

MARSHFIELD CLINIC

School of Radiography

Student Handbook

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Section 1: General Program Information

Welcome New Students!

All faculty and staff at Marshfield Clinic's School of Radiography would like to welcome you. Our 22-month long certificate program is designed to assist you in becoming a healthcare professional that provides quality patient care. The combination of didactic and clinical courses promotes development of problem-solving, communication, 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 learning labs.

History

Our School of Radiography began in 1956 and was sponsored by Saint Joseph's Hospital. It was organized as a two-year continuous hospital based certificate program. The first class graduated in 1958. The program transferred sponsorship to Marshfield Clinic in 2016.

Marshfield Clinic Mission Statement

The mission of the Clinic is to enrich lives... through accessible, affordable compassionate health care.

School of Radiography Mission Statement

To provide learning opportunities to future health care professionals who will demonstrate problem-solving, communication and critical-thinking skills that will develop the necessary professional values that will lead to life-long learning in the imaging technologies.

Graduates will be clinically competent to assist in continually improving the health and well-being of all people in the community they serve.

Originated: 1996; Revised: 10/2002; 6/2018; Reviewed: 6/2015; 4/2016; 6/2017

Statement of Purpose

Marshfield Clinic School of Radiography offers a certificate program. The program's curriculum and faculty are dedicated to the education and training of competent radiographers to meet the health care needs of Wisconsin and its surrounding areas. In addition, it is the program's intent to create an environment whereby the student's intellectual and professional development is not inhibited. Every effort will be made to promote student self-realization of his or her own potential as a future technologist in the field of Radiography.

It is the intent of the School to create radiographers that will function as proficient health care professionals possessing a concern for quality patient care, technical competency, ethical integrity, and continuing education as a means for maintaining skills consistent with the state of the art. Additionally, it is our goal to instill an awareness of the entire health care team and the important role radiography plays as a member.

Program Goals and Student Learning Outcomes

Students/Graduates will be clinically competent.

- Students will routinely produce diagnostic quality images.
- Students will evaluate the content of a completed radiograph.
- Students will apply radiation protection principles.

Students/Graduates will employ critical thinking skills.

- Students will be able to alter exam protocols to meet patient needs.
- Students will independently identify and seek solutions for deficits.

Students/Graduates will demonstrate professional behaviors.

- Students will demonstrate independence.
- Students will employ patient confidentiality.
- Students will explain appropriate ethical behaviors.

Students/Graduates will effectively communicate.

- Students will provide patient with education regarding radiographic exams.
- Students will apply medical terminology at appropriate times.

Students/Graduates will provide a high level of patient care.

- Students will predict patient needs
- Students will assess patient condition.

JRCERT Standards

The School of Radiography is accredited in accordance with the Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS) by the JRCERT.

The STANDARDS require a program to articulate its purpose and scope; demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; document its effectiveness in accomplishing its purposes; and provide assurance that it can continue to meet accreditation standards.

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.

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive
Suite 2850
Chicago, IL 60606
312-704-5300; FAX: 312-704-5304
mail@jrcert.org; www.jrcert.org

Should a student have a grievance concerning whether or not the Program is in compliance with the STANDARDS, he/she may contact JRCERT directly, in addition to providing a record of this complaint to the Program Director. A grievance is defined as a claim by the student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure or regulation. Marshfield Clinic School of Radiography ensures fair and prompt resolution of student grievances, providing due process and equitable treatment for all parties involved. Refer to the table on page 28 for more details of this process.

Class Representatives

Each class elects a president and vice-president to serve as representation for the class. The class representatives will attend Advisory Committee meetings and lead the class activities as well as other necessary functions.

The representatives are elected by a majority and will serve as leaders for the class.

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.

The committee has a minimum of two meetings per year. The committee Chairperson distributes the agenda prior to the meeting, and the minutes are recorded and filed after the meeting. The Advisory Committee's responsibilities are inclusive of program planning, evaluation and external validation. The committee acts as an information resource.

Student Representative on the Advisory Committee

The functions of the student representatives are to:

- 1) Present the collective views and/or concerns of their class to the Advisory Committee.
- 2) Report to their class the activities of the committee.

School Meetings

School meetings are held each month. The meetings are used to convey messages between the School and the students and vice-versa. Open, professional communication is encouraged.

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 each year for the purpose of allowing the students to review their individual records and their progress through the program, although a student can request to see his/her file at any time. Viewing of student records will be allowed only when program faculty is present.

Confidential Student Papers

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 drop boxes in the clinical setting, and
- Confidential material from instructors will be placed in sealed envelopes to deliver to program faculty.

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

Written release is required on a per case basis, and may be accomplished with a Transcript Request Form.

Identification Badges

All students are required to wear their identification badge at all times when on the premises of Marshfield Clinic, Marshfield Medical Center or other Marshfield Clinic Health System affiliated locations.

In the event the student forgets his or her identification badge at home, he or she will be expected to go home and get it. If the student loses his or her identification badge, or damages it due to misuse, he or she will be required to have another badge made. The student is responsible for fees for replacement badges.

If the student is sent home to retrieve the identification badge, he or she will be required to use personal time equal to at least one half day.

Program Tuition

Effective July 1, 2018, Marshfield Clinic School of Radiography tuition is \$7,119 per year; with additional segregated fees for auxiliary activities (i.e. Student Spring Symposium).

Professional Student Organizations

Because the program promotes professionalism and encourages an active participation in the professional society, students are encouraged to become student members of American Society of Radiologic Technologists (ASRT) and/or the Wisconsin Society of Radiologic Technologists (WSRT).

More information and applications for membership are available on-line by going to www.asrt.org and www.wsrt.net.

Student Spring Symposium

Each spring, senior students are strongly encouraged to attend the Wisconsin Association of Educators in Radiologic Technology (WAERT) Annual Spring 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.

A quiz bowl is also held at the Spring Symposium. Participation is considered voluntary, but is highly encouraged.

There is a cost for the student symposium. Specific amount for symposium costs will be disseminated to students as information is received.

Professional Society Sponsored Conferences

Occasionally, there are other Radiology professional society sponsored conferences that students may want to attend. Attendance of these conferences is optional, and all costs are the responsibility of the student. However, second year students have the opportunity for approved time away from clinical and class requirements to attend such events, provided that clinical and course objectives for that semester are in progress, faculty are notified ahead of time, and proof of attendance is shown within 2 days of return.

It is the student's responsibility to coordinate changes to clinical rotation, if necessary, to maintain viability for completion of semester objectives. In addition, it is the student's responsibility to ensure he/she does not fall behind in academic coursework, and follow the attendance policy of the syllabus of any course missed.

Student Resources

Financial Aid

The School of Radiography does not offer financial aid; however, there may be scholarship options throughout the program that are passed along to students by the program director.

Students are recommended to go to www.fastweb.com to search and apply for scholarships.

Advising

The faculty members of the School of Radiography are available to serve as student advisers. They may be able to assist you with identification of program requirements, interpretation of procedures, and any other questions that may arise. Students or advisers may initiate a conference or meeting whenever needed.

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 staff. 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.

UW-Oshkosh: Students are fully eligible for counseling services by virtue of paying their share of Segregated Fees. For more information, visit www.uwosh.edu/couns_center.

Marian University: Students are fully eligible for services at the Counseling Center. Their direct phone number is 920-923-8799. Students are also encouraged to contact the academic adviser at Marian directly, if preferred.

Saint Cloud State University: Students are encouraged to take advantage of the local United Way 2-1-1 service, as referenced above. Further information for SCSU specific counseling is available in the program director's office.

Graduation, and Beyond

School of Radiography program faculty assist students with resources necessary to apply for the registry examination, seek employment, obtain state radiographer licensure (if applicable), and on-going advice/consultation.

A post-graduate survey will be sent to each graduate approximately 6 months after graduation. The survey requests current manager contact information, so a survey may be sent to him/her as well.

Required Functional Abilities and Attributes

All students are required to have the following functional abilities and attributes. If you feel lacking in any of these areas and require outside assistance to succeed, contact the program director and accommodations may be made with documentation from a physician.

Gross Motor Skills

- Move within confined spaces
- Maintain balance with multiple positions
- Reach above shoulders, below waist, and out front

Fine Motor Skills

- Grasp and pick up small objects with hands
- Twist, i.e. turn objects/knobs using hands
- Write with pen or pencil
- Key/Type with a computer

Physical Endurance

- Stand
- Sustain repetitive movements, i.e. CPR chest compressions
- Maintain physical tolerance by working on your feet a minimum of 8 hours

Physical Strength

- Support 50 pounds of weight for a limited time
- Squeeze with hands, i.e. fire extinguisher
- Push and pull 50 pounds
- Lift 50 pounds occasionally
- Carry equipment/supplies

Mobility

- Twist, bend, stoop and squat
- Move quickly, i.e. in an emergency
- Climb stairs
- Walk

Hearing

- Hear normal speaking-level sounds, and faint voices
- Hear faint body sounds, i.e. blood pressure sounds
- Hear in situations when not able to see lips, i.e. when masks are used
- Hear auditory alarms, i.e. bed alarms, fire alarms, patient monitors

Visual

- See objects up to 20 inches away, i.e. information on computer
- See objects up to 20 feet away, i.e. patient in room
- Distinguish color and color intensity
- Use depth perception
- Use peripheral vision

Reading

- Read and understand written documents and digital display

Tactile

Detect temperature
Feel differences in sizes, shapes, i.e. body landmarks
Detect environmental temperature

Environment

Tolerate exposure to allergens, i.e. gloves
Tolerate strong soaps and odors

Math

Comprehend and interpret graphic trends
Read and interpret measurement marks, i.e. measuring tape
Tell and measure time Document numbers

Emotional stability

Establish professional relationships
Provide patient with emotional support
Adapt to changing environment/stress
Deal with the unexpected Cope with own emotions
Focus attention on task

Analytical thinking

Transfer knowledge from one situation to another
Process and interpret information from multiple sources
Analyze and interpret abstract and concrete data
Use long-term and short-term memory
Evaluate outcomes Prioritize tasks
Problem solve

Critical thinking

Identify cause-effect relationships
Synthesize knowledge and skills
Adapt decisions based on new information
Sequence information Make decisions independently

Interpersonal skills

Establish rapport with individuals, families and groups
Respect/value cultural differences in others
Negotiate interpersonal conflict

Communication skills

Teach, i.e. inform patient/family regarding radiation
Listen/comprehend the spoken/written word
Speak and write English Manage information
Collaborate with others

Section 2: Policies and Procedures

Student Supervision

There are two types of supervision defined by the JRCERT.

Direct Supervision

Direct supervision assures patient safety and proper educational practices. It is defined as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure.

A student must be directly supervised until competency is achieved.

In addition, a student must be directly supervised by a qualified radiographer when repeating unsatisfactory images. 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. To ensure this practice is followed, a Repeat Radiograph Log is completed when the student repeats an unsatisfactory image, which is included in the Appendix.

Indirect Supervision

Indirect supervision promotes patient safety and proper educational practices. 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 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.

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, which can be found in the Appendix.

MRI Safety

A student is afforded clinical experience in MRI during his/her second year. During Introduction to Radiography, a safety screening form is filled out 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 reasonable accommodations will be made.

Prior to a student's clinical experience in MR, a further safety orientation will be conducted to inform the student of essential practices in the MR suites.

Radiation Safety Monitoring

Students are required to wear a radiation monitoring badge 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 badge 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. Students who do not have their radiation monitoring badge available during clinical will be asked to leave and use personal time (see Attendance Policy).

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.

Radiation monitoring badges are exchanged quarterly (every 3 months).

