAA Adolescent Guidance</a></p>	<p>Advice for close contacts: Recommend quarantine for all close contacts and share community testing locations.</p> <p>Recommend close contact wait to test at day 6 or 7 after exposure.</p> <p>For those that develop symptoms during their 10 day isolation, isolation needs to be restarted to day zero from when symptoms appear and they should be instructed to follow <a href="#">Symptom-based strategy</a><sup>3,8</sup></p> <p>Reference <a href="#">Wyoming</a> visual calendar for example</p>
Yes	Negative	<p>CDC currently recommends a quarantine period of 14 days (safest). However, the following options to shorten quarantine are acceptable alternatives<sup>28,29</sup>:</p> <ul style="list-style-type: none"> <li>Quarantine at home for 10 days from last exposure if no symptoms have been reported during daily monitoring.</li> <li>May end quarantine after day 7 if diagnostic test completed at least 6 days from last exposure and if no symptoms have been reported during daily monitoring. Quarantine cannot be discontinued earlier than after Day 7.</li> </ul>	<p>Marshfield Clinic requires a 14-day quarantine for all <b>non-vaccinated</b> on-duty healthcare employees.</p> <p>If exposure is reported via DHS COVID-19 contact tracing App, exposure is day notification received.</p> <p>If patient received public health letter notifying them of exposure that does not contain an exposure date, date letter written is considered exposure date.</p> <p>Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet <u>all</u> of the following criteria<sup>30</sup>:</p>

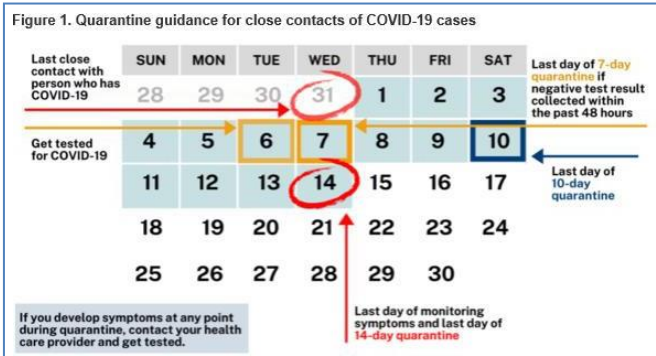
		<ul style="list-style-type: none"> <li>In both cases, continued symptom monitoring and masking through Day 14 is required. Refer to asymptomatic exposure quarantine <a href="#">calendar visual</a>.</li> <li>Inform patient to contact their employee health/employer for return to work guidelines.</li> </ul> <p>If living with someone that is COVID-19 positive, quarantine begins after last source in household is out of their isolation. <a href="#">See Continued Exposure</a></p> <p>Wisconsin Department of Public Instruction requires that K-12 students self-quarantine at home for 14 days after the last contact with the COVID-19 positive person. Receiving a negative test does not result in an earlier release from quarantine to return to school. You should continue to monitor your child for symptoms for 14 days from exposure and report any new symptoms.</p> <p>Consult with public health and employer for determination of need for <a href="#">crisis staffing mitigation strategy</a></p>	<ul style="list-style-type: none"> <li>Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)</li> <li>Have remained asymptomatic since the current COVID-19 exposure</li> </ul> <p><b>***Persons who do not meet both of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. New quarantine exemptions do not apply to patients receiving inpatient care in a healthcare setting or residents of long-term care facilities. Patients and residents in these settings should continue to quarantine for 14 days after the date of last exposure.</b></p>
Yes	No test or awaiting test results	<p>CDC currently recommends a quarantine period of 14 days (safest). However, the following option to shorten quarantine is an acceptable alternative<sup>28,29</sup>:</p> <ul style="list-style-type: none"> <li>Quarantine at home for 10 days from exposure if no symptoms have been reported during daily monitoring.</li> <li>Continued symptom monitoring and masking through Day 14 is required. Refer to asymptomatic exposure quarantine <a href="#">calendar visual</a>.</li> <li>Inform patient to contact their employee health/employer for return to work guidelines.</li> </ul> <p>If living with someone that is COVID-19 positive, quarantine begins after last source in household is out of their isolation. <a href="#">See Continued Exposure</a></p> <p>Wisconsin Department of Public Instruction requires that K-12 students self-quarantine at home for 14 days after the last contact with the COVID-19 positive person. Receiving a negative test does not result in an earlier release from quarantine to return to school. You should continue to monitor your child for symptoms for 14 days from exposure and report any new symptoms.</p> <p>Consult with public health and employer for determination of need for <a href="#">crisis staffing mitigation strategy</a></p>	<p>Marshfield Clinic requires a 14-day quarantine for all <b>non-vaccinated</b> on-duty healthcare employees.</p> <p>If exposure is reported via DHS COVID-19 contact tracing App, exposure is day notification received. If patient received public health letter notifying them of exposure that does not contain an exposure date, date letter written is considered exposure date.</p> <p>Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet <u>all</u> of the following criteria<sup>30</sup>:</p> <ul style="list-style-type: none"> <li>Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)</li> <li>Have remained asymptomatic since the current COVID-19 exposure</li> </ul> <p><b>***Persons who do not meet both of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. New quarantine exemptions do not apply to patients receiving inpatient care in a healthcare setting or residents of long-term care facilities. Patients and residents in these settings should continue to quarantine for 14 days after the date of last exposure. <b>New:</b> Vaccinated persons should also wear a mask indoors in public for 14 days following exposure or until your test result is negative<sup>26</sup>.</b></p>

Yes/No/ Unknown	Tested positive within previous 90 days	No quarantine recommended <sup>27</sup>	<p>Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet <u>all</u> of the following criteria<sup>30</sup>:</p> <ul style="list-style-type: none"> <li>• Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)</li> <li>• Have remained asymptomatic since the current COVID-19 exposure</li> </ul> <p>***Persons who do not meet both the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. New quarantine exemptions do not apply to patients receiving inpatient care in a healthcare setting or residents of long-term care facilities. Patients and residents in these settings should continue to quarantine for 14 days after the date of last exposure.</p>
No/ Unknown	Positive	<a href="#">Time-based strategy</a> <sup>3,8</sup>	<p>Advice for close contacts: Recommend quarantine for all close contacts and share community testing locations.</p> <p>Recommend close contact wait to test at day 6 or 7 after exposure.</p> <p>For adolescents who are participating in sports, please refer to additional guidance: <a href="#">WIAA Adolescent Guidance</a></p> <p>For those that develop symptoms during their 10 day isolation, isolation needs to be restarted to day zero from when symptoms appear and they should be instructed to follow <a href="#">Symptom-based strategy</a><sup>3,8</sup></p> <p>Reference <a href="#">Wyoming</a> visual calendar for example</p>
No/ Unknown	Negative	<p>No quarantine warranted.</p> <p>Unvaccinated domestic travelers need to stay home and self-quarantine for a full 7 days after travel even if you test negative. Refer to <a href="#">COVID Testing Algorithm</a> for guidance on testing<sup>32</sup></p>	<p>If test is for pre-procedure, patient to quarantine until time of procedure.</p>
No/ Unknown	No test or awaiting test results	<p>No quarantine warranted</p> <p>Unvaccinated domestic travelers need to stay home and self-quarantine for a full 7 days after travel even if you test negative. Refer to <a href="#">COVID Testing Algorithm</a> for guidance on testing<sup>32</sup></p>	

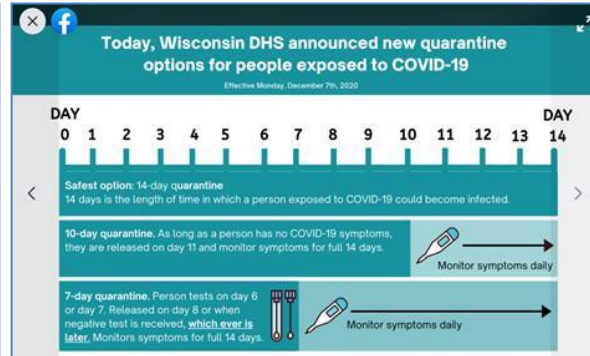
**Calendar Visuals**

**Asymptomatic Exposure Quarantine**

**Figure 1<sup>29</sup>**



**Figure 2 (adopted from Dunn County Health Department correspondence)**



**Figure 3 (adopted from Dunn County Health Department correspondence)**

# COVID-19 QUARANTINE UPDATE

Based on new information the following changes have been made to COVID-19 quarantine.

**NEW** CDC & DHS continue to recommend a 14 day quarantine.

## 14 Day Quarantine Alternatives

### 7 Day Quarantine

- No symptoms
- Have a negative test
  - Testing on day 6 or 7
- 8 Go back to work or school on day 8
- 14 Continue to monitor symptoms for the full 14 days
- If you develop symptoms isolate and get tested

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
31	01	02	03	04	05	06
Exposed to COVID-19						
07	08	09	10	11	12	13
Released from quarantine with a negative test result and no symptoms						
14	15	16	17	18	19	20
Last day of symptom monitoring						

### 10 Day Quarantine

- No symptoms
- 11 Go back to work or school on day 11
- 14 Continue to monitor symptoms for the full 14 days
- If you develop symptoms isolate and get tested

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
31	01	02	03	04	05	06
Exposed to COVID-19						
07	08	09	10	11	12	13
Released from quarantine with no symptoms						
14	15	16	17	18	19	20
Last day of symptom monitoring						

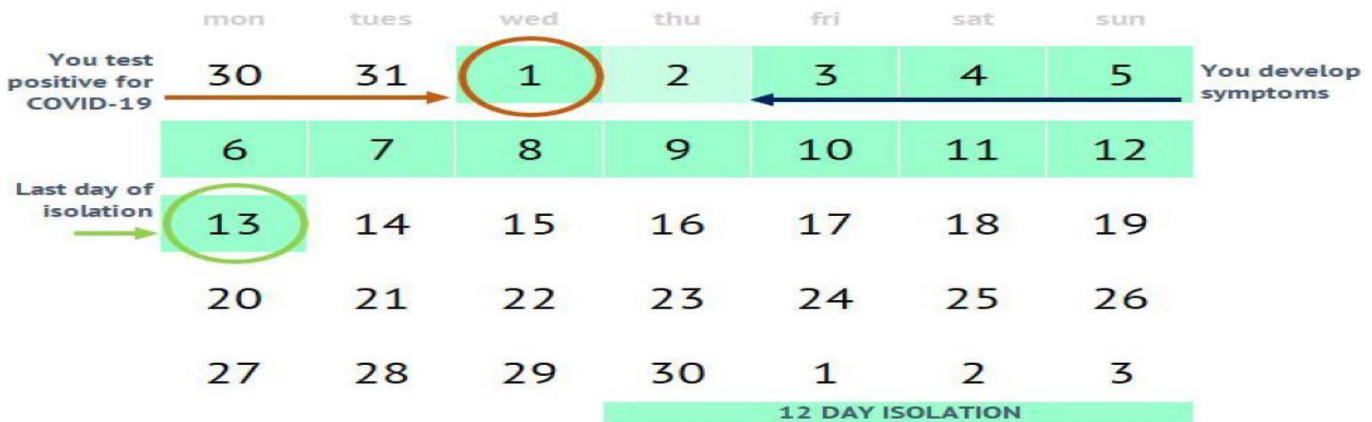
Continue to follow COVID-19 precautions including wearing a mask, physically distancing, and avoiding gatherings.