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

Chris Kessler
Radiation Safety Officer/Medical Physicist
kessler.christopher@marshfieldclinic.org
715-387-9214

Emily Bauer
Radiation Safety Technologist
bauer.emily@marshfieldclinic.org
715-387-5206

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
 - 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.

Fire Safety

It is the policy of Marshfield Clinic School of Radiography that all students (regardless of rotation) participate in department fire alarm procedures and drills.

Pregnancy Policy

This policy is adapted from the Marshfield Clinic Pregnant Radiation Worker Policy, which can be found in the Appendix.

Marshfield Clinic School of Radiography maintains a safe working environment for all students. This environment includes the safety and well-being of the pregnant student to assure that radiation exposure to the student and fetus is kept as low as reasonably achievable (ALARA). In addition, the School and its faculty respect the autonomous decisions made by its students concerning pregnancy and the right to disclose this information.

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.

If the student decides to declare the pregnancy in writing to the program director (and furthermore to the Radiation Safety department), 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.
- Pregnant students have the right to continue in clinical rotations without modification. If the student chooses to modify her clinical rotation schedule, the School will make reasonable accommodations to do so. These accommodations include, but are not limited to, the instruction and usage of a maternity lead apron and a change in the timing of the fluoroscopy rotation to the second or third trimester of pregnancy.
 - If dose limits reach ALARA Investigation Level II, 150 mrem/quarter, clinical reassignments and/or a leave of absence may be warranted.

The student may submit a withdrawal statement of pregnancy at any time. This must be in writing.

Ethical and Professional Student Conduct

Students are expected to exhibit a manner of conduct that is reflective of health care professionals.

Examples of breaches in ethical and professional conduct include, but are not limited to:

- Insubordination or refusal of a student to follow instructions or perform designated duties where such instructions or duties normally and properly may be required of a student for educational experience. Students may not refuse to do exams simply because they have already 'tested out' on them.
- Theft or dishonesty
- Immoral behavior or improper dress
- Soliciting or receiving gifts/tips from patients or other individuals
- Violating safety rules or creating safety hazards
- Gambling
- Abuse or waste of medical property, supplies, equipment, etc
- Possession of firearms or other weapons
- Possession of intoxicants or narcotics, or being found under the influence of alcohol or drugs while on the medical campus for academic or clinical instruction
- Use of abusive or obscene language, or disorderly or threatening behavior while on the medical campus for academic or clinical instruction
- Violation any local law
- Fighting, or any physical altercation
- Sleeping at a clinical site
- Inappropriate communication or breach in confidentiality
- Negligence in patient care situations

- Disagreements with staff or fellow students in front of a patient
- “Incivil” behaviors (e.g. bullying, untruthful comments, inappropriate language, etc.)

If, in the judgment of the program faculty, a degree of professionalism is not maintained, the School reserves the right to administer disciplinary action necessary to bring the student’s manner of conduct up to acceptable standards. A student’s failure to comply with the policies and procedures of the School or Marshfield Clinic Health System will result in corrective action. See Corrective Action Policy.

Dress Code

Proper dress, personal grooming and overall appearance adds much to the positive image of Marshfield Clinic School of Radiography.

General Guidelines

Name badge and security ID badge are required to be worn so they can be read easily at all times. All clothing and footwear must be neat, clean, and in good condition. No attire should be torn, patched, or in poor repair. Clothing must fit properly. Clothes that are too short (above the knee or exposing belly or back), too low cut (more than top button/exposing more than clavicle) or too tight exposing too much should not be worn. Hem lengths on all attire should be reasonable and professional. Appropriate shoes are required. All students are expected to be well groomed and have good personal hygiene habits. Attention should be spent on the senses of others when using scented body lotions, perfumes, or colognes. Excessive scents are not allowed in patient seeing areas. Mustaches or beards must be neatly trimmed.

Classroom Attire

Blouses, shirts, sweaters and jackets:

Color and style is tasteful and professional appearing.

Casual style university logo t-shirts and sweatshirts (of a student’s respective University or Marshfield Clinic) are permitted. Unacceptable: Casual style t-shirts and sweatshirts without appropriate logos; low-cut, tube, halter, or tank tops; see-through/revealing tops, midriff showing; swimsuits; jerseys

Slacks, pants:

Dress casual-style slacks; scrub uniform pants

Mid-calf length Capri pants

Blue jeans in good condition (free of fading, tears, holes, or fraying) are acceptable.

Unacceptable: any shorts; pants shorter than mid-calf; legging/tight fitting knit, spandex; sweat or athletic style pants; low riser/hip hugger pants; bib overalls

Dresses, skirts:

Appropriate skirt length – to knee level, any slit cannot go above the knee

Appropriate style and color – no tight fitting skirts

Denim dresses, jumpers, and skirts

Full-cut split style pant skirts

Unacceptable: skorts; low-cut, high-slit, revealing styles

Footwear

Appropriate for appearance and safety

Unacceptable: bare feet; open toed shoes of any kind

Headwear

Unacceptable: hats/caps

CLINICAL ENVIRONMENT ATTIRE

Scrubs

Scrub top and pants must be navy blue.

Shirt worn under scrub top is permitted, as long as the shirt can be tucked in. This can be a tank top, t-shirt, or long sleeve t-shirt.

Unacceptable: low/riser hip hugger scrub pants that allow student's back to be exposed when bending over

Shoes

Comfortable closed-toe shoes or clogs

Must provide adequate support

Any color is permitted

Unacceptable: Open toed shoes of any kind

Accessory Items

Jewelry must be kept to a minimum (stud earrings, 12" chain or shorter)

Tasteful nail polish is acceptable.

Unacceptable: Hoop or dangle earrings; high profile setting rings; numerous chains/rings/bracelets; large necklace pendants or non-conservative jewelry (spikes, inappropriate symbols); artificial nails; hair longer than shoulder length not pulled back; chewing gum

Required Accessory items

Current radiation monitoring badge

Personal lead anatomical markers

Personal Hygiene

Students are required to maintain personal hygiene in both academic and clinical settings. Every detail of personal hygiene is extremely important. Students are expected to present a positive image, considering the needs of patients and/or peers.

Personal hygiene includes, but is not limited to:

- Daily bathing and oral hygiene
- Clean body and minimized body odors, including bad breath
- No heavily scented perfumes/powders, colognes, and lotions
- Clean and trimmed fingernails
- Neat and well-groomed hair and facial hair
- Modest make-up
- Following appropriate guidelines with respect to clothing contaminated with blood, body fluids, or other contaminants

Violation of Dress Code Policy

Students in violation of the Dress Code policy will be subject to Corrective Action. See Corrective Action policy.

Parking Policy

The Parking Policy is adapted from Marshfield Clinic Parking – Marshfield Clinic Facilities Policy, which can be found in the Appendix.

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.

Violation of Parking Policy

- 1st offense
 - Clinic Security warning notice. This warning notice is non-expiring.
- 2nd offense
 - City of Marshfield parking citation, and
 - Notification of program director by Security, and
 - Initiation of Corrective Action
- Further offenses
 - City of Marshfield parking citation for each offense, and
 - Notification of program director by Security for each offense, and
 - Additional Corrective Action, up to and including dismissal

Substance Abuse Policy

The Substance Abuse Policy is adapted from the Marshfield Clinic Drug Free Workplace Policy and Marshfield Clinic Substance Abuse Policy, which can be found in the Appendix.

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.

For purposes of this policy, reporting to classes or attending clinical education includes lunch and other break periods. 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 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 Document Control System within the Substance Abuse Policy, as Appendix C.

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.

Attendance Policy

The School of Radiography program and its faculty recognize the importance of class and clinical attendance with participation as an integral part of the educational process. Prompt and consistent attendance is expected of all students. The student is responsible for being present for all scheduled clinical hours.

- The student must notify program faculty in advance in the event of an absence or tardiness.

EXAMPLE

The day shift rotation starts at 0730. To be on time, students should have all personal items stored and be present in their assigned locations at 0730. Arriving to the clinical site at 0730 would technically make the student late.

Students are assigned a 30 minute lunch period each day. The lunch period is required of all students.

In Case of Tardiness

Tardiness is described as not being present in the assigned area ready at start time. A student who is going to be late must notify the clinical instructor, and program faculty or program director before the start time of the clinical assignment. Contact after your rotation was expected/scheduled to begin will be considered a tardy.

A student more than 10 minutes late will be considered absent.

Other Circumstances

Students may not leave a clinical site without the permission or notification of a clinical instructor or program faculty. Students who leave the clinical site early without prior approval will also be considered tardy.

Violation of Tardiness Policy

1 st -2 nd Offense: Verbal Warning	3 rd -4 th Offense: Written Warning	5 th Offense: One-Day Suspension	6 th Offense: Dismissal
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No Call No Show

The No Call No Show policy is activated when a student is absent and does not contact the appropriate program faculty.

Violation of No Call No Show Policy

1 st Offense: Verbal Warning	2 nd Offense: Written Warning	3 rd Offense: One-Day Suspension	4 th Offense: Dismissal
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- If a student knows in advance that he or she will not be in attendance on a particular day, he or she should notify program faculty prior to the absence.

Days Off

Each student is allowed 10 days off for the length of the program. It is left to the student's discretion as to how the days are taken (i.e. sick days, personal days, vacation). It is the student's responsibility to make up any assignments, classes or tests missed on the day of their absence. Stipulations on make-up work are outlined in each course syllabus.

Time may be used in full day or half-day increments. A half-day can be taken on a scheduled half-day or as a half-day off of a full day (see Daily Schedule for specifics). All absences exceeding the 10 calendar days of personal time given will be made up regardless of the circumstances (see Attendance Make-Up Policy).

Violation of Days Off Policy

10 ½ & 11 th day off: Oral Warning	11 ½ & 12 th day off: Written warning	12 ½ & 13 th day off: Suspension	13 ½ & 14 th day off: Dismissal
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Extended Leave Policy

Extensive days off (see table below) due to medical reasons documented by a physician do not count toward corrective action initiation. Absences due to jury duty or military leave do not count toward personal days taken off. Extensive absences for any reason are evaluated upon the student's return to determine the student's attendance obligations to the School and the student's level of competency in the profession. Extensive absences may require the student to make up time to meet academic and clinical guidelines (see Attendance Make-Up Policy).

The length of what is considered an extensive absence depends on the semester the student is enrolled in. The number of days listed are concurrent.

Intro to Radiography	2 days
Semesters 1-3	3 days
Semester 4	2 ½ days
Semester 5-6	3 days
Semester 7	2 ½ days

Funeral Leave

The Funeral Leave Policy is adapted from the Marshfield Clinic Funeral Leave Policy, which can be found in the Appendix.

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*^
- 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 for record-keeping purposes. This must be submitted to program faculty within two days of return.

Jury Duty or Court Witness Policy

The Jury Duty or Court Witness Policy is adapted from the Marshfield Clinic Jury Duty/Court Appearance Policy, which can be found in the Appendix.

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 outlined by program faculty.

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.

Attendance Make-Up Policy

Students must make up missed clinical time during situations where extensive clinical or class time is missed. If the student fails to fulfill the scheduled make-up time without prior notification, it will be counted as additional missed clinical or class time, or may be taken from the student's allotted personal days. Students are not allowed to make up time on a scheduled full day.

Clinical time that needs to be made up includes:

- Time taken in excess of allowed days off,
- Time missed due to incomplete health work,
- Extensive absences not outlined in the Days Off policy,
- Time missed due to unforeseen circumstances which will be determined by the Program Director, and
- Clinical time scheduled with Transport and Clinic Desk

Make-up time forms are included in the appendix. The Make-Up Time Verification Form should be completed by the student and program faculty at least 3 days prior to an anticipated date of make-up time and on the day of make-up time by a qualified radiographer at the clinical site.

Job Interviews

The program recognizes the need to schedule job interviews during working business hours and understands these hours coincide with the hours students are in class or clinical activities. 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 such interviews without using personal time.

However, the student needs to provide school officials with information regarding their interview by completing a Job Interview Form, which may be found on Medtrics.

Illness Policy

The illness policy is adapted from the Marshfield Clinic Work Restrictions for Staff with Infectious Diseases policy, found in the appendix.

If you are ill, you should **stay home**. You should stay home in the case of the following circumstances:

- Fever of 100 or greater – off until symptom free for 24 hours
- Persistent diarrhea – off until symptom free for 24 hours
- Persistent vomiting – off until symptom free for 24 hours
- Weeping/draining open wounds – off if wound cannot be covered or if drainage is through dressings

Students with respiratory signs/symptoms must wear a surgical mask while at the medical facility.

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 does come 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) presence or non-presence of the infectious disease. Upon a positive verification of illness, the student is sent home. Upon a negative verification of illness, the student is allowed to attend class/clinical obligations.

Personal Portable Devices Policy

The purpose of this policy is to address the use of personal portable devices [smartphones (i.e. iPhones, Androids), cell phones, and other electronic devices (i.e. iPads, iPods, MP3's, smart watches, Kindles, etc.)] within the patient care areas and work areas of Marshfield Clinic Health System.

A patient care area is defined as any area where patients are present and can overhear staff (hallways, exam rooms, treatment rooms, etc.). A work area is defined as any area within MCHS where work is being conducted (conference rooms, etc.).

The use of personal portable devices for personal use (including talking, texting, internet, videos, gaming, etc.) is not permitted in patient care areas or work areas during clinical or class time.

During scheduled clinical time, cell phones and other personal 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 in patient care areas.

During scheduled class time, cell phones and other personal portable devices should be turned off and stored, unless otherwise authorized.

During a break between classes, or during lunch, the use of a personal cell phone and other personal portable devices as described is permitted in non-patient care areas.

Emergency Phone Calls

If there is an emergency situation that someone must contact you while at the medical campus, please share the Student Program Reception's phone number (715-387-9251). While occasional personal phone calls received will be acceptable, frequent phone calls will not be tolerated.

Computer Usage

The computers located in the medical library and School of Radiography Learning Center are provided for educational purposes. Students may use the computers for personal business during the lunch period, before or after class. Please be aware that any misuse of the computers will result in student privileges being removed and corrective action will be taken. Misuse of the computer includes, but is not limited to:

- Viewing Internet sites that contain pornography, gambling, or chat rooms.
- 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.

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.

Patient Identification Policy

Before performing a radiographic exam on any patient, proper identification **must** be done. Specifics regarding proper patient identification at a clinical site will be performed during orientation to that clinical site.

Corrective Action Policy

Students found to be in violation of program or Marshfield Clinic Health System policies will be processed through the proper channel. The Corrective Action Policy is adapted from a section of the Marshfield Clinic Corrective Action policy, which can be found in the Appendix.

The type of corrective action and the step taken is determined on a case-by-case basis considering, among other factors, the seriousness of the offense, the student's length of time invested in the program and school record, actual or potential effects of the performance or behavior in question, and possible extenuating circumstances.

Informal Corrective Action

The informal corrective action process is to have a verbal discussion between the program director or clinical instructor and the student. The concern, expectations, need for improvement, and possible next steps if the expectations are not met should be discussed.

Formal Corrective Action

The formal corrective action process should occur after informal corrective action if no resolution has been made, or if the incident is serious enough to warrant a more formal approach. Formal corrective action is to impress upon the student the seriousness of a specific incident, occurrence, violation of a policy/procedure s, inappropriate behavior/conduct. Each step of the disciplinary process will be executed as deemed necessary to determine the change in student outcomes. Similarly, each level can be used progressively if the same or similar problem occurs. Copies of the Corrective Action Form will be retained in the student's personal file.

Level 1 Written Warning

A notice of corrective action at this level is to be considered instructive and to inform the student that behavior or performance is unsatisfactory. Failure to make an immediate and sustained improvement may result in further corrective action up to and including termination. A student will receive a level 1 written warning for the first time or for minor policy/procedure infractions or violations, or behavior/conduct concerns. This is documented using the Corrective Action Form (included in the Appendix) and signed by the student and the program director.

Level 2 Written Warning

A notice of corrective action at this level is issued when the student fails to demonstrate an immediate and satisfactory improvement following a level 1 written warning; or when a serious violation of a policy or conduct occurs.

Level 3 Final Written Warning

A notice of corrective action at this level is issued due to a continued transgression of a policy violation or behavior modification. In addition, if in the event of an egregious violation such as harm or patient safety, or the safety of others is at risk, the first two disciplinary steps may be skipped; suspension accompanied with a final written warning (in some cases termination) may be issued. This is ordinarily the last step of the procedure prior to Dismissal.

Program faculty may choose to implement a suspension to underscore the importance of demonstrating immediate and sustained improvement in meeting expectations. When a level 3 final written warning is accompanied by a Suspension from school, program faculty will inform the student that a Suspension is a "decision time" for the student to decide whether they are committed and/or able to demonstrate the improvement(s) necessary to continue in the program. Suspensions may vary in length from 1 day (or portion of) to 5 days.

Termination/Level 4 Corrective Action

Students may be dismissed from the program due to a single very serious offense or for performance or behaviors that do not meet the School's expectations and have not been corrected by previous corrective action.

Students may also be dismissed at any time based on a determination by program faculty that such actions are in the best interests of the medical facility and/or its patients. In the event a

more serious incident, a student will be placed upon immediate suspension, and will be sent home. The program director, or his/her representative, will contact the student with a decision on continued participation in the program after there is an investigation of the alleged incident.

Examples of Immediate Termination Conduct

Examples of conduct that may result in immediate termination include, but are not limited to:

- Threatening, bullying, intimidating or verbally/physically abusive conduct demonstrated toward, another person, and/or in the presence of patients, co-workers, visitors or others;
- Breaching confidentiality related to patients, students or business information;
- Violation of safety policies or the law, or any conduct that poses a significant threat to the safety of patients, co-workers or others, including the student;
- Engaging in conduct determined to be in violation of Marshfield Clinic's Harassment in the Workplace or Marshfield Clinic's Workplace Violence policies (included in the appendix);
- Falsification of any reports or records, including but not limited to:
 - Patient medical records
- Sleeping or appearing to sleep while on duty;
- Insubordination;
- Abuse, theft, or destruction of property belonging to the clinic, patients, visitors, peers or others;
- Misrepresenting oneself to patients, program faculty, management or others;
- Intoxication, possession, or appearing to be under the influence of alcohol or other illegal substances while at School; and
- Using a Marshfield Clinic's computer network resources to access, display or distribute material determined to be sexually explicit, pornographic or obscene in nature.

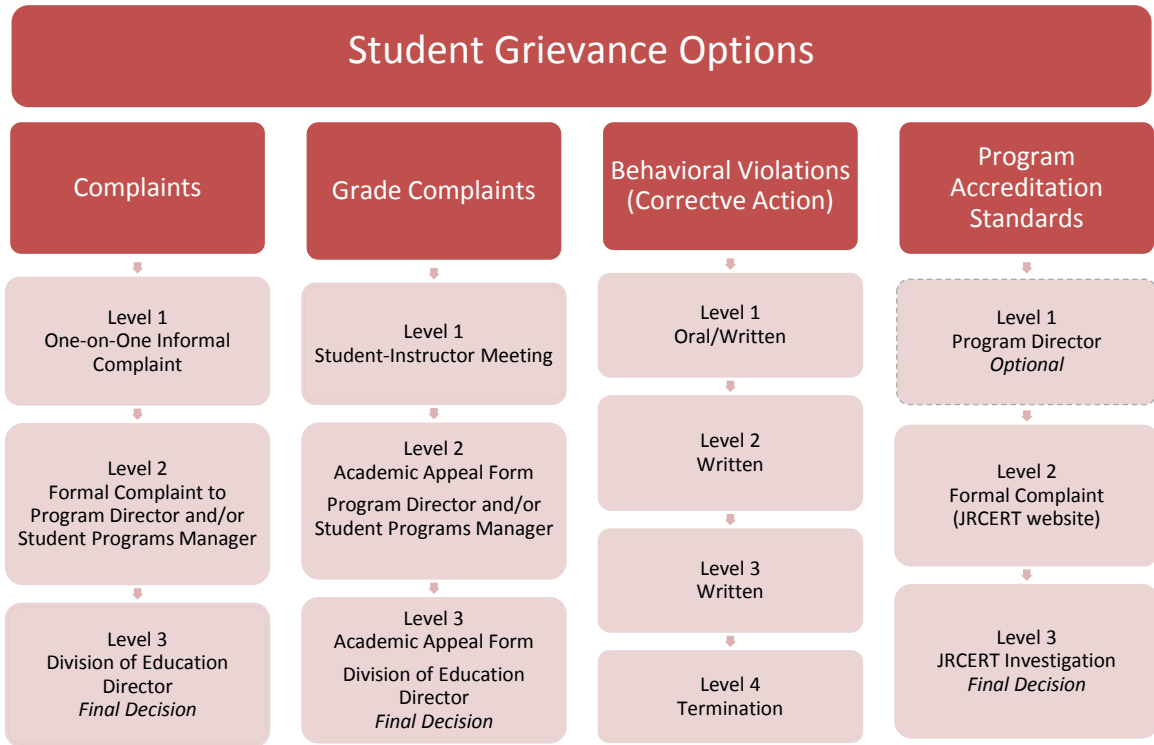
Holding during Radiographic Exams

Students **must not** hold image receptors during any radiographic procedure. Students are **not permitted** to hold during an infant bone survey, nor any procedure performed for suspicion of non-accidental trauma. A student should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

Complaint/Grievance Procedure

A grievance is defined as a claim that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. Since there can be grievances in multiple areas, our policy is separated into multiple sub-policies. Students are encouraged to follow the process as stated below to and in communication with a goal to seek a resolution.

Regardless of the area of grievance, the outcome desires for an amicable and fair resolution.



Each member of the chain (program director, Student Programs Manager, or Division of Education Director) may utilize an appointee in the case of potential missed deadlines.

Complaints

Level 1: One-on-One Informal Complaint

Students are encouraged to talk informally one-on-one in person to the program faculty of their concern/complaint. Students should follow the chain of command and first bring concerns to the instructor teaching the course first with the intent to resolve the complaint at this level. Initially there may be an informal verbal conversation. If the complaint is not successfully resolved with an informal conversation, the student should follow the formal complaint process (Level 2).

Level 2: Formal Complaint to Program Director and/or Student Programs Manager

A formal complaint should be submitted in writing to the program director and/or student programs manager, either via e-mail or a written letter with the subject "Formal Complaint". The complaint should include a written narrative of concern, the date of conversation with faculty member and outcomes. Within 6 business days, either representative will contact the student to schedule a meeting to review the complaint and reach an agreeable resolution. If there is no resolution at this point, the Student Programs Manager, program director, and student will meet to discuss the resolution of the complaint. The second meeting will be held within 6 business days of the prior meeting to review the complaint and reach an agreeable resolution. If there is no resolution at this point, Level 3 is initiated.

Level 3: Final Decision by the Division of Education Director

The Division of Education Director is contacted by the Student Programs Manager to assist in the resolution of the complaint. All documentation regarding the incident will be forwarded to the Division of Education Director. The Division of Education Director will respond within 10 business days with the final decision.