Healthcare facilities must continue to follow guidance in DHS HAN #18 and #22

12/4/2020 Dunn County Health Department

**Figure 4 (adopted from Wyoming Department of Health correspondence<sup>31</sup>)**

You tested positive for COVID-19 when you did not have symptoms, but you developed symptoms after being tested. Your last day of isolation is 10 days from the date your symptoms started AND at least 24 hours after [symptom improvement](#)<sup>8</sup>



**Definitions:**

- **Close Contact (or Potential Exposure):** A close contact is someone who was in direct contact or within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.<sup>20,21</sup> Healthcare worker potential exposure includes contact with a patient with known or suspected COVID-19 without appropriate personal protective equipment required as defined by the healthcare organization.
- **Continued Exposure:** For workers and community members that have continued exposure, for example living with someone that is COVID-19 positive, quarantine begins after last source in household is out of their isolation. For the source of exposure to leave isolation, they must be afebrile for 24 hours without antipyretics, AND [symptom improvement](#) AND at least 10 days since onset of positive symptoms.
- **COVID-19 Clinical Description:** People with confirmed COVID-19 infections (also known as SARS-CoV-2, nCoV) can have a wide range of symptoms, from mild to severe. Mild illness may include sore throat, headache, myalgia, fatigue, and upper respiratory symptoms. Symptoms of more severe illness may include fever, cough and shortness of breath. Some people also have gastrointestinal symptoms, including nausea, vomiting, or diarrhea. Loss of smell (anosmia) and taste (ageusia) have also been reported among some patients. Infrequently people with COVID-19 may experience complications, such as pneumonia and acute respiratory distress syndrome (ARDS). Asymptomatic infections have also been reported.<sup>2</sup>
- **COVID-19 Symptoms<sup>1</sup>:** People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
  - Abdominal pain
- **Confirmatory laboratory criteria for COVID-19 infection:** Isolation of SARS-CoV-2 virus, or demonstration of specific viral antigen or nucleic acid from a clinical specimen.<sup>2</sup>
- **Confirmed:** Any case that has a confirmatory laboratory result of the virus causing COVID-19 infection (SARS-CoV-2) irrespective of clinical signs or symptoms.<sup>2</sup>

- **Day of Exposure:** Day of exposure is day zero for purposes of counting timeframe of exposure required.
- **HCW:** Health Care Worker
- **Isolation:** Means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease, and potentially infectious, from those who are not infected, in order to prevent spread of the communicable disease.<sup>5</sup>
  - Isolation or self-isolation applies to people who have a positive COVID-19 test, have symptoms of COVID-19, or are getting ill or think they have COVID-19.<sup>6</sup>
- **Not a Case:** Any illness reported that has a negative laboratory result for COVID-19.<sup>2</sup>
- **Probable:**<sup>2</sup>
  - An illness with clinically compatible symptoms of COVID-19 infection where laboratory testing for the virus causing COVID-19 infection ( SARS-CoV-2) is inconclusive according to the test results reported by the laboratory, OR
  - An illness with clinically compatible symptoms of COVID-19 infection, with no other known etiology for the clinical illness, for whom COVID-19 laboratory testing has not been done, AND who is epi-linked to a confirmed case. Epi-linked is defined as close contact with a confirmed COVID-19 case or a member of a cluster of illnesses where at least one confirmed case has been diagnosed, in the 14 days before onset of symptoms.
- **Quarantine:** Means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.<sup>5</sup>
  - Quarantine or self-quarantine applies to people who are close contacts of a person who either has a positive test or symptoms (even early symptoms) of illness.<sup>6</sup>
- **Suspect:**<sup>2</sup>
  - An illness with clinically compatible symptoms of COVID-19 infection, for whom laboratory confirmation is pending, and who has no known epi-link to a confirmed COVID-19 case.
  - Any case of COVID-19 infection reported to public health that does not meet a confirmed or probable case definition, and does not have a negative laboratory result for COVID-19.
  - An illness with clinically compatible symptoms of COVID-19 infection for whom COVID-19 laboratory testing has not been done, AND who is epi-linked to a probable case.
- **Symptom Improvement:** Defined as resolution of fever without use of fever-reducing medications AND improvement in symptoms (e.g. cough, SOB).<sup>8</sup>
- **Crisis Strategy:** When staffing shortages are occurring, healthcare facilities and employers (in collaboration with human resources and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care. In order to implement crisis strategy, departments need to understand their staffing needs and exhaust means of accruing supplemental staff from outside their departments. Any guidance provided by Public Health to quarantine the employee at home will take precedence over the MCHS recommendation above. One strategy for organizational consideration allows employees to return to work if they are asymptomatic, but must self-monitor and mask for 14 days.<sup>8,9,11,18,22,23,24</sup> Employees who are or become symptomatic must not report to work or must leave work immediately.<sup>11</sup>
- **WIAA (Adolescent Guidance):** For adolescents who may be participating in sports now or in future months that are positive for COVID-19, encourage the family to reach out to their primary care provider to ensure they have an assessment prior to participation. Children that have had COVID-19 may have increased risk factors. For additional rationale, refer to [WIAA Adolescent Guidance](#)

### **Discontinuation of Isolation and Quarantine Strategies**

The symptom-based and time-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.<sup>3</sup>

**Note:** Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been **exposed** to COVID-19. CDC recommends 14 days of quarantine **after exposure** based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.<sup>3</sup>

- **Symptom-Based Strategy**<sup>3</sup>
  - Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

Updated 7/29/21

- At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement of other symptoms (e.g., cough, shortness of breath); AND
- At least 10 days have passed since symptoms first appeared.
- **Time-Based Strategy<sup>3</sup>**
  - Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based strategy should be used. **Note:** because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

# Screening Steps for Employees

## You must stay home if you have any COVID-19 symptoms not related to a chronic condition:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Nasal congestion or runny nose
- GI symptoms including nausea, vomiting, diarrhea and abdominal pain

## You must stay home if Employee Health or Public Health has notified you that you have been exposed to COVID-19 since your last shift.

For more information regarding employee screening, go to the "Employee Health" intranet page on the COVID-19 intranet hub.

COVID-19 screening is required for all onsite employees (including providers).

### Screening steps for employees

1. Within 2 hours before the start of your shift at a Health System facility, document your symptoms in the symptom tracker. *Note: If you feel like you have a fever, please take your temperature.*
  - a. [Online survey \(REDCap\) - Preferred](#)
  - b. [Paper log](#)
  - c. Keep your paper log or response text/email from the online survey as your manager will be checking for compliance
3. Determine if you can come to work
  - a. If you have a fever greater than 100.0° F (37.8° C), have any COVID-19 symptoms or have been notified you that you have been exposed to COVID-19 since your last shift, **you must not come to work.** Please inform your unit/department following the normal sick notification process. Remind the staff person taking your call to have your manager must complete the [Absence Illness Form](#) and submit to Employee Health Shared ([employeehealth@marshfieldclinc.org](mailto:employeehealth@marshfieldclinc.org)).
  - b. If you do not have a fever or any COVID-19 symptoms, come into work. Keep your paper log or response text/email from the online survey as your manager will be checking for compliance.





# COVID-19 Vaccines

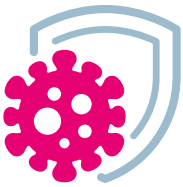
## What you need to know

### Is the vaccine safe?



- **COVID-19 vaccines are safe. More than 300 million doses** have been safely administered in the US with only rare vaccine-related health effects. The CDC has assessed the risks and benefits of each vaccine, concluding that the **benefits (preventing COVID-19 hospitalization and death) are substantial and greatly outweigh the low risk** of a vaccine-related complication.
- **99.2%** of Marshfield Clinic Health System doctors have received a COVID-19 vaccine.

### Is the vaccine effective?



- **Highly effective** against symptomatic COVID-19 including variants.
- **Highly effective** for preventing COVID-19 hospitalization and death.
- **Protection** continues at high level **for at least 6 months**. More research is needed on how long the vaccine will prevent COVID-19.
- This vaccine is highly effective in older adults, in people with chronic disease and in people at high risk for severe COVID-19. It has not been studied in pregnant women or individuals that are immunocompromised.

### What are potential side effects of the vaccine?



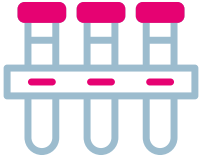
- **Pain at the injection site is common.** Many people also develop symptoms such as fatigue, headache, chills and muscle aches.
- **These side effects are expected** and due to your immune system responding normally to the vaccine. **Most side effects are mild** to moderate and resolve after 1-2 days. For second dose vaccines, these side effects are most common after the **second dose**.
- In rare cases, serious allergic reactions can occur after receiving the vaccine. If you have a history of allergic reaction after vaccination or injectable medication, talk to your doctor.

### What are potential vaccine-related complications?



- The Pfizer and Moderna vaccines have been linked to rare cases of myocarditis (heart inflammation) in teens and young adults, especially in males. **Most cases have been mild.**
- In **rare cases**, women between the ages of 18-59 have experienced cases of severe bloodclots with low platelets after receiving the Janssen (Johnson & Johnson) COVID-19 vaccine. The vaccine also has been linked to a rare neurologic disease called Guillain-Barre Syndrome. Blood clots and neurological disorders (GBS) have **not been linked to Pfizer and Moderna.**

## How was the vaccine developed so quickly?



- Basic science research over **two decades** led to breakthroughs and proof that **mRNA and viral vector vaccines can generate immunity.**
- **Clinical trials were overlapped** to shorten the timeline.
- Production of the vaccine occurred before clinical trials were completed.
- **The federal government provided financial support** to speed up vaccine development.
- The FDA was able to give the vaccine **emergency use authorization** based on strong evidence that vaccine benefits outweigh risks.