Grade Complaints

Students who receive a final academic grade that the student deems inaccurate or unjust have the right to appeal the decision. An Academic (Grade) Appeal form guides a student through the details of the process, and can be found in the Appendix.

Level 1: Student-Instructor Meeting

During this meeting, the instructor and student will try to resolve the dispute.

Level 2: Program Director/Student Programs Manager Meeting

The Program Director or Student Programs manager will issue the final decision upon review of the documentation and a thorough and impartial investigation of the incident.

Behavioral Violations Resulting in Corrective Action

Details regarding corrective action are outlined in the Corrective Action policy. An outline of events is noted here for completeness.

Level 1: Oral/Written Warning (Informal Corrective Action)

An oral/written warning is initiated to conduct a verbal discussion between the program director and student. This discussion includes the concern, expectations, need for improvement, and possible next steps if the expectations are not met. A level 1 written warning is to be considered instructive and to inform the student that behavior or performance is unsatisfactory.

Level 2: Written Warning (Formal Corrective Action)

Formal corrective action is to impress upon the student the seriousness of a specific incidence. A level 2 written warning occurs when a student fails to demonstrate an

immediate and satisfactory (sustained) improvement following a level 1 written warning, or when a serious violation of a policy or conduct occurs.

Level 3: Final Written Warning

A notice of formal corrective action at this level is issued due to a continued transgression of a policy violation or behavior modification. This is ordinarily the last step of the procedure prior to Dismissal. This level of written warning may be accompanied by a Suspension to allow for a 'decision time', varying from a length of 1 day (or portion of) to 5 days.

Level 4: Termination

Dismissal from the program may be due to a very serious offense, or for performance or behaviors that do not meet the School's expectations and have not been corrected by previous corrective action.

Program Accreditation Standards

All students are made aware of the JRCERT STANDARDS and their ability to contact JRCERT with any grievances upon admittance to the program. A copy of the STANDARDS is available for review in the School of Radiography Learning Center.

Level 1: Student-Program Director Meeting (Optional)

A student may choose to report to the program director directly any STANDARDS they believe are in noncompliance. This is optional, but encouraged.

Level 2: Program Director/Student Programs Manager Meeting

Should a student have a grievance concerning whether or not the Program is in compliance with the STANDARDS, he/she may contact JRCERT directly. Contact information is located on page 5 of this Student Handbook.

Further Reference

For further reference, please see the following Marshfield Clinic policies:

- Harassment in the Workplace
-

Incident Reporting

The Incident Reporting Policy is adapted from sections of the following Marshfield Clinic policies: Incident Reporting (Employee), Incident Reporting (General Liability), and Incident Reporting System. The full text of all policies can all be found in the Appendix.

An incident is any event, occurrence, process or service intervention that occurs in an Organization or within the scope of providing care that is not consistent with policies and/or standards that guide patient care, facility operations, or customer service at the Organization. An incident may include, but is not limited to, an accident, potentially unanticipated outcome or unintended perception of care and/or service. (i.e. sharps incident, fainting, falls)

Any incident or accident involving a student or patient (where student was involved) **must** be reported to the program director immediately. The student will fill out an incident report, with the guidance of the Program Director. Medical attention will be offered to the student, if needed.

Incident reports involving students will be forwarded to Risk Management (Employee Health and Safety) and kept on file in the program director's office.

Academic Misconduct

Academic misconduct is an act in which a student:

- Seeks to claim credit for work or efforts of another without authorization or citation
- Uses unauthorized materials or fabricated data in any academic exercise
- Forges or falsifies academic documents or records
- Intentionally impedes or damages the academic work of others
- Engages in conduct aimed at making false representation of a student's academic performance
- Hindering an academic culture of a collaborative learning experience (i.e. bullying)
- Assists other students in any of these acts

Examples of academic misconduct include, but are not limited to:

- Cheating on an examination
- Collaborating with others in work to be presented, contrary to the stated policy of the course
- Submitting a paper or assignment as one's own work when a part or all of the paper or assignment is the work of another
- Submitting a paper or assignment that contains ideas or research of others without appropriately identifying the sources of those ideas
- Stealing examinations or course materials
- Submitting, if contrary to the policy of a course, work previously presented in another course
- Tampering with the laboratory experiment or computer program of another student
- Knowingly and intentionally assisting another student in any of the above, including assistance in an arrangement whereby work, classroom performance, examination or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed

Disciplinary sanctions for violations of the academic misconduct policy are subject to the individual course instructor, program director (or his/her representative) and/or student's affiliated university, if applicable. The severity of the violation is also considered.

Section 3: Didactic and Clinical Scheduling

Academic Calendar

	Class of 2019	Class of 2020	Class of 2021
First day! & Orientation Period Begins	July 31, 2017	July 30, 2018	August 5, 2019
Semester 1 begins	August 28	August 27	September 3
No class/clinical	September 4	September 3	September 2
End of Semester 1	November 22	November 21	November 27
No class/clinical	November 23-24	November 22-23	November 28-29
No class/clinical	December 25-January 5, 2018	December 24-January 4, 2019	December 23-January 3, 2020
End of Semester 2	March 2	March 1	March 6
End of Semester 3	May 25	May 24	May 29
No class/clinical	May 28	May 27	May 25
No class/clinical	July 4	July 4	July 4
End of Semester 4	August 24	August 30	August 28
No class/clinical	September 3	September 2	September 7
End of Semester 5	November 21	November 27	November 25
No class/clinical	November 22-23	November 28-29	November 26-27
No class/clinical	December 24-January 4, 2019	December 23-January 3, 2020	December 21-January 1, 2021
End of Semester 6	March 1	March 6	March 5
Graduation Ceremony (tentative dates)	May 11	May 23	May 22
End of Semester 7	May 23	May 28	May 27

Course Schedule

Orientation

- ❖ Introduction to Radiography

Semester One

- ❖ Clinical Education I
- ❖ Human Anatomy I
- ❖ Human Physiology I
- ❖ Medical Ethics
- ❖ Medical Terminology I
- ❖ Patient Care I
- ❖ Radiation Characteristics and Production I
- ❖ Radiographic Procedures I
- ❖ Radiographic Procedures Practicum I

Semester Two

- ❖ Clinical Education II
- ❖ Human Anatomy II
- ❖ Human Physiology II
- ❖ Medical Terminology II
- ❖ Patient Care II
- ❖ Radiation Characteristics and Production II
- ❖ Radiographic Procedures II
- ❖ Radiographic Procedures Practicum II

Semester Three

- ❖ Clinical Education III
- ❖ Human Anatomy III
- ❖ Human Physiology III
- ❖ Radiation Characteristics and Production III
- ❖ Radiographic Procedures III
- ❖ Radiographic Procedures Practicum III

Semester Four

- ❖ Clinical Education IV
- ❖ Cross-Sectional Anatomy
- ❖ Radiographic Procedures IV
- ❖ Radiographic Procedures Practicum IV
- ❖ Throwback Thursday Review

Semester Five

- ❖ Clinical Education V
- ❖ Image Analysis
- ❖ Imaging Equipment and Quality Control I
- ❖ Pharmacology
- ❖ Radiographic Procedures V
- ❖ Radiographic Procedures Practicum V
- ❖ Radiation Protection

Semester Six

- ❖ Clinical Education VI
- ❖ General Review I
- ❖ Imaging Equipment and Quality Control II
- ❖ Radiographic Pathology
- ❖ Radiographic Procedures VI
- ❖ Radiographic Procedures Practicum VI
- ❖ Radiation Biology

Semester Seven

- ❖ Clinical Education VII
- ❖ General Review II
- ❖ Radiographic Procedures VII

Course Descriptions

Clinical Education I-VII

1920 total Clock Hours

This course is the core of the practice of radiography. It provides the student with the opportunity to apply the principles of patient care and the concepts and theories learned in the classroom to the performance of radiologic procedures. It is a structured, methodical process that is competency-based and allows for the professional development of sound practices when providing care for the patient and in the production of high quality radiographic images. The student will be provided practice experiences in every area of the diagnostic imaging department. This process is sequential and will continue throughout the course of the program. As the student gains proficiency and confidence, as measured by evaluation, they will earn the opportunity to perform exams under indirect supervision in following semesters.

Unit Hours

Clinical Education I – 216 clock hours *Class of 2019: 264 clock hours*

Clinical Education II – 240 clock hours

Clinical Education III – 240 clock hours

Clinical Education IV – 264 clock hours

Clinical Education V – 312 clock hours *Class of 2019: 288 clock hours*

Clinical Education VI – 312 clock hours

Clinical Education VII – 336 clock hours

Cross-Sectional Anatomy

24 Clock Hours

Content begins with a review of gross anatomy of the entire body. Detailed study of gross anatomical structures will be conducted systematically for location and relationship to other structures. Gross anatomical structures are located and identified in axial, sagittal, coronal and orthogonal planes. The characteristic appearance of each anatomical structure as it appears on CT and MR will be stressed.

General Review I-II

24 Clock Hours per unit

This course is designed to create a comprehensive overview of the entire field of radiography.

Human Anatomy I-III

12 Clock Hours per unit

Course content establishes a knowledge base in human anatomy. Components of the cells, tissues, organs, and systems are described and discussed. This course is taught in conjunction with Human Physiology I-III.

Human Physiology I-III

12 Clock Hours per unit

Course content establishes a knowledge base in human physiology. Physiology of the cells, tissues, organs, and systems are described and discussed. This course is taught in conjunction with Human Anatomy I-III.

Image Analysis

12 Clock Hours

This course allows the student to view and evaluate a variety of images for technical and positional errors and discuss the methods of correcting such errors. This is accompanied by lectures that review technical errors not often seen or those that contain pathology which will require exposure changes. It provides a review of geometric factors that affect exposure.

Imaging Equipment and Quality Control I-II

24 Clock Hours per unit

This course will provide the student with a fundamental understanding of the imaging equipment used in diagnostic radiology. A survey of all imaging modalities employed in an imaging (radiology) department will be completed to assist the student in understanding the fundamental operations of these systems. A review of the quality control program and duties expected of the technologist is included.

Introduction to Radiography

80 Clock Hours

This four week orientation period allows the student to acclimate to the radiography program. During orientation the student will be introduced to all of the aspects of the profession of radiography, including an introduction to medical terminology, diversity in the medical field, patient transfer techniques, ethical and legal standards of the profession, radiation safety, confidentiality and HIPAA, navigating patient charts, equipment operation, emergency equipment and supplies in the clinical environment, and many other introductory items.

Medical Ethics

12 Clock Hours

Course content provides a foundation in ethics and law related to the practice of medical imaging. An introduction to terminology, concepts, and principles will be presented. Students will examine a variety of ethical and legal issues found in clinical practice.

Medical Terminology I - II

6 Clock Hours per unit

Course content provides an introduction to the origins of medical terminology. A word-building system is introduced, and abbreviations and symbols are discussed. Related terminology is addressed.

Patient Care I-II

12 Clock Hours per unit

This course introduces the student to the concepts of basic patient care and safety. It encompasses the legal and ethical standards that govern the professional behavior of the Radiographer as well as the practice of safe and compassionate care to all individuals without bias or discrimination. This training includes all age ranges (neonates-geriatrics) and the care of the patient in any situation.

Pharmacology

12 Clock Hours

This course provides basic concepts of pharmacology, or drugs, used in radiology.

Radiation Biology

24 Clock Hours

Content provides an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues, and the body as a whole are presented. Factors affecting biological response are presented, including acute and chronic effects of radiation.

Radiation Characteristics and Production I-III

24 Clock Hours per unit

This physics course provides the learning an understanding of x-ray interactions and basics of radiographic equipment used to acquire a radiographic image. Also presented are the relevant mathematics, the nature and characteristic of radiation, and x-ray production, interaction and detection.

Radiographic Pathology

12 Clock Hours

Content of this course introduces concepts related to disease and etiological considerations with emphasis on radiographic appearance of disease and impact on exposure factor selection.

Radiographic Procedures I-VII

24 Clock Hours per unit

This course teaches the student topographic positioning landmarks, anatomy, physiology, terminology, and pathology of the region of the body that is being studied. Technical factor

choices, adjustments for habitus or patient condition due to trauma or pathology will be discussed at length. This is the didactic component of the procedures course.

Radiographic Procedures Practicum I-VI

36 Clock Hours per unit (24 Clock Hours for IV and VI)

This major course in the field of Radiography will provide the training necessary to perform standard imaging procedures and special studies on patients in the clinical setting. This course is paired with Radiographic Procedures to marry the knowledge gained in the classroom with the laboratory training in the classroom that this course provides.

Radiation Biology

24 Clock Hours

This course provides an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues and the body as a whole are presented. Factors affecting biological response are also presented, including acute and chronic effects of radiation.

Radiation Protection

24 Clock Hours

This course presents an overview of the principles of radiation protection, including the responsibilities of the radiographer for patients, personnel, and the public. Radiation health and safety requirements of federal and state regulatory agencies, accrediting agencies and health care organizations are incorporated.

Throwback Thursday Review

24 Clock Hours

This course is designed to provide the learner with an overall review of all courses presented in the first year.

Clinical Rotation Schedule

The clinical rotation schedule may be viewed in Medtrics.

Daily Schedule

The daily schedule for a student depends on if the student is on a day or PM rotation, or is scheduled for a full or half day. Full days consist of 8 active hours and ½ hour lunch break.

Day Rotation

The student will be scheduled from 0730 to 1600 during a full day. The student will be scheduled from 0730 to 1130 on a half day. If a student chooses to take the morning of a full day off, they will be required to attend 1200 to 1600.

PM Rotation

Students are rotated through a PM shift throughout the program. The student will be scheduled from 1200 to 2030 during a full day. The student will be scheduled from 1630 to 2030 on a half day. If classes are scheduled in the morning during his or her PM rotation, the student must arrive at the beginning of class and stay for 8 ½ hours to satisfy attendance requirements.

EXAMPLE

If class is scheduled at 1100, the student will be on site at 1100 and stay until 1930.

Weekly Schedule

Clinical and academic involvement for students must be limited to no more than 40 hours/week. Make-up time cannot be scheduled that would require more than 40 hours/week, unless such scheduled time is voluntary on the student's part.

Weekend Rotation

Students have rotations of three weekends beginning in their second year. The objective is to expose students to various shifts to gain clinical experience and confidence. Students are allowed to choose their weekend with the assistance of program faculty. The student will receive days off surrounding the weekend chosen to assure the student is not scheduled for more than 40 hours/week.

All switching of student schedules **must** be reported to the school officials and the student is responsible for documenting the change on the appropriate schedule after obtaining permission.

A Weekend Rotation handout contains more details. This handout will be distributed prior to the start of Semester 6.

Mammography

Marshfield Clinic School of Radiography strives for equitable treatment of students in both the academic and clinical curriculum. While students are given opportunities to shadow in numerous modalities of both Marshfield Clinic and Marshfield Medical Center (i.e. Radiation Therapy, Ultrasound, Interventional and Vascular Lab, Computed Tomography, Magnetic Resonance Imaging), the Mammography department is not one of these areas.

Due to the strict no-males policy of Marshfield Clinic's Mammography department, students will not be able to rotate through the Mammography department. In lieu of this rotation, academic curriculum pertaining to Mammography will be presented to the student body via lecture material and audiovisual modalities.

Section 4: Didactic/Clinical Skill Evaluation

Film Quality Assessment

Students must receive approval from clinical staff on the quality of his or her radiographs before the radiographs are sent to the Radiologist to be read. This **must** be done regardless of rotation (i.e. ER, portables, PM, days).

Under no circumstances will a student be allowed to pass a radiograph without consent of a qualified radiologic technologist (clinical staff).

Repeat Radiographic Examinations

If the student must retake a radiograph for any reason, an explanation and direct supervision/physical assistance by clinical staff is necessary.

Under no circumstances will a student be allowed to perform a repeat examination without the proper supervision of a clinical staff (direct supervision).

Competency Examinations

To ensure that all students maintain a working knowledge of the field of Radiography, the program administers a competency exam at the end of semesters 1-6. Each test will cover the material previously learned in all major areas of study.

The student **must** pass each competency examination with a minimum score of 75%. In the event a student does not pass, the student is placed on probation for 30 days. At the end of the 30-day period, the student will take a different but comparable test. The student **must** pass this repeat test with a minimum score of 75%. Failure to pass the repeat test will result in dismissal from the program.

A student failing a competency examination will be afforded remediation with program faculty to assist him or her in regaining sufficient knowledge of the material. Successful completion of the repeat test is mandatory to remain in the program. In the event that the student passes the repeat test but fails future competency examinations, remediation will not automatically be afforded to that student. Throughout the program, a student is not allowed to retake more than 2 competency examinations. The third failure will result in dismissal.

Grading Scale

All courses, with the exception of Radiographic Procedures Practicum I-VI and Clinical Education I-VII, are graded on a seven point grading scale:

93 to 100	A
85 to 92	B
77 to 84	C
69 to 76	D
< 69	F

The courses of Radiographic Procedures Practicum I-VI and Clinical Education I-VII are graded on the grading scale shown below:

4.5 to 5.0	A
3.5 to 4.4	B
3.0 to 3.4	C
Below 3.0	F

Academic Probation Policy

A grade of a C or above is required to remain in good standing in the program.

A student receiving a D in any one course will be placed on academic probation for a minimum of one semester. The student is required to raise his or her grade in that course to a C or better the following semester and receive a C or better in all other subsequent courses until the end of the program. Failure to raise the grade to a C or better or receiving a D in any other course throughout the program will result in dismissal.

A student receiving an F in any one course at the end of the semester will be immediately dismissed.

A student receiving a “fail” in a pass/fail course at the end of the semester will be immediately dismissed.

The “Non-Performing” Clinical Student

Progression in the clinical education portion of the program is an integral part of success for the student. This progress is determined by several factors: Radiographic Procedures Practicum competencies, patient competencies, semester student evaluations, and one-on-one monitoring by technologists and program faculty.

Students are expected to maintain a working knowledge base of **all** radiographic procedures within the realm of his or her learning. Since the program uses an academic model that continually builds the student’s knowledge base from what is considered the basic concepts of the profession to the most intricate, it is the student’s responsibility to learn, understand, and maintain previously learned material at all times. This type of learning requires that the student remain an active participant in patient radiographic examinations and academic coursework every day.

Students failing to maintain a sufficient knowledge base and execution of previously learned material will be subjected to counseling sessions with program faculty, remediation, and corrective action if necessary. Identification of students failing to meet the minimum criteria for clinical education is the responsibility of the program faculty.



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 15th of one year to January 14th 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
 - 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 μ Ci unless noted otherwise)	Radionuclide	Investigation Level* (calculated body burden in μ 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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POLICY

- 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.

4. ADDITIONAL RESOURCES

- 4.1. References:
- None
- 4.2. Supporting documents available:
- None

5. DOCUMENT HISTORY

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 – MMC Marshfield – Ambulatory Care – Radiology
- 1.2. MCHS – Clinic Ambulatory Care - Radiology

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. ALARA – As low as reasonably achievable
- 2.2. 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.
- 2.3. 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, it is the policy of the Marshfield Clinic to limit the radiation dose to the embryo/fetus of a declared pregnant woman to 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, so as to avoid a monthly exposure of more than 0.05 rem (50 mrem) to the declared pregnant woman.
- 3.3. It is the policy of the Marshfield Clinic to 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 at the Marshfield Clinic and associated facilities. 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 fundamental 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.
- It is the policy of the Marshfield Clinic 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 that 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 of the Marshfield Clinic and associated facilities.
- The Marshfield Clinic assumes no responsibility for providing specific fetal radiation dose precautions until a radiation worker openly requests or declares her pregnancy status (in writing) to the Radiation Safety Office.

3.8. Work Assignments for Pregnant Workers

- a. In order to ensure that 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 that 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 under this policy 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 are distributed to declared pregnant women.

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 attached declaration of pregnancy form; separate form available on DCS

LIVE

POLICY



Radiation Safety Office

Marshfield Clinic

TO: Shari Mask, Health Physicist
Radiation Safety Office
Marshfield Clinic – Marshfield Center
Routing: GD2
715-221-5769

.....

In accordance with the State of Wisconsin Department of Health Services (DHS) Administrative Code at DHS 157.22(8), I am **voluntarily** declaring, in writing, that I am pregnant. I believe I became pregnant on _____, *(only the month and year need to be provided)*.

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 500 millirem (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy. If an adjustment of my working conditions is necessary, my manager will not be notified prior to my written approval.

I understand that, at any time, I may terminate the above restrictions voluntarily by withdrawing my declaration of pregnancy in writing to the Radiation Safety Office. My withdrawal will be considered confidential and private.

If I find out that I am not pregnant, or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy had ended.

No sooner than 9 months after your estimated date of conception, you will be automatically withdrawn from the declared pregnant radiation worker program if a written withdrawal has not been received by the Radiation Safety Office.

Name (please print)

Signature

Date

POLICY

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.

6. DOCUMENT PROPERTIES

Primary Author: Kessler, Christopher L

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Santilli, Gene
V on: 7/2/2018 10:38:03 AM



Parking Marshfield Clinic Facilities Policy

1. SCOPE

- 1.1. Marshfield Clinic: City of Marshfield

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Staff - Physicians, employees, residents, students, volunteers and other workers

3. POLICY BODY

This policy provides parking expectations and direction for all Marshfield Clinic facilities in Marshfield, WI.

3.1. Parking Expectations

- a. Patients and visitors must always be given first priority for parking spaces closest to the facility.
- b. Clinic parking facilities are to be utilized as designated.
 - Staff must notify security when parking in an unauthorized location for valid reasons.
 - Park motorcycles/moped in designated areas only.
 - Do not park in bicycle racks or on sidewalks adjacent to buildings.
- c. Staff with clinic appointments must park in staff parking areas unless off from work for the entire day.
- d. Staff found in violation of the parking policy are subject to disciplinary action.
 - Security maintains a record of issued tickets
- e. Marshfield Clinic is not responsible for theft or damage to any vehicle parked on the premises.

3.2. Parking Lots

- a. Lot A (located directly in front of Clinic)
 - Is designated for patients and visitors.
 - Staff may park in this lot after 4pm and on weekends and holidays; except for the handicap stalls.
 - Staff vehicles must be removed before 7:30am on business days.