## What should you mention to your provider before you get the vaccine?



- You should not receive the COVID-19 vaccine if you ever had a **severe allergic reaction to a COVID-19 vaccine** or one of its components. Consult with your health care provider if you have had an immediate allergic reaction to any other vaccine or injectable medication. The vaccines have not been studied in **immunocompromised people, pregnant women or breastfeeding women.** These individuals can be vaccinated but should weigh the potential benefits and risks with their health care provider.

## How is the vaccine given?



- The Pfizer-BioNTech vaccine is given in **2 doses, 3 weeks apart.**
- The Moderna vaccine is given in **2 doses, 4 weeks apart.**
- The Janssen (Johnson & Johnson) vaccine is given in a **single dose.**
- These vaccines are given as an injection into the muscle.

For more answers to common questions, visit [marshfieldclinic.org/CovidVaccineFAQ](https://marshfieldclinic.org/CovidVaccineFAQ).



Marshfield Clinic  
Health System

This information was pulled from CDC resources found at [cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html](https://cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html) or from the meeting materials used during the Vaccines and Related Biological Products Advisory Committee when the FDA was discussing the COVID-19 vaccine for emergency use authorization, which can be found at <https://www.fda.gov/advisory-committees/vaccines-and-related-biological-products-advisory-committee/2020-meeting-materials-vaccines-and-related-biological-products-advisory-committee>.

# Employee Vaccinations

## Frequently Asked Questions

### Why are we doing this?

This decision is about serving our mission. We must live up to our core values of excellence, trust and being patient-centered. We simply cannot do that unless all of those who represent the Health System are vaccinated. COVID-19 cases are rising across the country caused by the highly contagious delta variant. [Nearly 100% of COVID-19 hospitalizations and deaths, including those in the Health System, are attributed to unvaccinated individuals.](#) This trend is not slowing down. Implementing this policy at this time is the best way to protect the health and safety of our employees and the patients we care for. The vaccine is the tool to stop the pandemic, and it's essential we assure the community and our patients, families, visitors, providers and staff that we are providing them the safest possible environment. This also is important if and when we do experience another surge of hospitalizations in our facilities. We need to avoid staff unable to work due to quarantine or contact isolation after contracting COVID-19.

### When do employees need to be vaccinated by?

November 15, which aligns with the annual required influenza vaccination timetable

### What employees are required to receive the vaccine?

The COVID-19 vaccine will be required regardless of an employee's role in the Health System. That means all full-time, part-time and contracted employees who work onsite or remote are required to be vaccinated by November 15. This requirement also will be enforced for vendors and individuals who volunteer within our facilities. This applies to new employees as a condition of employment.

### Why are remote workers required to get the vaccine?

Cases are rising across the state, putting all Health System employees at risk. The COVID-19 vaccine is the key to stopping the pandemic. It has been proven to be a safe and highly effective tool, and it's vital that all employees who represent the Health System are protected, regardless if you work remote or onsite.

### Is it safe to get the flu vaccine and COVID-19 vaccine at the same time?

COVID-19 vaccines and the flu vaccine may be administered simultaneously or on the same day.

### Is the Health System unique in mandating the vaccine?

The Health System is among hospitals and health care systems across the U.S. that have made the decision to mandate employee vaccination. Many Wisconsin health providers have already mandated the vaccine, including Ascension Wisconsin, ProHealth Care, Children's Wisconsin, Medical College of Wisconsin, SSM Hospitals and Mayo. Additionally, the American Medical Association, American Hospital Association, American Nursing Association and other prominent professional organizations are recommending health care facilities mandate the vaccine.

### If I already had COVID-19, am I still required to be vaccinated?

Yes. While previous COVID-19 infection provides some protection, it is unknown how long that protection lasts. According to the CDC, the COVID-19 vaccine provides a strong boost in protection in those previously infected with the virus, including protection from the multiple variants.

## **Is it true that even vaccinated individuals can still get COVID-19?**

That is true. However, more than 99.99% of people fully vaccinated against COVID-19 have had not had a breakthrough case resulting in hospitalization or death, according to the latest data from data from the Centers for Disease Control and Prevention.

## **Will there be exemptions?**

We do recognize that not everyone can get the vaccine for health reasons, and there will also be a religious exemption similar to our influenza vaccination process. Those employees will need to work with Employee Health to complete the exemption. A workgroup is being assembled to review requests on a case-by-case basis.

## **Will I lose my job if I don't get vaccinated?**

As with the mandatory influenza vaccine, all full-time, part-time and contracted employees, as well as those who volunteer for the organization, are required to be vaccinated unless deemed exempt for health or religious reasons. Employees who do not get the vaccine within the designated time period will be ineligible to work.

## **Will I have a choice in the type of COVID-19 vaccine?**

We have an ample supply, and the ability to get more, of the Pfizer and Moderna vaccine. The Janssen (Johnson & Johnson) vaccine is in short supply in the U.S., but the Health System does have a limited supply that can be administered until it is no longer available. Please note that while the Health System carries all three, they may not all be available at a particular location.

Please email EMPLOYEE HEALTH (SHARED) to learn more about vaccine options and state your preference.

## **Do I need to get the vaccine at a Health System location?**

This is not a requirement. While there will be vaccine clinics set up around the System, which will be similar to flu vaccine locations, employees can get their vaccine anywhere it is administered, for example Walgreens.

## **Is the vaccine free to employees?**

Yes, as with the yearly flu vaccination, there is no charge.

## **How will the Health System know I've been vaccinated?**

Employees who receive their vaccine at a Health System location will be documented in ReadySet. That information will be made available to managers to confirm their staff comply with the requirements. Employees who received their vaccine at a non-Health System location are required to either update ReadySet themselves (with a picture of the vaccine documentation) or submit their vaccine documentation to EMPLOYEE HEALTH (SHARED) email to complete the mandatory requirement. ReadySet will then be updated.

## **How do I get the COVID-19 Vaccine at a Health System vaccine clinic?**

Please visit the COVID-19 resource page on the Health System's intranet.

[Coronavirus Disease 2019 \(COVID-19\) - COVID-19 Vaccination \(mflclin.org\)](https://mflclin.org)

## **Will there be stricter guidelines for employees exempt from vaccination?**

Employees receiving an exemption must follow Health System guidelines related to unvaccinated employees. That includes attending all meetings virtually to avoid infecting others. Review: [Meeting, Travel and Remote Work Requirements](#)

## **Will I still need my badge reel?**

Employees are not required to wear badge reels. They are being available for employees who have been fully vaccinated and wish to wear one. However, in order to attend a meeting in person, employees must have a badge reel or show vaccine documentation. Employees exempt from the vaccine must attend meetings virtually.

## **Do I have to continue wearing a mask after I get the vaccine?**

Masking will continue to be required in all patient seeing areas, waiting rooms and public walkways. Masking is also required for all in-person meeting attendees regardless if all attendees are fully vaccinated.

## **Is there anything I need to know about getting my second dose of the vaccine?**

When you come in for your second COVID-19 vaccine appointment, make sure to bring your COVID-19 vaccination card. You need to complete a ReadySet survey for your second dose. You should also make sure you are receiving the same vaccine you received during the first appointment. Some people experience more severe side effects following the second dose of the vaccine.

## **Is it a HIPAA violation for my manager to access my vaccination status?**

As a condition of employment, managers may access employees' vaccination status via ReadySet. Managers may **not** access the employee's own patient protected health information via the electronic medical record (e.g. RECIN) to obtain this information. Employee flu vaccination status is disclosed to managers, via ReadySet, each year to confirm whether an employee received his/her mandatory flu vaccine. The same policy applies to the COVID-19 vaccine.

## **Why aren't we waiting for FDA approval of the COVID-19 vaccines?**

Vaccines are the key to stopping the virus, in particular the variants surging across the country. The three vaccines currently approved under emergency use already meet the FDA's rigorous safety standards for safety, effectiveness and manufacturing quality. Full FDA approval is based on logistical issues, for example getting the vaccines to doctor's offices, as well as determining how costs associated with manufacturing and distribution are covered. While we anticipate full FDA approval for in the coming months, implementing this policy at this time is the best way to protect the health and safety of our employees and the patients we care for. The scientific community is in overwhelming consensus that the vaccines are safe, the data of their efficacy is irrefutable and they are being administered "under the most intense safety monitoring in U.S. history," per the CDC. Resource:

<https://www.firstcoastnews.com/article/news/health/coronavirus/difference-between-emergency-use-authorization-fda-approval/77-6eb75120-9967-44f2-8171-35981fe089d0>

## **Is it legal to mandate a vaccination that is under Emergency Use Authorization?**

Yes. In addition to carefully weighing the safety and efficacy of COVID-19 vaccines, the Health System has closely considered the legality of requiring employees to be vaccinated. In June 2021, a federal court in Texas upheld the decision by Houston Methodist Hospital to mandate the COVID-19 vaccine, ruling that a mandatory vaccine is not prohibited by federal law. In addition, the federal Equal Employment Opportunity Commission (EEOC) has confirmed employers may legally mandate the vaccine for employees provided that employers permit exemptions for medical and religious reasons. Additionally, Wisconsin law already recognizes vaccine mandates as an acceptable approach for employers and for students. For example, the Health System already requires influenza vaccinations.

## **Will the Health System tighten COVID-19 guidelines leading up to November 15?**

We continually review and make adjustments to Health System guidelines based on CDC recommendations. Review: [COVID-19 Intranet Resources](#)

## **Will I have to use PTO if I receive the vaccine and then end up staying home with symptoms?**

Yes, you will have to take PTO as you normally would if you need to remain home due to symptoms. This follows the established Health System policies and is consistent with other vaccination procedure. Please schedule your vaccination the day before a regularly scheduled day off if you are concerned about side effects.

## **What should I do if I have symptoms of illness after receiving the COVID-19 vaccine?**

If you are experiencing symptoms of illness after receiving the COVID-19 vaccine, please work with your manager to complete the current screening processes. Managers should complete and submit an absence/illness report form. If you have any questions, contact Human Resources.

## **If I receive one or two doses of the COVID-19 vaccine, do I still need to quarantine if I am later exposed and in close contact with a person whom has tested positive for COVID-19?**

If you've been around someone who has COVID-19 and you are fully vaccinated, you do not need to stay away from others. You must get tested 3-5 days after exposure and remain masked indoors in public for 14 days following exposure. You must follow quarantine guidelines when entering a health care setting if you have been exposed to someone that tested positive for COVID-19.

## **Do I need to continue to complete the COVID-19 symptom log, regardless if I received the vaccination or not?**

No matter your vaccination status, you need to continue to complete the COVID-19 symptom log. Given the currently limited information on how much the mRNA COVID-19 vaccines may reduce transmission in the general population and how long protection lasts, vaccinated persons should continue to follow all current guidance to protect themselves and others.

## **Can I visit a patient if I have had COVID-19 or have received the vaccine?**

Currently our visitor restrictions do not have any additional accommodations for visitors whom have had either COVID-19 and/or the vaccine. Both natural immunity and vaccine-induced immunity are still being carefully studied to determine how long someone is truly protected in real world situations. Related to this, the CDC has not released any additional information in regards to loosening recommendations regarding receiving the vaccine or having had COVID-19 itself. The current recommendation is to continue wearing masks and social distancing despite having COVID-19 or receiving the vaccination. Although we suspect some level of protection or "immunity" develops from having COVID-19 or the vaccination, both could potentially vary greatly. We will closely monitor for any updates released from the CDC and will update our visitor policy accordingly.

## **Do I get travel time/mileage if I have to travel to get the COVID-19 vaccine?**

Generally, no. Employees will not be compensated for time or mileage to receive the COVID-19 vaccination. If the vaccine is not administered at the employee's primary location, however, then travel time and mileage may be paid as detailed below. If the vaccine is offered at the employee's primary location, and the employee chooses to receive it at another location due to preference or available appointing times at the alternate location, the employee will not be paid travel time or mileage.

## **How do I get my vaccine questions answered?**

The following educational resources are available:

- [COVID-19 Vaccine FAQ](#)
- [Vaccination intranet hub](#)
- [Video: Answers to Common COVID-19 Vaccine Questions](#)
- [Article: 4 things to know about COVID-19 delta variant and other COVID variants](#)



# PPE Guidelines



## Suspected or confirmed COVID-19 patients

Patient with COVID-19 symptoms or a positive COVID-19 test.



OR

## Undergoing aerosol generating or moderate risk procedure

Any patient undergoing an aerosol generating or moderate risk procedure from the lists below.



### Wear:

- N95 respirator or PAPR
- eye protection
- gown
- gloves



## Asymptomatic patient

Has tested negative for COVID-19 or has no suspicion for COVID-19.

Follow standard precautions and/or isolation precautions as indicated.



- **Facemasks** should be worn at all times while in patient care areas.
- **Eye protection (face shields preferred)** should be worn at all times upon entry to all patient care rooms or in settings with close patient contact.

### Aerosol generating procedures include:

- Aspiration of airway
- Bronchoscopy
- Cardiopulmonary resuscitation (CPR)
- Defibrillation
- Endotracheal and tracheal intubation and extubation
- Non-invasive and manual ventilation (CPAP, BIPAP, nasal ventilation, etc.)
- High flow nasal cannula (Vapotherm, Optiflow, etc.) when set at greater than or equal to 6 L/min.
- Nebulization (except when using BAN nebulizer)
- NG tube placement
- Open suction of airways
- Any oxygen mask (oxy, venturi, simple, or nonrebreather) when set at greater than or equal to 15 L/min
- Sputum induction
- Tracheotomy and all non-capped trachs (including Passy Muir and HMEs)
- Autopsy

### REMEMBER:

- You should not have facial hair when wearing an N95 respirator.
- Discard your N95 respirator after every AGP or when you need to remove your N95 respirator.
- Replace your facemask every two hours or when contaminated.

### Moderate risk procedures include:

- NP specimen collection (COVID-19 testing)
- Swallow study with video fluoroscopy

# Eye Protection Available for Staff



## Check your understanding

**For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".**

As COVID-19 transmissions continue to escalate, so do Marshfield Clinic Health System staff exposures and staff with COVID-19. Universal masking was implemented at the beginning of the pandemic to prevent transmission of COVID-19 from patient to staff and from staff to staff.

The CDC guidance advises that the PPE required to prevent transmission is a facemask and eye protection for encounters with a COVID 19 positive person who is not wearing a mask. As a result, the Health System would like to offer you the opportunity to take an additional precaution to prevent transmission by making eye protection available for all Health System employees. Wearing eye protection along with a facemask helps to prevent transmission.

All Health System employees now have the opportunity to wear Health System provided facemasks or eye protection while working within Health System buildings.

This is in addition to the requirement of patient facing staff utilizing eye protection and respiratory protection when seeing patients.

Eye protection that is capable to prevent transmission of COVID-19 is a face shield, goggles or safety glasses with solid side shields.

Managers should reach out to their local supply chain manager to obtain eye protection.





# MASKS help keep us safe

Communicating with patients while wearing a mask.

Remember to consider both your **verbal** and **non-verbal** communication.

- M - Make eye contact.** This can be reassuring and comforting to patients and they know they have your full attention.
- A - Acknowledge that personal protective equipment (PPE) keeps everyone safe:** “Thanks for wearing a mask today. Masks keep us both safe.”
- S - Smile!** While wearing a mask, smiling is evident in your tone of voice and in your eyes. Use other non-verbal cues such as leaning forward and avoiding crossed arms and legs to demonstrate your attention and interest in what the patient is saying.
- K - Know your speech patterns.** Be mindful of your tone and the speed at which you are speaking. Remember to slow down as words are muffled by a mask or other PPE, and more difficult to understand when using a face shield.
- S - Say it again.** Keep communication at the forefront by checking for understanding to ensure the patient understood the information: “We discussed a lot of information today. What can I clarify further?”

# Staff Well-Being: Extended PPE Wear

## Skin Breakdown

- Keep skin well-hydrated and moisturized
- Makeup is not recommended and **cannot** be worn with N95 that is being sent for reprocessing
- Relieve pressure from mask whenever the opportunity arises
- Connect with Employee Health for additional support



## Dehydration

- Arrive for your shift well hydrated
- Rehydrate enough every rest break so that you do not feel thirsty
- Water is the recommended fluid to drink



## Anxiety

- Prolonged PPE wear can increase feelings of anxiety
- If you feel anxious, breathe slowly and deeply while counting to three with each breath
- During breaks, utilize relaxation techniques such as counting down from 10, picture a safe place
- Talk to someone who is supportive, avoid storing up anxious feelings

## Buddy System

- Take care of each other!
- Look out for color changes, perspiration and mood/demeanor changes
- Ask how your colleagues are feeling periodically
- Tell a colleague if you do not feel well



## Work/Rest Cycles

- Huddle regularly to identify work/rest cycles within your unit
- Identify break stations
- Encourage rest and water breaks as needed
- Arrive for your shift well rested

# Masking Guidelines



**Masking in health care settings is recommended by the Centers for Disease Control and Prevention (CDC) to protect vulnerable populations.**

- You are protecting yourself and countless others from COVID-19.
- We have patients here with conditions like cancer or asthma that put them at higher risk if they get COVID-19. We want to keep them safe and have a duty to protect them.
- Some people do not show symptoms of COVID-19. A face covering reduces the spread of the virus.

## Do:

- ✓ Use these to cover your mouth and nose:



Face mask



Cloth face covering

- ✓ Make sure you can breathe through it
- ✓ Use hand hygiene after touching it
- ✓ Wash cloth face coverings frequently (after each use)
- ✓ Perform hand hygiene as you come and go

## Don't:

- ✗ Use these to cover your mouth and nose:



Mask with valve



Mask in bad condition



Mesh mask

- ✗ Use on children under age 2
- ✗ Use if you have trouble breathing
- ✗ Use if you can't remove it without help
- ✗ Touch outside of mask (if you do, wash your hands)
- ✗ Wear while eating
- ✗ Share it with others

*Thank you for helping us protect your health and the health of those around you.*

## **Frequently asked questions**

### **Why do I have to wear a mask?**

Wearing a mask, social distancing and getting the vaccine are the three best ways to protect against COVID-19. We require masks in our facilities for everyone's safety including yours, our staff, all of our patients and especially the many patients who are at high risk of serious complications from COVID-19.

### **How are you able to require I wear a mask?**

All Marshfield Clinic Health System buildings are private property. We have the right to require face coverings on our property.

### **Do I have to wear a mask if I had the COVID-19 vaccine?**

Yes. Wearing a well-fitting mask is recommended for everyone in a health care facility upon arrival and throughout their stay in the facility.

### **Where do I have to wear a mask?**

In all Marshfield Clinic Health System buildings, including patient rooms, waiting areas, hallways, cafeterias and elevators.

### **I do not have a mask with me. What do I do?**

We have masks available for free that you can use.

### **Why can't I wear a mask with a valve?**

A mask with a valve will protect you, but it will not protect others around you. The valve allows your unfiltered breath out of the mask.

### **Does my child need to wear a mask?**

We do not require children under 2 years old to wear a mask. All other children are expected to wear a mask.

### **I can't tolerate wearing a mask because of my health. Do I need to wear a mask?**

For patients, certain health conditions are exempt from wearing a mask. If you are unable to wear a mask due to a health concern, inform staff to determine next steps. All visitors are required to wear a mask within the facility without exception.

### **I was already tested and I do not have COVID-19. Why do I have to wear a mask?**

For your safety and others, we need you to still wear a mask. There have been documented cases of people testing negative for COVID-19 and then testing positive a few days later.

### **Why do you ask about a fever?**

Having a fever may be a symptom of COVID-19, so asking how you are feeling is another way for us to minimize the risk of exposure.

### **Why did you ask about my symptoms?**

We ask about symptoms because not everyone with COVID-19 has a fever. Screening for symptoms is recommended by the CDC.



# Talking points to encourage inpatients to mask



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

## In an effort to control the spread of COVID-19, we are urging inpatients to wear masks when caregivers are in the room.

This is an effort to source control the virus. We have received several complaints regarding patients in an acute setting not masking appropriately. Masks should not be used with patients if:

- The patient is under age 2
- The patient has trouble breathing
- The patient cannot remove the mask without help

For all other patients, please use these talking points when approaching a patient about wearing a mask:

- We are taking every precaution to prevent the spread of COVID-19 to staff and to other patients.
- We ask that you wear your mask when you are out of your room
- We ask that you wear your mask while any caregivers or Health System staff is in your room
- When you are alone in your room, you can remove your mask.

# Understanding masking barrier protection



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

## All masks provide the proper barrier protection you need and source control of your respiratory droplets.

During the COVID-19 pandemic, you may see many different masks available for your protection. We have masks from many different sources, so you may not be familiar with some of these masks. However, all masks provided by Marshfield Clinic Health System have been approved for use by employee health and infection control.

If you have a concern about the quality of your mask, reach out to your PPE officer.

### N95 respirators

N95 respirators protect the user from viruses that are aerosolized, such as COVID-19 during aerosol generating procedures. N95 respirators are available for use per the Marshfield Clinic Health System guidelines.

### Level three facemasks

You may have noticed that there are three different levels of facemasks available. Level three facemasks should be used to protect the user from heavy aerosols, splashes and sprays such as those during surgical procedures. Level three facemasks are not required for normal barrier protection.