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- b. Lot B (located north of Clinic across Kalsched Street)
 - Is designated for patients and visitors, with the exception of the staff parking area.
 - Staff may park in this lot after 4 pm and on weekends and holidays.
 - Staff vehicles must be removed before 7:30am on business days.
 - Staff may park in designated staff parking areas - directional signs are posted.
 - Limited staff permit parking for health reasons is permitted in the patient and visitor section.
 - Contact Security to arrange.
- c. Lot C (located northeast of Clinic across Oak Avenue)
 - Is designated for patients, visitors and staff.
 - Park motorcycles and mopeds on the concrete area designated by signs.
- d. Lot D (located southeast of Clinic across Oak Avenue)
 - Is designated for staff.
 - Park motorcycles and mopeds on the concrete area designated by signs.
- e. Lot E (located west of the hospital across St. Joseph's Avenue)
 - Is designated for physicians and designated staff.
 - A parking card, obtained from Human Resources is required to enter lot.
- f. Lot F (located west of Lot E)
 - Is designated for staff.
 - A parking card, obtained from Human Resources is required to enter sections of the lot.
- g. Lot L (located south of Lewis Building)
 - Is designated for patients and visitors.
 - Staff may park in this lot after 4pm and on weekends and holidays; except for the handicap stalls.
 - Staff vehicles must be removed before 7:30am on business days.
- h. Lot M (located north of Laird Building)
 - Is designated for physicians, staff and lab vehicles.
- i. East Wing (located northeast of East Wing Building)
 - Is designated for patients and visitors, with the exception of the staff parking area.
 - Staff may park in this lot after 4 pm and on weekends and holidays.
 - Staff vehicles must be removed before 7:30am on business days.
 - Staff may park in designated staff parking areas - directional signs are posted.

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- j. East Wing (West Lot) - (located north of East Wing building)
 - Is designated for physicians and designated staff.
 - An access control identification card, obtained from Director of Building Services is required to enter lot.
- k. SHP (located around the Security Health Plan Building)
 - Is designated for customers, visitor, SHP staff and overflow for FHC staff.
 - Directional signs are posted.
- l. FIG (located around the Fig Avenue Building and across Fig Avenue)
 - Is designated for customer, visitors and Fig staff.
 - Directional signs are posted.
- m. WWP (located around the Wildwood Plaza Building)
 - Is designated for visitors and WWP staff.
- n. ORB (located east of the Old Research Building)
 - Is designated for ORB visitors.
- o. HUME (located around the Hume Street Building)
 - Is designated for visitors and Hume Building staff.
- p. Marshfield Dental Center (located to the west of the Marshfield Dental Center)
 - Is designated for patients, visitors and Marshfield Dental staff and FHC staff.
 - Directional signs are posted.
- q. Service Drive (Located to the south of the main building)
 - Is for designated vehicles.

3.3. Ministry Saint Joseph Hospital parking policy is enforceable for clinic Staff on hospital property/parking lots.

3.4. Directional signs are posted.

4. ADDITIONAL RESOURCES

- 4.1. References:
 - none
- 4.2. Supporting documents available:
 - [Manager notification form](#)
 - [Marshfield Center parking map](#)

5. DOCUMENT HISTORY

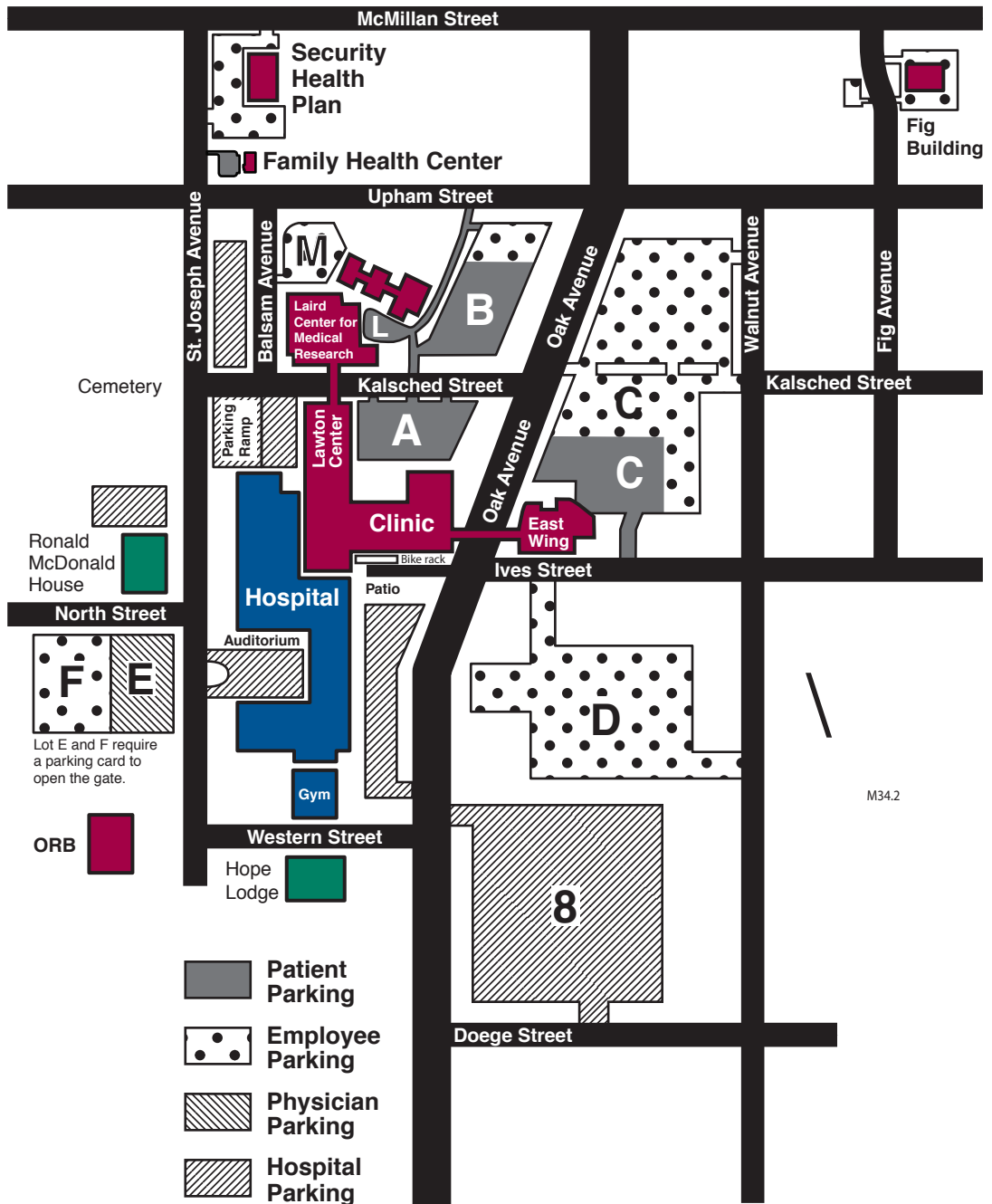
Version No.	Revision Description
1.0	New Document Formally Document 1535 in Policy and Handbook Library

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POLICY

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POLICY





Drug Free Workplace

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and Marshfield Medical Center.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Under the Influence: Physical or observable signs that a substance of abuse or controlled substances is being used or any substance (prescribed or over-the-counter) is adversely affecting performance
- 2.2. Controlled Substance: Any substance deemed by the Controlled Substance Board to have potential for abuse and that may or may not have potential for physical or psychological dependence. Controlled substances include medications in five different classes: narcotics, depressants, stimulants, hallucinogenic, and anabolic steroids.

3. POLICY BODY

To provide a drug-free workplace that is safe for patients, employees and visitors in compliance with the federal Drug Free Workplace Act and any other applicable laws.

This policy is intended to be applied in conjunction with the System's Substance Abuse Policy. This Policy and the Substance Abuse Policy apply to all Physicians, staff and contractors.

- 3.1. The System will maintain a drug-free workplace in compliance with federal Drug Free Workplace Act.
- 3.2. All Physicians and staff are notified that unlawfully manufacturing, distributing, dispensing, possessing, using or being under the influence of a controlled substance is prohibited in the workplace. Those violating this prohibition shall be subject to discipline including, fines, suspensions, debarment and/or termination of employment consistent with the System's Substance Abuse Policy and may be reported to appropriate law enforcement authorities.
- 3.3. Through its Division of Education, Human Resources Department, Employee Assistance Program, and Employee Health and Safety Department, the System will

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establish a drug-free awareness program to inform physicians and staff of the dangers of drug abuse in the workplace, the System's policy of maintaining a drug free workplace, the availability of drug counseling, rehabilitation, or employee assistance programs, and the penalties that may be imposed for drug abuse violations.

The Drug Free Awareness Program should include:

- a. Information regarding the dangers of workplace drug abuse.
 - b. The System Policy Statement on maintaining a drug free workplace and its Substance Abuse Policy.
 - c. Information regarding support services available.
 - d. Penalties that may be imposed for drug abuse violations.
 - e. Requirements under the federal Drug-Free Workplace Act.
 - f. Any other relevant information or materials.
- 3.4. All System physicians and staff will be provided with a Drug Free Workplace Policy Statement at their time of hire which they will be required to sign as a condition of employment.
 - 3.5. All physicians and staff must abide by the terms of paragraph 3.2 of this policy.
 - 3.6. All physicians and staff must notify the Chief Human Resources Officer or General Counsel of any criminal drug conviction for a violation occurring in the workplace. Such notification must be made within five (5) days of the conviction.
 - 3.7. The Chief Human Resources Officer or General Counsel will promptly notify the Executive Director of Marshfield Clinic Research Foundation (MCRF) of any such reported convictions.
 - 3.8. The Executive Director of the MCRF or his or her designee shall notify all appropriate federal contracting or granting agencies of any such conviction within 10 days of the physician or staff person provided notice to the System.
 - 3.9. Physicians or staff convicted of a crime related to a controlled substance will be subject to sanctions and/or discipline consistent with the System's Substance Abuse Policy up to and including termination of employment. The System may also require participation in an appropriate drug abuse assistance or rehabilitation program at its discretion. Any such disciplinary action or rehabilitation will be commenced within thirty (30) days of notification of such conviction.
 - 3.10. All contracted employees on System premises will be subject to this Policy. Any such individual found in violation of this Policy will be subject to action including, but not limited to, removal from System premises.
 - 3.11. At all times the System will make a good faith effort to maintain a drug free workplace in compliance with the Drug Free Workplace Act.

4. ADDITIONAL RESOURCES

- 4.1. References:
 - [Substance Abuse Policy](#)

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- [Drug Free Workplace Policy Statement](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document – Formerly policy #171.0 11/13/15 - Revised to update references to Marshfield Clinic Health System, Inc.
2.0	7/31/17 – Updated Scope
3.0	10/16/17 – Updated Scope

6. DOCUMENT PROPERTIES

Primary Author: Pritzl, Paula M

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Mitchell, Kathy (Human Resources) on: 11/28/2017 6:04:05 PM

POLICY

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Substance Abuse

1. SCOPE

System-wide, including Marshfield Clinic Health System Health System, Inc. and its affiliated organizations who adopt this policy including Marshfield Clinic Health System, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic Health System locations, Lakeview Medical Center and Marshfield Clinic Health System Regional Medical Center; however, excluding MCIS, Inc. and Marshfield Food Safety, LLC.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. **Controlled Substances:** refers to any substance that is controlled by law or regulation.
- 2.2. **Employee:** applies to all individuals actively employed with the Marshfield Clinic Health System, including the medical staff and doctoral level providers.
- 2.3. **Reasonable belief:** refers to having observed behavior or signs that would lead to the reasonable belief that an employee may be under the influence of a chemical substance. Reasonable belief also includes, but is not limited to instances where there is evidence of inappropriate drug/alcohol use, possession, selling, drug paraphernalia, missing drugs or evidence of tampering with medications or narcotics within a shift, department or facility. Determination of what constitutes reasonable belief will be at the sole discretion of Marshfield Clinic Health System.
- 2.4. **Substance of abuse:** refers to all substances, illegal or legal, that may cause impairment to the employee.

3. POLICY BODY

Marshfield Clinic Health System is committed to providing high quality healthcare and protecting the safety, health and well-being of all patients, and health care workers. It is recognized that alcohol and drug abuse and abuse of over the counter medication or prescription medication pose a significant threat to Marshfield Clinic Health System's mission and objectives. The Substance Abuse Policy is incorporated into an overall [Drug-Free Workplace Policy](#). Together they are intended to establish a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment for the protection of our patients, health care workers, and comply with applicable laws.

- 3.1. Qualifications for Employment and Prohibited Conduct.
 - A. It is considered prohibited conduct for any employee to consume alcohol while on duty or to illegally use medications or substances of abuse at any time. Possession of drug paraphernalia is also prohibited while on Marshfield Clinic Health System property. As appropriate, notify law enforcement.

B. Employees are prohibited from performing job duties while under the influence of substances of abuse, while having a blood alcohol concentration of 0.04 g/100 mL (0.04%) or greater (or equivalent concentration in other body fluid), or while impaired by over the counter or prescription medication.

C. Marshfield Clinic Health System prohibits the use, sale, possession, or distribution of alcohol or controlled substances by its employees while on Clinic premises (excluding 3.1. D. below). Off-duty alcohol or drug-related activities, which impair an employee's attendance, efficiency or quality of work, are also prohibited.

D. The use of alcohol during Clinic sanctioned functions on Clinic premises by employees not in a work role will be allowed with the approval of the Marshfield Clinic Health System Chief Operating Officer or the Marshfield Clinic Health System Executive Director. The responsible use of alcohol off Clinic premises is allowed as a part of business meals and business entertainment.

E. Any employee who fails or refuses to submit to, or tests positive to, any drug or alcohol test required under this Policy will be considered in violation of this Policy and may be subject to discipline up to and including discharge.

3.2. Required Testing

A. Pre-employment

Any applicant to whom Marshfield Clinic Health System has made a conditional offer of employment will be required to undergo substance of abuse testing.

The applicant will normally be scheduled for a specimen collection at a collection site within 3 days of acceptance of an offer of employment. Exceptions are at the Director's discretion. For physicians, such information will be communicated to the Chief Medical Officer and the continuation of the offer for employment will be at the Chief Medical Officer's discretion.

B. Reasonable belief

Marshfield Clinic Health System will require a drug and alcohol test be performed on an employee when Marshfield Clinic Health System has a reasonable belief that the employee may be using a substance of abuse, is under the influence of alcohol or is abusing over-the-counter or prescription medication in violation of this Policy.

Marshfield Clinic Health System reserves the right to conduct reasonable belief testing of all employees within a shift, department or facility, including but not limited to situations where there is evidence of inappropriate drug/alcohol use, possession, selling, drug paraphernalia, missing drugs or evidence of tampering with medications or narcotics.

C. Post-accident

Marshfield Clinic Health System reserves the right to require a drug and/or alcohol test for any employee involved in a work related accident or injury.

An accident shall be defined as:

- Whenever an employee is involved in a work-related incident which results in damage to Clinic property, a third party's property or injury to other individuals.

- Whenever an employee is injured while at work resulting in either lost time or a referral for medical treatment.

The employee involved in any one of the above shall notify the Clinic within 8 hours after the accident. Employees required to take a post-accident alcohol test may not use any alcohol until the test is completed, or until eight hours after an accident.

3.3. Substances Tested (For other than Random Testing)

A. Controlled Substance

Substance of abuse tests required by Marshfield Clinic Health System will analyze an individual's urine, blood, breath, saliva, hair, or other body fluid/substance (at the discretion of the Clinic.) Marshfield Clinic Health System reserves the right to test for the presence of, among other things, any and/or all "controlled substances" as defined by state and/or federal laws or which it believes are appropriate.

B. Alcohol Testing

All substance of abuse tests, when conducted on a "reasonable belief" basis will include an alcohol test.

The method of alcohol testing will be determined according to the test available at the employee's job site or provided by the emergency room of the local Hospital if no testing is available at the job site.

C. Prescribed and Over-the Counter Medication

Substance of abuse testing includes prescription medications and may also detect over-the counter medications. Employees testing positive for prescribed or over-the counter medications will be allowed to discuss the reason for the positive test with the Medical Review Officer (see Medical Review Officer Section).

3.4. Documentation of Reasonable Belief

A. If possible, circumstances relating to reasonable belief testing should be witnessed by at least two (2) managers or Clinic officials. Complaints from employees or patients that are confirmed by a manager to meet the requirements for reasonable belief testing will also be accepted as adequate to initiate testing. The manager or Clinic official will be required to complete a "Report of Reasonable Belief," Appendix B.

B. The employee will be required to sign a consent form. See Appendix C. Any employee who refuses to sign the consent form or to provide urine, breath, blood samples or other requested sample will be subject to appropriate disciplinary measures up to and including discharge.

3.5. Specimen Collection Procedures for Reasonable Belief Testing

A. Any person required to undergo a drug and/or alcohol test based upon Reasonable Belief will be required to provide a urine, breath, blood, hair or other body substance sample at a designated collection site.

B. In the case of Reasonable Belief Testing, after appropriate samples are provided, arrangements will be made with a spouse, family member, other individual, or taxicab, if applicable to take the employee home. Cost of the taxi will be at the employee's expense. The employee will be reimbursed for the cost of the taxi cab if the results of his/her sample tests are negative. If the employee refuses and

attempts to operate his/her own vehicle, the Clinic will take appropriate efforts to discourage him/her from doing so, up to and including contacting local law enforcement.

C. Pending the Clinic's receipt of the results of the employee's Reasonable Belief drug/alcohol test, the employee will be suspended from work without pay. If the test results are negative, the employee will be reinstated with no loss of longevity or pay.

3.6. Role of Employee Health and Employee Assistance

A. Managers that have an employee meeting reasonable belief criteria should contact the Employee Health and Safety nurse at their center or the Manager of Employee Health and Safety at Marshfield Clinic Health System to assist in setting up the required testing.

B. An Employee Assistance Program Counselor may also be contacted to assist the manager with issues related to talking to the employee about the reasonable belief for testing, and follow-up after the test is done. The Reasonable Belief Flow Sheet (appendix D) can be used to assist the manager in the steps to take when doing Reasonable Belief testing.

3.7. Laboratory Testing/Results

A. Laboratory

All specimens to be tested for the presence of controlled substances will be analyzed by a forensic drug testing laboratory certified by the National Laboratory Certification Program (NLCP) under the authority of the Substance Abuse & Mental Health Services Administration (SAMHSA) of the U. S. Department of Health and Human Services (DHHS).

B. Information collected as a result of this policy will not be a part of Marshfield Clinic Health System medical record.

3.8. Medical Review Officer/MRO Verification/MRO Reports

A. MEDICAL REVIEW OFFICER (MRO)

The MRO is a physician who is independent of the Marshfield Clinic Health System. The MRO is hired to review all non-negative drug screen results and report their final determination to the Clinic.

B. MRO VERIFICATION

For non-negative results the MRO conducts a medical interview with the individual over the telephone, and gives the individual the opportunity to discuss the laboratory result. Failure to cooperate with the MRO investigation may lead to discipline up to and including termination.

3.9. Positive Test Results

A. Drug Screening

The MRO will determine whether the test result is determined to be positive, adulterated or substituted. Any employee who has a verified positive, adulterated, or substituted test in any reasonable belief, post-accident, test or a random screening test required under this policy may be provided the opportunity to undergo an approved drug/alcohol assessment by a certified drug and alcohol

counselor, and to participate in rehabilitation treatment recommended by such counselor. These services will be at the employee's expense, unless coverage for the same is provided by any otherwise applicable health insurance plan.

B. Alcohol

A Blood/breath alcohol concentration of 0.04g/100ml or higher are considered a positive result.

Any employee who has a verified positive, adulterated, or substituted test in any reasonable belief, post-accident, or random screening test required under this policy may be provided the opportunity to undergo an approved drug/alcohol assessment by a certified drug and alcohol counselor, and to participate in rehabilitation treatment recommended by such counselor. These services will be at the employee's expense, unless coverage for the same is provided by any otherwise applicable health insurance plan.

3.10. Compliance with Program Requirements

Employees with a positive substance of abuse test (excluding pre-employment) that are allowed to seek rehabilitation or counseling are required to comply with any and all requirements of the treatment program or recommendations of a certified drug and alcohol counselor. Failure to comply with a treatment program or the recommendations of a certified drug and alcohol counselor will be considered as a violation of this policy and may result in disciplinary action up to and including discharge.

3.11. Employer Information

Employees seeking rehabilitation as a result of a positive substance of abuse test will provide written authorization to Marshfield Clinic Health System granting Marshfield Clinic Health System the ability to be informed of any treatment programs, follow-up substance of abuse tests or other requirements of a rehabilitation program. Failure to provide authorization will be interpreted as a violation of this policy and may result in disciplinary action up to and including discharge.

3.12. Return to Work and Follow up Screening

A. Upon successful completion of a required rehabilitation program, or compliance with an authorization to return to work from a certified drug and alcohol counselor, the employee may be reinstated to employment as if returning to work from a medical leave of absence - if he/she is qualified to return to work consistent with applicable Clinic rules and regulations. Before returning to work, the employee will be required to undergo an additional drug and/or alcohol test. If the results are negative, the employee will be returned to work, if work is available and consistent with any applicable law. If the return to work drug or alcohol test results is verified positive or adulterated, the employee will be subject to disciplinary action up to and including discharge.

B. Any employee who has passed a return to work drug or alcohol test after having successfully completed a treatment program, may be required to submit to additional random drug and/or alcohol tests at any time within 12 months from the date the employee returns to work. If any such random test results are verified positive, adulterated or substituted, the employee will be subject to disciplinary action up to and including discharge.

C. Any credible notification by the Clinic that the employee has resumed abusing alcohol, illegal substances, or medications may result in additional random substance-of-abuse testing.

D. If at any time during his or her employment the employee subsequently has a verified positive, adulterated, or substituted test, the Clinic may conclude that the employee has made himself or herself unfit for continued employment, resulting in disciplinary action up to and including discharge.

3.13. Consequences

Unless otherwise prescribed by applicable law, the following consequences will result in the event of a positive MRO Report under any of the following circumstances:

A. Pre-Employment

Any prospective employee who has been given an offer of employment and has a verified positive, adulterated, or substituted test, or refuses to be tested as part of the employment process will be considered disqualified for employment for a period of twelve months.

B. Reasonable Belief

Any employee who has a verified positive, adulterated, or substituted test as a result of a reasonable belief drug and/or alcohol test and does not consent to rehabilitation as outlined in this policy, if allowed, will be subject to disciplinary action up to and including discharge.

Employees testing positive to a reasonable belief test that have violated other Clinic policies or any State or Federal law will be subject to disciplinary action up to and including discharge regardless of their agreement to attend rehabilitation.

C. Post-Accident

Any employee who has a verified positive, adulterated, or substituted test as a result of a drug or alcohol test taken after an accident and does not consent to rehabilitation as outlined in this policy, if allowed, will be subject to disciplinary action up to and including discharge.

Employees testing positive to a post-accident test that have violated other Clinic policies or any State or Federal law will be subject to disciplinary action up to and including discharge regardless of their agreement to attend rehabilitation.

D. Random Screening

Any employee who has a verified positive, adulterated, or substituted test as a result of a random drug test and does not consent to rehabilitation as outlined in this policy, if allowed, will be subject to disciplinary action up to and including discharge.

Employees testing positive to a random screening test that have violated other Clinic policies or any State or Federal law will be subject to disciplinary action up to and including discharge regardless of their agreement to attend rehabilitation.

E. Adulterated Specimen

Any employee that is found to have adulterated, or attempted to adulterate any specimen collected for substance of abuse testing will be subject to disciplinary action up to and including discharge.