### Level one facemasks

Level one facemasks are appropriate for our everyday barrier protection and are what we use for isolation purposes during respiratory virus season. Level one facemasks will protect you from COVID-19 just as much as a level three mask.

# Minimum PPE standards for COVID-19 units



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

**COVID-19 Unit: A COVID-19 unit is an area dedicated to the inpatient care of COVID-19 only patients. This may encompass an entire floor of rooms or a section of rooms.**

- This area should be clearly marked to avoid unnecessary traffic to the space
  - Barriers can include: signs, tape, plastic walls, etc.
  - Barriers do not need to have negative pressure.
  - Barriers should be apparent, hard to miss and enforced.
- Clear expectations on traffic flow and supply exchange (clean vs. dirty areas) must be posted and enforced in these areas.
- Local safety specialists should be engaged to ensure that barriers are appropriate for fire safety guidelines.

**At the entrance point to a COVID-19 unit, at a minimum, eye protection and a surgical mask should be worn at all times within the unit by all personnel.**

- Units may choose to enforce a higher guideline (i.e. an N-95 or PAPR instead of a surgical mask at all times), but this must be decided by local infection prevention.
- This standard must be clearly communicated and enforced by the unit manager and local leadership.
- A clear sign should be present at the entrance to the COVID-19 unit to denote this need for PPE.
  - PPE should be enforced in the space.
  - PPE should be made available for those who may need it.

Additional PPE should be worn when working with COVID-19 patients as required using the [Health System PPE guidelines](#).

# Donning and doffing PPE



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### Donning:

- Perform hand hygiene.
- Don your N95 respirator ([perform user fit test to confirm seal](#)), PAPR or facemask; then perform hand hygiene.
- For aerosol generating and moderate risk procedures warranting N95 respirator, use a face shield or facemask to protect your N95 respirator instead of goggles. Place the clean facemask or face shield over the N95 by touching the ear loops only.
- Next, put on your gown. Make sure to tie the straps in back. If your gown has ties at the neck, please ensure these are tied as well. Make sure that the gown is snug enough to stay in place, but not too tight as to impede movement. Make sure you utilize the thumb-holes if present, to help the gown stay in place at the wrists.
- Apply your face shield or eye protection.
- Apply gloves.
- Now you are ready to enter the patient room.

### Doffing: Inside the patient room:

- Now you are ready to exit the patient room. Approach the door to the patient's room, and pause to remove your gown and gloves.
- When you remove the gown, you will pull away from yourself enough to break the ties, but not so hard as to fluff the gown out.
- Gown and gloves are rolled in on themselves with the dirty sides facing each other.
- Discard the gown and gloves in waste receptacle inside the room.
- If you have a gown with unbreakable ties, carefully remove your gloves first and then perform hand hygiene. Untie the gown by touching only the ties at the back of your neck and/or waist, and carefully remove without touching the outer, contaminated surface. Place used gown in appropriate receptacle.
- Perform hand hygiene inside the room by the door.
- Leave the mask/respirator and eye protection in place (or PAPR)
- Exit the patient room.



**Doffing: Outside the Patient room:**

- After exiting the patient room, perform hand hygiene again.
- If you need to [remove/sanitize eye protection](#), put on gloves and pull out your sanitary wipes, place them on the paper towel.
- Remove the eye protection, touching the back straps, and wipe down the inside first, then the outside. Set it down on the paper towels. For PAPR procedure, see additional PPE guidelines, as it is slightly different ([Versaflo](#) and [Air Mate](#)).
- Remove gloves and perform hand hygiene.
- If you opted to wear a facemask over an N95 respirator, remove that at this time by touching earloops only, and discard. Do not reuse. Perform hand hygiene.
- If you are able to remove your N95 respirator, you may doff it into an [aerated plastic container](#) with holes or into a [paper bag](#) to use until reprocessing per PPE guidelines. Perform hand hygiene, don your facemask and again perform hand hygiene.
- Replace eye protection, if you removed and sanitized.

*Last updated: 8/20/2020*

# Universal Eye Protection Guidelines



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

The implementation of universal eye protection is an effort to decrease health care worker exposure to COVID-19 from PUI, confirmed COVID-19 and the asymptomatic patients. Universal eye protection has been implemented at other Wisconsin health systems including Froedert. As we continue to see increasing volumes of COVID-19 patients and simultaneously expand our elective services, symptomatic and asymptomatic patients will present to Marshfield Clinic Health System care facilities. Universal eye protection is an intervention to protect our health care providers from exposure, similar to the universal masking practice.

## Guidelines for Universal Eye Protection

- Eye protection (goggles, eye shield, face shield or safety eye glasses) will be worn upon entry to all patient care rooms or in other setting where there is close patient contact (screeners at screening locations, phlebotomy stations, physical therapy visits).
- Health care providers can choose which (goggles, eye shield, face shield or safety eye glasses) they prefer to wear except for the following situations:
  - When performing an aerosol generating procedure, a face shield or facemask with eye protection is required to be worn over the N95 respirator to protect the integrity of the respirator.
- Implement the extended use of eye protection, disinfection information included in document [Extended Use and Reuse of Eye Protection](#)

- Given the limited coverage of corrective lenses from the side, a face shield, eye shield, safety eye glasses or goggles must be worn over the top of personal corrective lenses. Personal corrective lenses are not eye protection.
- If a PAPR is used during an aerosol generating procedure, additional eye protection is not needed
- Health care providers may provide their own eye protection pending it meets the definition above as eye protection
- Eye protection may be removed if the eye protection interferes with the provision of care
  - It is the expectation that the eye protection is removed only momentarily to allow for the task to be completed
  - If the patient is not masked, ask the patient to don a mask while the health care provider's eye protection is momentarily removed.
- During surgical procedures the surgical team may wear the eye protection they are accustomed to wearing as directed in the [Procedural Personal Protective Equipment During Respiratory Pandemics Policy](#)

## Definitions

Eye protection – Currently there is no standard explicitly for eye protection against biological hazards such as COVID-19. Goggles, eye shields (primarily used in surgery) or face shields are proposed as appropriate protection for the eyes. Personal corrective lenses are not eye protection.

Goggles - Appropriately fitted, indirectly-vented goggles with a manufacturer's anti-fog coating provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets. Many styles of goggles fit adequately over prescription glasses with minimal gaps. However, to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow.

Face Shields - Face shields are commonly used as an infection control alternative to goggles. As opposed to goggles, a face shield can also provide protection to other facial areas. To provide better face and eye protection from splashes and sprays, a face shield should have crown and chin protection and wrap around the face to the point of the ear, which reduces the likelihood that a splash could go around the edge of the shield and reach the eyes.

Safety Eye Glasses – Glasses with solid side shields that protect the eyes from splashes, sprays, splatters and droplets of blood or other potential infectious material.

PAPR – Powered air purifying respirator

PUI – Person under investigation

## Background

Per the CDC, current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouth, nose, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. (CDC)

The potential for asymptomatic COVID-19 transmission underscores the importance of applying prevention practices to all patients, including social distancing, hand hygiene, surface decontamination, and having patients wear a cloth face covering or facemask (for source control) while in a health care facility. To protect patients and co-workers, health care providers should wear a facemask at all times while they are in a health care facility (i.e., practice source control). Use of a facemask, instead of a cloth face covering, is recommended for HCP, because a facemask offers both source control and protection from exposure to splashes and sprays of infectious material from others.

- Health care providers working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic patients with COVID-19. MCHS services locations are considered to be in a moderate to substantial community transmission. Community transmission is continually evaluated. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis). They should also:
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.
- For health care providers working in areas with minimal to no community transmission, universal eye protection are optional. (CDC)

Lindsley et. al, (2014) examined the use of face shields to prevent influenza transmission to the wearer. The amount of virus on the respirator was 96% lower when a face shield was worn. After 30 min, the amount of virus collected when a face shield was worn was reduced by 81%, which suggests that over the long term the face shield has less of a protective effect because smaller particles are able to flow around it and accumulate over time. The use of face shields can substantially reduce the short-term exposure of health care workers to larger infectious aerosol particles and can reduce contamination of their respirators. (Lindsley et.al, 2014)

## **Employee Exposure to COVID-19 Restrictions**

One of the potential ways the CDC defines an exposure to a patient with COVID-19 is to have fifteen minutes of close contact (within 6 feet) where the patient does not have a face cover and the provider does not have eye protection. As a result, unmasked patients pose a transmission risk if the health care provider is not wearing eye protection. This exposure scenario would result in a potential 14-day work restriction for the health care worker. Work restrictions create staffing challenges. (CDC)

## **Supporting Documents**

[Extended Use and Reuse of N95 Respirators](#)

## **References**

- [COVID-19 Personal Protective Equipment \(PPE\) and Eye Protection Guidance](#)
- [Eye Safety](#)
- [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
- [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
- Lindsley, W. G., Noti, J. D., Blachere, F. M., Szalajda, J. V., & Beezhold, D. H. (2014). [Efficacy of face shields against cough aerosol droplets from a cough simulator](#). Journal of occupational and environmental hygiene, 11(8), 509–518.

## COVID-19 101

# What to do when you have a patient coming in who is COVID-19 positive or under quarantine for an exposure



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### Key Points

- Confirm that the patient is within 10-day infectious period from symptom onset, or positive test. OR that the patient meets exposure criteria (within 6 feet for 15 minutes or more) and is in 14-day quarantine period.
- If the appointment can be postponed until the patient is out of isolation/quarantine without negative effects, the appointment should be rescheduled.
- Wear all Appropriate PPE.
  - [See COVID-19 PPE Guidelines](#)
- A negative pressure room is NOT required. If a patient is undergoing an Aerosol Generating Procedure (AGP), a negative pressure room is preferred.

### Step by Step Details

- Provide the patient with a phone number to call the department from the parking lot.
  - If pediatric patient; avoid bringing other family members (i.e. other children) if possible.
- Staff member, wearing mask and eye protection, will meet the patient at the door and provide the patient with a medical mask.
- Staff member will escort patient to the department where they will be seen:
  - Go directly to the room.
  - Do not stop at registration desk or have patient wait in waiting room.
- To enter the patient room, staff member will don all appropriate PPE.
- Upon conclusion of visit, instruct patient to exit directly (i.e. do not stop at coffee shop).
- If a lab draw is needed, ask phlebotomy to come to the patient room instead of sending to lab. Ensure they are aware of patient's isolation.

- If radiology is needed, call ahead to ensure they are aware of patient's isolation. Ask if they can come to the exam room to do the x-ray. If not, have patient wait in exam room until radiology is ready and then either escort the patient there or have the radiology tech come to the department to escort the patient to radiology. This will bypass registration and the waiting room.
- To discuss case-by-case situations, call your local outpatient Infection Preventionist or IP on call (weekends/holidays).
- [Exam Room Cleaning and Disinfection Guidelines](#)

### **Quarantine or Isolation: What's the difference?**

- **Quarantine** keeps someone who might have been exposed to the virus away from others.
- **Isolation** keeps someone who is infected with the virus away from others, even in their home.

## COVID-19 101

# What to do when your patient is on COVID-19 quarantine



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### Key Points

- Confirm that the patient meets exposure criteria (within 6 feet for 15 minutes or more) and who they were exposed to
  - Was it a single exposure on a certain date?
  - Was it a household contact that the patient was consistently exposed to?
- Treat patients on COVID-19 quarantine as if they have COVID-19. Wear all appropriate PPE.
  - See [COVID-19 PPE Guidelines](#)
- A negative pressure room is NOT required. If a patient is undergoing an Aerosol Generating Procedure (AGP), a negative pressure room is preferred.
- Quarantined patients who are asymptomatic and are not positive for COVID-19 are not to be placed in COVID-19 specific units or cohorted with COVID-19 patients.

### Step by Step Details

When a patient reports they have had a COVID-19 exposure (and has tested negative and asymptomatic), here are some next steps you can take to safely care for the patient. **This guidance is aimed at inpatient care teams.**

- Place an isolation sign on the door for COVID-19 ([Lime Green, Airborne/Contact + Eye Protection](#)). Place an isolation order.
  - **DO NOT Transfer the patient to the COVID-19 unit**
  - **DO NOT transfer the patient to a negative pressure room**
  - Note in the order, COVID-19 Quarantine
- Begin to use an N-95 respirator/PAPR, eye protection, gown, and gloves for all care (like you would for a COVID-19 patient)
- Work to understand the exposure with the patient.
  - Were they exposed to someone in their household?
  - Were they exposed to someone from a different household?
  - Were they called by public health?



- If this is a household exposure, the patient's quarantine begins the day they seek care (last day at home) and lasts for 14 days.
  - For example, if patient is admitted on 10/1/20, their last day of quarantine is 10/15/20.
- If this was a non-household exposure, the patient's quarantine begins on the day of exposure and lasts for 14 days.
  - For example, if the patient was exposed on 9/28/20 at a one-time event (i.e. a wedding) and then was admitted on 10/1/20, their last day of quarantine is 10/12/20.
- Document this quarantine information, including end date, in the patient chart so the care team is aware.
- If the patient develops symptoms of COVID-19, test again for COVID-19.
- To discuss case-by-case situations, call your local inpatient Infection Preventionist or IP on call (weekends/holidays)

# Why PPE?



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

## On the PPE committee we are often asked "why" we recommend certain guidelines.

We spend a lot of time looking at global leaders like the CDC and IDSA for recommendations. We ask other facilities about their best practices. We respond to stories and issues with PPE to better serve our teams. We look to make the complicated issue of COVID-19 as simple as possible, which is not always easy!

### Why do we have to wear additional PPE when performing aerosol generating procedures?

COVID-19 is essentially a disease that is spread by droplets, that can be aerosolized by certain activities (i.e.: Intubation, BIPAP, etc). These aerosols may linger in the air when we do an aerosol generating procedure (AGP) and we want you to be protected. Even if your patient is negative today, we know that COVID-19 can be infectious for up to two days before symptoms present. This is why we are using layers of protection (testing of all inpatients and surgical patients undergoing AGPs, using universal PPE regardless of COVID-19 status) to ensure to the best of our ability that Health System staff are protected.

One reason we changed this process was due to a large staff exposure in spring 2020. A patient that was on BIPAP tested negative initially to COVID-19, but decompensated and tested positive three days into their stay. BIPAP is an AGP and over 70 people on the floor were exposed to COVID-19 because they were not wearing all recommended PPE for a COVID-19 patient undergoing an AGP. Several fell ill during this time. This exposure and the ability to secure additional PPE, led our team to enhance our PPE procedures and go above and beyond CDC recommendations to keep you safe.

We have had similar situations in the operating room and clinic setting as well; using universal precautions for AGPs regardless of COVID-19 status works to prevent exposure and help to keep our staff safe.

## **Why are things always changing?**

This does not mean our recommendations are stagnant! We are always looking for ways to improve and to respond to the changing landscape of COVID-19, PPE availability and staff feedback. The Health System PPE Committee is made up of leaders and staff from nursing, quality, employee health, respiratory, supply chain, safety, education, infectious disease, and infection prevention.

***Have a passion for PPE, a desire to help others, and love working with a dynamic team? We welcome you to join us!***

*Last updated: 9/11/2020*



# Wear It Right

## N95 Respirator



**1** Cup the respirator in your hand with the nosepiece at fingertips, allowing the headstraps to hang freely below hand. When reusing your N95 respirator, wear gloves during the entire process.



**2** Position the respirator under your chin with the nosepiece up.



**3** While holding the respirator in place, pull the top strap over your head so it rests high on the back of your head.



**4** While continuing to hold the respirator firmly in place, pull the bottom strap over your head and position it around your neck, below your ears. Untwist the straps. Position the respirator low on your nose.



**5** Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.  
**NOTE: Always use two hands when molding nosepiece. Pinching with one hand may result in improper fit and less effective respirator performance.**



**6** The respirator must be checked before each use. To perform the fit check, place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply.

If air leaks around your nose, adjust the nosepiece as described in step 5. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform fit check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring respirator use.

### Removal of Mask

**1** Without touching the respirator, slowly lift the bottom strap from around your neck up and over your head.



**2** Lift off the top strap. Do not touch the respirator.



**3** Store or discard according to the clinic respirator protection program.



### WARNING

This respirator helps protect against certain particulate contaminants, but does not eliminate exposure to or risk of contracting disease or infection. Misuse may result in sickness or death. For proper use, call Employee Health and Safety at ext. 7-7081.



Marshfield Clinic  
Health System

# Eye Protection

## Extended Use and Reuse



### Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### Implement extended use of eye protection for COVID-19 patients.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients with COVID-19, without removing eye protection between patient encounters. Currently, it is recommended to doff, clean and save your eye protection when working in mixed care settings (some patients with and some without COVID-19)

- Eye protection should be removed and reprocessed if it becomes visibly soiled, difficult to see through, after being removed (for example, when leaving the isolation area) or prior to putting it back on.
- Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Health care workers should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
- Health care workers should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.
- Facemasks with eye shields can't be reprocessed

### Disinfection Instructions:

- While wearing gloves, carefully wipe the *inside*, followed by the *outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.



# Facemask guidelines for staff



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

## All staff are required to wear a facemask\* within all Health System buildings.

Cloth face coverings are not allowed to be worn by Health System staff in Health System buildings.

### Directions for staff

- Facemasks may be removed if you are in your office or cubicle and can maintain a distance of 6 feet from another person or while eating. While eating, staff should maintain social distance of 6 feet. Staff should wash or sanitize their hands after touching their facemask.
- Facemasks also may be removed for travel, meetings and events if fully vaccinated. [Review guidelines for details.](#)
- All staff are allowed to replace their facemask every two hours. It is not mandatory that staff change their facemask every two hours.
- Health care personnel should practice extended use of their facemask. Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
  - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - Health care personnel must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
  - Health care personnel should leave the patient care area if they need to remove the facemask.

### How to obtain facemasks

If available, staff can pick-up masks via a supply within their department or at masking stations at the employee entrances to Health System buildings. If your building does not have these masking stations, each department is responsible for assigning someone to order the facemasks from supply chain. Staff are required to wear a cloth mask or a facemask from the previous day into the building until they can get their new facemasks.

## **Why facemasks are important**

Facemasks offer protection from others, while cloth masks do not (they only offer source control). Cloth masks prevent the wearer's droplets from getting on others, but cloth masks do not prevent the droplets of others from passing through to the wearer. At the start of the pandemic we had a limited supply of facemasks and we needed to limit to clinical staff only. At this time, we have ample supply of facemasks and can supply to all Health System employees.

The CDC continues to study the spread and effects of COVID-19 across the U.S. We know that a significant portion of individuals with COVID-19 lack symptoms ("asymptomatic") and that even those who eventually develop symptoms ("pre-symptomatic") can transmit the virus to others before showing symptoms.

It is critical to emphasize that maintaining 6-foot social distancing and washing or sanitizing your hands frequently remains important to slowing the spread of the virus.

*\*A facemask is a surgical mask, medical mask or facemask. A facemask must be medical grade, but not a N95 respirator or homemade cloth face covering.*

*Last updated June 28, 2021*

# Gowns

## Extended Use and Reuse



### Check your understanding

**Reuse:** Removal and storage of gowns between patients.

**Extended use:** Use of the same gown for repeated close contact with multiple patients (acceptable when the patients have the same respiratory pathogen and no other infectious illness).

**Guidelines for the extended use and reuse of gowns if a department would like to conserve their gown usage. The conservation of gowns using extended use and reuse tactics are not mandatory at this time, except for drive-thru COVID-19 testing locations.**

#### Considerations for *extended use* of gowns to reduce contact transmission:

- If soiled or damaged, the gown should be discarded (according to usual practices).
- Extended use is acceptable when patients being treated are housed in the same location (i.e. patient residing in an isolation group with the same illness).
- Gown should only be used for one shift

#### Considerations for limited *reuse* of gowns to reduce contact transmission:

- Remove gown after each encounter with a patient
- If soiled or damaged, gown should be discarded
- If gown needs to be removed, leave the patient care area
- Gown should only be used for one shift.
- Gowns that tie at the neck and waist should be used for reuse (Redwood Sciences gowns). Those that rip to be removed do not work for reuse.

#### Other types of gowns may be considered:

- Disposable or reusable lab coats
- Reusable patient gowns
- Disposable aprons



**Doffing gown for re-use:**

*Note: the following processes are to be used when a specific gown is reused by the same caregiver, to care for the same patient\*\**

- Exit patient room
- Second person performs hand hygiene and dons gloves.
- Caregiver turns back towards second person, and second person unties/unfastens the gown by touching only the outside of the gown.
- Second person removes gloves and performs hand hygiene.
- Caregiver sanitizes both gloves and cuff of the surgical gown with alcohol based hand sanitizer, then doffs the gloves using glove to glove, skin to skin technique.
- Caregiver removes the gown by pulling straight out at the wrist of the gown, taking care not to bunch or bundle the gown, or let it touch the floor or other surfaces. Once removed, the caregiver hangs the gown with the outside/contaminated side towards the surface the hook is mounted on. A utility hook such as a 3M Command hook can be used to hang the gown between uses.
- The gown must be discarded if damaged, visibly soiled, or at the end of shift.
- Other PPE can then be removed as per recommended existing guidelines.

**Donning re-useable gown (after steps above):**

- Gather your equipment needed (eye protection, N95 respirator/facemask, gloves and disinfectant wipes)
- Perform hand hygiene
- Don respiratory and eye protection (follow current guidelines)
- Caregiver dons surgical gown by only touching the inside/clean part of the gown.
- A second person performs hand hygiene and dons gloves
- The second person ties or fastens the gown at the neck and waist while only touching outside of the gown.
- Second person doffs gloves and performs hand hygiene.
- Caregiver lastly dons gloves, ensuring they cover the cuffs of the gown as much as possible, and is now ready to enter the patient room/care area.

**Extended use for gowns:**

*Note: this process can only be used when patients with the same pathogen are cohorted in a care area, and are not co-infected with other pathogens (i.e. COVID-19 care area where patients are positive for COVID-19 but no other transmissible pathogens such as C.difficile).*

- Upon exiting the patient room, perform hand hygiene on the gloves and gown cuff.
- Doff gloves using glove to glove, skin to skin technique
- Do not touch surfaces outside the patient's room, and carry on to provide care for the next patient, remembering to perform hand hygiene and replace gloves between patients.
- Once you are done performing cares on your patients, doff the gown per the recommended guideline for reuse of a gown, in specified area.

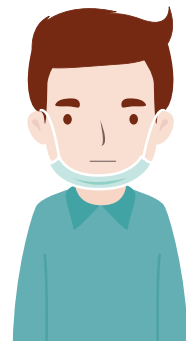
# How to Wear a Mask

Please wear your mask at all times within the facility. Keep your mask over your nose and mouth even when you are alone in the room.

**The correct way to wear a mask:**



**Incorrect ways to wear a mask:**



Thank you for helping to keep our patients, visitors and staff safe.



Marshfield Clinic  
Health System

# N95 respirators and skin breakdown



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on “PPE Guidelines”.

**Use these recommendations to protect your skin when wearing N95 respirators for extended periods of time.**

### Prep your skin

- Use these recommendations before you put on an N95 respirator.
- Clean face with pH balanced cleansers.
- Apply liquid skin sealants/protectants where your N95 respirator touches your face. Do not use the spray directly on your face. Allow to dry.
  - This is available in Lawson by searching for 3M Cavilon No Sting Barrier Film (photo below). Refer to [these product use directions](#) for the 3M Cavilon product. If this product is not available, talk to your supply chain representative for comparable products and product use directions.
- Petroleum jelly or mineral oil is not a good skin sealant.

### Take off some pressure

- Find time to remove your mask. Lift at the sides for at least five minutes every two hours. Ideally you should do this for 15 minutes every two hours.
- Remember any pressure relief is helpful if this is not possible.

### Help wounds heal

- Use these recommendations after taking off your N95 respirator.
- You can treat sores from your N95 respirator with moisturizer, skin sealant or a thin dressing.
- Remember, moisturizer and thin dressing must be removed prior to placement of N95 respirator to avoid compromising N95 respirator integrity.



# N95 Respirator

## Extended Use



### Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### N95 Respirator Extended Use Recommendations

- Extended use: The practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.
- Extended use is favored when multiple patients are infected with the same respiratory pathogen and patients are placed together including:
  - Moderate risk procedures such as COVID-19 testing.
  - Caring for patients in a COVID-19 unit.
- In all cases, N95 respirators should be discarded after they are removed.
- An N95 respirator should not be reused.
- An N95 respirator should be discarded if it has been soiled, damaged, torn, is hard to breath through or a good fit cannot be achieved per guidelines.
- N95 respirators (or a PAPR), eye protection, gown and gloves should be worn for suspected or confirmed COVID-19 patients, aerosol generating procedures and moderate risk procedures.
- sign provides additional information. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

Last updated: 5/18/2021

# N95 Respirators



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

### A quick guide for using N95 respirators during the COVID-19 pandemic.

- N95 respirators (or a PAPR), eye protection, gown and gloves should be worn for suspected or confirmed COVID-19 patients, aerosol generating procedures and moderate risk procedures. This [sign](#) provides additional information.
- N95 respirators should be discarded after every use.
- Extended use is favored when multiple patients are infected with the same respiratory pathogen and patients are placed together including:
  - Moderate risk procedures such as COVID-19 testing.
  - Caring for patients in a COVID-19 unit.
- Additional extended use guidelines can be found [here](#).

### Frequent issues with N95 respirator guidelines:

- **Staff should be clean shaven:** To ensure a proper fit, staff cannot have facial hair while wearing an N95 respirator.
- **Verify fit when donning:** Staff should verify fit using the [user seal method](#) when donning the N95 respirator.
- **Your unit may be different:** There may be special rules about N95 respirator use in particular situations including [inpatient](#), [emergency department and urgent care](#) or [ambulatory settings](#).

Last updated 5/13/2021

# PAPR: Air Mate



## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

- All PAPRS will need to be reused and shared as there are no replacement parts or additional supplies for the 3M Air Mate PAPR.
- If PAPR is not assembled it will need to be assembled.
  - Set battery in device and press into place. Slide the battery pack clip under the housing to hold battery in place.
  - Place filter gasket into ridge, leaving no gaps.
  - Place filter with downward arrows pointing toward the battery.
  - Snap cover in place.
  - Place belt through the belt slots.
- Testing for proper function needs to be done prior to **every use**.
  - Connect breathing tube to PAPR box. Tube has locking studs, align with the box connector, insert and twist to lock in place.
  - Hold free end of tube upright, ensuring tube is straight up and down.
  - Drop the bullet-shaped airflow indicator into the slotted connector.
  - Turn PAPR on.
  - Airflow indicator should float above the tube if functioning properly.
  - If not functioning properly, do not use that PAPR.

Last updated: June 30, 2020

- Once assembly and testing are complete, you can put on PPE and the PAPR.
  - Inspect head cover/hood to assure no rips or holes.
  - You may have a head cover, a single-shroud hood or a double-shroud hood.
  - The head cover and single-shroud hood are worn outside of the gown, the inside flap on the double-shroud hood is worn inside of the gown/clothing.
  - Snap slotted end of the breathing tube into the rear connector of the head cover/hood.
  - Remove protective covering from face shield (if there is one).
  - Put on the belt with PAPR box. Fit the box at the small of your back and adjust belt for stability.
  - Long hair should be pulled back and secured away from face.
  - Put on gown.
  - Put on gloves.
  - Turn on the PAPR.
  - Put on the head cover/hood. Headband (inside the head cover) should fit around the forehead. Top straps (inside the head cover) should touch the top of your head.
  - Elastic band around the face should come in contact with the face, under the chin and along the cheeks.
  - Assure the breathing tube is not twisted. You are ready to enter the patient room.
- Doffing PPE and PAPR
  - Remove gown and gloves before exiting the patient room.
  - Dispose of gown and gloves in appropriate waste container.
  - Perform hand hygiene.
  - Exit the patient room and remove the head cover/hood and PAPR device, taking care to not touch the front of the head cover/hood.
  - Perform hand hygiene
- Cleaning/Disinfecting the PAPR and equipment.
  - Put on a new pair of gloves.
  - Wipe all external surfaces (PAPR device, breathing tube and connections, head cover/hood) and inside of the head cover/hood with Super Sani-Wipe or equivalent available in your facility.
  - Allow all parts of PAPR to air dry completely before reusing.
- The PAPR should be charged when not in use to avoid battery failure. If you are wearing the PAPR continuously, charge the battery every 2-3 hours.

## PAPR: Air Mate: Assembly & Testing

		
<p>#1 Set battery in device and press into place. Slide the battery pack clip under the housing to hold battery in place.</p>	<p>#2 Place filter gasket into ridge, leaving no gaps.</p>	<p>#3 Place filter with downward arrows pointing toward the battery.</p>
		
<p>#4 Snap cover in place.</p>	<p>#5 Place belt through the belt slots.</p>	<p>#6 Connect breathing tube to PAPR box. Tube has locking studs, align with the box connector, insert and twist to lock in place.</p>
		
<p>#7 Hold free end of tube upright, ensuring tube is straight up and down.</p>	<p>#8 Drop the bullet-shaped airflow indicator into the slotted connector. Turn PAPR on.</p>	<p>#9 Airflow indicator should float above the tube if functioning properly.</p>



## PAPR: Air Mate: Donning & Cleaning



#1 Inspect head cover/hood to assure no rips or holes.



#2 Snap slotted end of the breathing tube into the rear connector of the head cover/hood. Remove protective covering from face shield.



#3 Put on the belt with PAPR box. Fit the box at the small of your back and adjust belt for stability.



#4 Long hair should be pulled back and secured away from face. Turn on the PAPR.



#5 Put on the head cover/hood. Headband (inside the head cover) should fit around the forehead. Top straps (inside the head cover) should touch the top of your head. Elastic band around the face should come in contact with the face, under the chin and along the cheeks.



#6 Assure the breathing tube is not twisted.



#7 = Cleaning/Disinfecting

#7 After removing the PAPR equipment, wipe all external surfaces and inside of the head cover/hood with Super Sani-Wipe or equivalent available in your facility. Allow all parts of PAPR to air dry completely before reusing.

Contact information: Biomed  
715-387-5170

# PPE Guidelines



## Suspected or confirmed COVID-19 patients

Patient with COVID-19 symptoms or a positive COVID-19 test.



OR

## Undergoing aerosol generating or moderate risk procedure

Any patient undergoing an aerosol generating or moderate risk procedure from the lists below.



### Wear:

- N95 respirator or PAPR
- eye protection
- gown
- gloves



## Asymptomatic patient

Has tested negative for COVID-19 or has no suspicion for COVID-19.

Follow standard precautions and/or isolation precautions as indicated.



- **Facemasks** should be worn at all times while in patient care areas.
- **Eye protection (face shields preferred)** should be worn at all times upon entry to all patient care rooms or in settings with close patient contact.

### Aerosol generating procedures include:

- Aspiration of airway
- Bronchoscopy
- Cardiopulmonary resuscitation (CPR)
- Defibrillation
- Endotracheal and tracheal intubation and extubation
- Non-invasive and manual ventilation (CPAP, BIPAP, nasal ventilation, etc.)
- High flow nasal cannula (Vapotherm, Optiflow, etc.) when set at greater than or equal to 6 L/min.
- Nebulization (except when using BAN nebulizer)
- NG tube placement
- Open suction of airways
- Any oxygen mask (oxy, venturi, simple, or nonrebreather) when set at greater than or equal to 15 L/min
- Sputum induction
- Tracheotomy and all non-capped trachs (including Passy Muir and HMEs)
- Autopsy

### REMEMBER:

- You should not have facial hair when wearing an N95 respirator.
- Discard your N95 respirator after every AGP or when you need to remove your N95 respirator.
- Replace your facemask every two hours or when contaminated.

### Moderate risk procedures include:

- NP specimen collection (COVID-19 testing)
- Swallow study with video fluoroscopy

## Respirator Use during COVID-19 Pandemic Policy

### 1. SCOPE

- 1.1. System-wide
- 1.2. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

### 2. DEFINITIONS & EXPLANATIONS OF TERMS

#### 2.1. Abbreviations

- AGP: Aerosol Generating Procedures
- MCHS: Marshfield Clinic Health System
- PUI: Person Under Investigation

#### 2.2. Definitions

- Aerosol generating procedures (AGP): are procedures performed on patients that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGPs may put healthcare workers (HCWs) at an increased risk for exposure and infection.
- COVID positive patient: Patient who has had a positive COVID 19 test in the last 14 days and still in COVID isolation precautions and or considered infectious.
- Direct Patient Care Providers: A health care worker who enters the patient room and is within 6 feet of the patient providing care.
- Person Under Investigation (PUI): a patient that the provider is considering may have a COVID 19 infection supported by documentation in the provider's differential diagnosis and will have testing for COVID 19 infection.

### 3. POLICY BODY

**Purpose Statement:** Aerosol generating procedures are considered an indication to wear a respirator, face shield, gown and gloves. The purpose of this policy is to direct the use of PPE during the COVID 19 pandemic and to guide strategies to protect our supply of PPE.

Not all staff require a respirator. Staff not wearing a respirator in patient care areas are still expected to wear a facemask and eye protection. Only staff that will have contact with COVID positive patients, PUIs, any patients having an AGP regardless of COVID status or symptoms and staff collecting NP specimens for testing should to wear a respirator, face shield, gown and gloves. Current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with the virus that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. However, airborne transmission from person-to-person over long distances is unlikely. As a result, not all staff who have encounters with patients require a respirator. Staff with short term interactions such as screeners and registration do not need a respirator.

- 3.1. All direct patient care providers will wear a respirator, face shield, gown and gloves when providing care to COVID-19 positive patients, PUIs and patients having an AGP regardless of COVID status or symptoms. Direct patient care providers and staff collecting NP specimens for testing will wear respirators, face shield, gown and gloves when providing care.
- 3.2. Respirators, face shield, gowns and gloves are worn regardless of the care provided for COVID positive patients and PUIs.
- 3.3. If an employee is unable to fit test and a PAPR is not available for use, the employee may care for patients who are having an AGP or moderate risk procedure only if the patient has tested negative. The employee must be aware that a patient may have a false negative COVID-19 test result and so the employee may be at risk. The employee must wear a facemask, face shield, gown and gloves.
- 3.4. Direct care providers will wear respirators, face shield, gown and gloves for all patients who are unable to answer screening questions due to trauma or other condition rendering patient incapable of obtaining a history.
- 3.5. Once the patient's COVID 19 test result becomes available appropriately deescalate or continue isolation precautions.
- 3.6. Direct patient care providers collecting NP specimens for testing will wear respirators, face shield, gown and gloves when collecting the NP specimen.
- 3.7. With the expanded use of respirators and other PPE strategies to conserve their use must be employed. One strategy is to provide continuity of individual staff providing direct patient care. This will decrease the amount of employees who will come in contact with the patient and decrease respirator use.
- 3.8. Ambulatory Setting

- a. Successful PPE stewardship begins with maintaining as many telehealth visits as possible. When a telehealth visit isn't an option, the following PPE guidance is to be maintained.
  - Providers should consider providing total patient care including the rooming process, if time allows.
  - Limit to one medical assistant to assist the provider.
  - Without compromising patient care, care teams should look for opportunities to decrease interactions with patient and combine care encounters
  - All direct patient care providers will continually seek out opportunities to preserve respirators and other PPE.
  - Managers will monitor respirator usage to ensure they are taking all precautions to preserve PPE and limit employee exposure.

### 3.9. Acute Setting

- a. Managers and charge nurses will assign nursing staff to COVID positive patients, PUIs and all patients having an AGP to ensure same staff care for patients over multiple days.
- b. Managers and charge nurses will consider RNs to provide total patient care.
- c. Nursing staff to consider provide support services such as delivering meal trays and daily cleaning. Nursing staff performing daily cleaning is dependent on nursing staff having competency to perform and time available. Terminal cleaning will be performed by housekeeping staff.
- d. When possible, MC Cares will assign the same provider to COVID 19 positive, PUIs and all patients having an AGP to support continuity of care, reduce risk of exposure and preserve our PPE supply.
- e. Respiratory Therapists will consider continuity of care when assigning COVID 19 positive, PUIs and all patients having an AGP to reduce risk of exposure and preserve our PPE supply.
- f. Suspend interdisciplinary rounding at the bedside.
- g. Without compromising patient care, all direct patient care providers should look for opportunities to lessen interactions with patient and combine care encounters, such as utilizing telehealth.
- h. All direct patient care providers will continually seek out opportunities to preserve respirators.
- i. Managers will monitor respirator usage and staffing for COVID 19 positive patients, PUIs and all patients having an AGP to ensure they are taking all precautions to preserve PPE and limit employee exposure

- 3.10. Competency on the use and process to reuse respirators.
  - a. All direct patient care staff that will be using respirators will understand and implement the extended use of respirators
  - b. All direct patient care staff that will be using respirators will understand and discard of used masks in the Battelle collection containers correctly.
- 3.11. Infection prevention will be consulted to determine when precautions can be lifted
  - a. General guidance is precautions continue until 3 days passed symptom resolution, 10 days passed a positive test for those patients who never developed symptoms or 2 negative COVID 19 PCR tests 24 hours apart along with patient is afebrile and improved respiratory symptoms.
- 3.12. This policy may need to be updated in response to our supply of respirators and other PPE.

Live

POLICY

# PAPR: Versaflo TR-300 and TR-600



## Parts of the PAPR system:

- Headgear (may be a hood or head cover)
- Battery
- Breathing tube
- Belt
- Motor/blower unit
- Air flow indicator
- Filter

## Check your understanding

For more information about PPE during the COVID-19 crisis, go to the COVID-19 intranet page and click on "PPE Guidelines".

## What is a PAPR?

Powered air purifying respirators (PAPR) are air-purifying respirators that use a blower to force ambient air through air-purifying elements and into the respirator face piece, helmet, or hood.

- The equipment is battery operated, consists of a full face piece, breathing tube, battery-operated blower and particulate filters (HEPA ONLY).
- A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a face piece.
- A PAPR is not a true positive-pressure device because it can be over-breathed when inhaling.
- A face shield may also be used in conjunction with a PAPR for protection against body fluids.

Last updated: June 30, 2020

## PAPR indications:

- Protection from bacterial, viral or aerosolized hazardous drugs
- N95 seal interference (facial hair)
- N95 respirator size/choice(s) unavailable
- High-risk employees who cannot wear N95
- Users must be medically certified by Employee Health to use a PAPR

## TR-300 vs TR-600 (major differences)

Feature	TR-300	TR-600
<b>Battery Run Time</b>	4-12 hours	7-19 hours
<b>Battery Charge Time</b>	Less than 3 hours	Less than 4 hours
<b>Airflow settings</b>	2 settings	3 settings
<b>Belt options</b>	Easy clean belt	High durability belt
<b>Blower Alarms</b>	Visual/audible	Visual/audible/vibratory
<b>Caps to cover outlets</b>	None	2 blue caps, cover the motor/blower outlet and filter outlet while not in use

## Process for use of PAPR

- Inspect the PAPR system
  - Inspect for cracks, holes, damage to the motor/blower, breathing tube, and headgear.
  - Inspect the battery pack to confirm it is intact. Confirm battery pack charge is sufficient by pressing the TEST button on the battery pack (battery life is 4-12 hours).
  - Check filter expiration date (located on the box and the filter).
  - Inspect filter and gasket for dirt, tears, holes, cuts, distortions or indentations. Replace the filter if any damage is noted or suspected. Do not store the filter in the unit, disassemble PAPR after every use. Use of the filter and duration depends on your infection prevention policy. In a COVID case, please refer to the CDC/Coronavirus recommendation.
- Assembly and Donning the PAPR system.
  - Place the filter into the cover.
  - Install the cover in the motor/blower, confirm cover is secure by hearing a click. (Filter label must be visible in the cover window.)
  - Attach belt to the motor/blower unit, there are different belts for the TR-300 and TR-600.
  - Attach battery pack to bottom of motor/blower, assure to hear a click, tug on the battery to assure it is secure.
  - Turn on the motor/blower by pressing and holding the blue on/off button, run for 1 minute.



- Perform flow check.
  - Insert air flow indicator into the outlet on the motor/blower.
  - With the airflow indicator in a vertical position, the bottom of the floating ball must be at or above the minimum flow mark. If not above minimum mark, PAPR must not be used until evaluated and repaired.
  - Remove the airflow indicator.
  - Perform low flow alarm test by holding the palm of your hand over the motor/blower outlet. Hold until flashing red and alarm is activated.
- Once test is complete you can insert the breathing tube into the motor/blower outlet. Twist the end of the tube with the 2 small prongs into the motor/blower, turning about ¼ turn to the right to lock in place.
- Attach the breathing tube to the head cover/hood by pushing the end with the blue pinch clip onto the air inlet of the headgear. Assure to hear a click.
- If not already on, turn on the motor/blower by pressing and holding the blue on/off button.
- Use belt or backpack (depending on whether you are using the TR-300 or TR-600) to attach PAPR to wearer.
- Pull headgear over head and adjust.
  - Assure hair is pulled back away from face.
  - Facial hair must not interfere with face seal.
  - Pull face seal under chin.
  - Assure front band is across the forehead and crown strap is across the top of the head.
- Doffing the PAPR system.
  - Leave the work area before turning the PAPR off.
  - Turn off the PAPR by pressing and holding the blue on/off button.
  - Remove the PAPR system as to not expose yourself to contamination from the unit.
  - Wipe the external surface of motor/blower and continue cleaning all surfaces as you disassemble the PAPR system. Clean with Super-Sani wipe or equivalent at your site. Clean from least-contaminated to most-contaminated areas.
  - Headgear will be reused, clean the inside of the headgear and then the outside (cleanest to dirtiest).
  - The PAPR system needs to be cleaned after every use.
  - The PAPR should be charged when not in use to avoid battery failure. If you are wearing the PAPR continuously, charge the battery every 2-3 hours.
  - Store equipment in designated area per your unit/department.