Applicants that have contingent offers of employment that are found to have adulterated, or attempted to adulterated any specimen collected for substance of abuse testing will be disqualified from employment with Marshfield Clinic Health System.

F. Refusal to Test

Any employee or applicant, who refuses drug or alcohol testing, refuses to sign the Release and Consent form or other authorization forms or fails to properly cooperate with collection site personnel, will be subject to discipline, up to and including discharge or non-hire.

G. Failure to Report Drug Conviction

Failure to report a drug related conviction consistent with the [Drug Free Workplace policy](#) will result in discipline up to and including discharge.

3.14. Benefits

Marshfield Clinic Health System reserves the right to change, modify or eliminate programs, benefits, training, education and assistance at its discretion without prior warning.

If employment continues, employees off work due to treatment for substance abuse may be able to use any earned paid leave benefits that they have consistent with the [Paid Leave Policy](#). Time off work will be counted towards any applicable State and Federal Family and Medical Leave.

All required leave of absence forms must be submitted by the employee for time off work due to substance abuse issues.

3.15. CONFIDENTIALITY

A. Information regarding an individual's drug and/or alcohol test results or rehabilitation will be maintained in the Employee Health and Safety department at Marshfield.

B. The Marshfield Clinic Health System will not release employee information outside of its organization without first obtaining written authorization and consent from the tested individual unless compelled or permitted to do so by court order or applicable law.

4. ADDITIONAL RESOURCES

4.1. References:

- [Drug Free Workplace policy](#)
- [Paid Leave Policy](#)
- [Reasonable Belief Testing Flow Chart](#)

- 4.2. Supporting documents available:
- [Appendix B - Supervisors Report of Reasonable Belief](#)
 - [Appendix C-Consent Form](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	2016-11-04: added Scope language. 2015-12-21: Fixed Drug Free Workplace Policy link. 2015-07-28: Fixed Reasonable Belief Testing Flow Chart link. 2015-05-13: Policy was updated. 2014-09-29: Removal of Random Drug Screens.
2.0	2007-01-02: Pursuit to policy, paragraph 4.2.D.1 was amended to add additional areas that use drugs/narcotics including dental, pediatric sedation and recovery care. Paragraph 4.2.D.2 was amended by Executive Committee to cover all drugs/narcotics utilized in a clinical or hospital setting by Marshfield Clinic Health System physicians and staff. Executive Committee also directed the removal of the listing of drugs to be tested for from the policy itself.
3.0	

6. DOCUMENT PROPERTIES

Primary Author: Cisler, Carla K

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Pfaff, Marion

P on: 11/15/2016 3:17:36 PM

Live

POLICY



Funeral Leave

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and Marshfield Medical Center.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. None

3. POLICY BODY

This policy applies to benefited status employees. It includes eligibility requirements, benefits, limitations and documentation procedures for funeral leave.

The Clinic understands the hardships that face employees in the event of a death in an employee's family. This policy offers eligible employee's time off for funeral related preparation and to attend the funeral of family members, as defined below, without loss of pay.

- 3.1. In the case of necessary absence due to death in the immediate family, as defined below, the Clinic will pay for one, two or up to three scheduled work days of leave for pre-funeral, funeral and post funeral activities related to the death of a:
 - a. Brother/step brother/half-brother
 - b. Sister/step sister/half-sister
 - c. Parent/step parent
 - d. Guardian
 - e. Child/step child/foster child (must have foster placement at the time of death)
 - f. Ward (must have legal guardianship at the time of death)
 - g. Spouse
 - h. Mother-in-law/excludes step

- i. Father-in-law/excludes step
 - j. Daughter-in-law/excludes step
 - k. Son-in-law/excludes step
- 3.2. Up to one scheduled work day of pay for the necessary absence to attend the pre-funeral, funeral and post funeral activities related to the death of a:
- a. Grandparent (excludes great, step and in-law)
 - b. Grandchild (excludes great, step and in-law)
 - c. Aunt (excludes great aunt and the aunt of one's spouse)
 - d. Uncle (excludes great uncle and the uncle of one's spouse)
 - e. Niece; daughter of one's sister/brother (excludes great niece, the niece of one's spouse, and the wife of one's nephew)
 - f. Nephew; son of one's sister/brother (excludes great nephew, the nephew of one's spouse, and the husband of one's niece)
 - g. Brother-in-law; brother of one's spouse or the husband of one's sister or sister-in-law
 - h. Sister-in-law; sister of one's spouse or the wife of one's brother or brother-in-law
 - i. Foster Child (previously had foster placement but not at time of death)
 - j. Ward (previously had legal ward but not at time of death)
- 3.3. Funeral leave does not include relatives where the legal relationship no longer exists due to either death or divorce.
- 3.4. Funeral leave is at the employee's current basic salary rate. For purpose of over-time computation, paid time-off for funeral leave is not considered time worked.
- 3.5. If the employee is eligible for funeral leave during a scheduled vacation period, that time will not be charged to vacation.
- 3.6. No funeral leave or substitute paid day off is granted if a funeral is on a nonscheduled work day such as a weekend or a holiday.
- 3.7. Funeral leave "Activities" referenced herein includes necessary travel time to and from the funeral location. Funeral leave can be taken in partial days, but not spread out over more than three work days.
- 3.8. Production based pay providers will not receive any RVU or production credit for time off from work for funeral leave.
- 3.9. Permission and Documentation
- a. The employee who requires a leave should notify the immediate manager as soon as possible and request the leave in writing. The employee needs to complete a [funeral leave request form](#) and give it to their manager.
 - b. The immediate manager is responsible for approving the funeral leave request consistent with this policy and sending the form to Payroll. The Payroll department enters all funeral leave.

4. ADDITIONAL RESOURCES

4.1. References:

- [Funeral Leave Request Form](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document – Formerly policy #183 7/25/13: Removed the statement that funeral leave must be taken within seven days of the date of death. Also added definition of an in-law for aunt, uncle, niece and nephew.
2.0	Section 3.2: clarified the definitions of aunt, uncle, niece, nephew, brother-in-law and sister-in-law.
3.0	7/31/17 – Updated Scope

6. DOCUMENT PROPERTIES

Primary Author: Christianson, Steven L

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Mitchell, Kathy (Human Resources) on: 8/11/2017 3:17:32 PM



Jury Duty/Court Appearance

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and Marshfield Medical Center.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. WFC: Workforce Central (timekeeper)

3. POLICY BODY

Employees who are summoned for jury duty or to court to participate in a hearing or trial related to Clinic business will be compensated for their time as provided herein.

- 3.1. Employees summoned for jury duty will be allowed time off at full pay for hours served up to the length of their budgeted/scheduled work day, less remuneration received while on jury duty for a period not to exceed ten (10) scheduled workdays in any one fiscal year. If summoned to a jury duty assignment that extends beyond twelve (12) months, employees may combine the ten (10) scheduled workdays per fiscal year to a total of twenty (20) scheduled workdays. Any additional time must be taken as paid leave for salaried employees and either paid time off or unpaid leave for hourly employees.
- 3.2. Employees should inform their managers as soon as they are notified of their summons. A copy of their summons should be obtained and routed to Payroll (GC1).
- 3.3. When the employee receives payment from the county, state or federal court they should present a copy of their pay stub from the county to Payroll so that the necessary payroll adjustment can be made on the next paycheck. The employee should record "JUR" (587 on the phone pad) on the days they are absent from work for Jury Duty OR enter on WFC as "JUR" and the amount of time to be paid.
- 3.4. When an employee is called to jury duty but released early the employee has the obligation to return to work for the remainder of his/her shift. Jury duty is not included as time worked for purposes of computing overtime.
- 3.5. Hourly paid employees who are summoned to court to participate in a hearing or trial on behalf of the Clinic will receive full pay for the hours involved, as well as travel reimbursement as outlined under [Business Travel Reimbursement policy](#).

Salaried employees receive their normal salary plus travel reimbursement. The employee should record "BUS" (287 on the phone pad) OR enter on WFC as "BUS" and the amount of time to be paid.

- 3.6. Any remuneration, such as a witness fee, received by an employee from either the Court or an attorney should be turned into the Charge Processing department at the Clinic.
- 3.7. Employees who have been subpoenaed to testify in an action or proceeding pertaining to a crime or juvenile proceeding (not related to Clinic business) must give their manager notice within one business day of receipt of the subpoena and must use available paid time off.
- 3.8. Employees who require time away to participate in a hearing or trial for their own personal business or non-Clinic related business must use their available paid time off and time away is subject to their managers' prior approval.

4. ADDITIONAL RESOURCES

- 4.1. References:
 - [Business Travel Reimbursement Policy](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document – Formerly policy #192.2 4/30/14 – Change made to add a new section 3.7 regarding subpoenaed testimony for certain non-clinic related activities. The former section 3.7 was renumbered to section 3.8.
2.0	Changed "paid leave" to "paid time off" to remain consistent with current language in Section 3.1, 3.7 & 3.8. Section 3.5 clarified salaried staff are eligible for their normal pay plus travel reimbursement. Updated "Charge Control" to "Charge Processing" to remain consistent with the current department name
3.0	7/31/17 – Updated Scope

6. DOCUMENT PROPERTIES

Primary Author: Christianson, Steven L

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Mitchell, Kathy (Human Resources) on: 11/28/2017 5:59:39 PM



Harassment in the Workplace

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and Marshfield Medical Center.

2. DEFINITIONS & EXPLANATIONS OF TERMS

3. POLICY BODY

To define The System's position regarding harassment in the workplace, to maintain a working environment that is free of sexual harassment in accordance with Title VII of the Civil Rights Act of 1964, and to communicate The System's process and response to any such conduct.

3.1. General

- a. It is the policy of The System that harassment of employees, applicants, patients, customers, vendors or other third parties on the basis of race, sex, sexual orientation, gender identity, color, pregnancy or childbirth, disability, or association with a person with a disability, national origin or ancestry, religion, creed, age (40 years of age or older), marital status, citizenship or authorized alien status, disabled veteran status, National Guard status, Vietnam veteran status, military participation, arrest record, conviction record, genetic information or testing, use of a lawful product (all as defined and protected by applicable laws), and any other classifications prohibited by law is unacceptable and will not be tolerated.

This policy applies to all employees and physicians. It covers harassment by employees of The System (including management, administration and physicians), patients, customers, vendors, or other third parties with whom The System has business dealings.

3.2. Sexual Harassment

- a. Sexual harassment has been defined generally as including unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, whenever:
 - submission to the conduct is either an explicit or implicit term or condition of employment;

- an employee's reaction to the conduct, whether submission to or rejection of, is used as a basis for employment decisions affecting that employee; or
 - the conduct has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile or offensive working environment.
- b. No employee, applicant, patient, customer, vendor or other third party should be subjected to unsolicited and unwelcome sexual overtures. Nor should any employee or applicant be led to believe that an employment opportunity or benefit will in any way depend upon "cooperation" of a sexual nature.
- c. Sexual harassment is not limited to demands for sexual favors. It also may include, but is not limited to, such actions as:
- sexually-oriented verbal "kidding," teasing," or jokes;
 - repeated offensive sexual flirtations, advances, or propositions;
 - continued or repeated verbal abuse of a sexual nature;
 - graphic or degrading comments about an individual or his or her appearance;
 - the display of sexually suggestive objects or pictures;
 - subtle pressure for sexual activity; and
 - physical contact or blocking movement.
- d. Sexual harassment does not refer to occasional compliments of a socially acceptable nature or consensual personal and social relationships without a discriminatory employment effect. It refers to behavior which is not welcome and which is personally intimidating, hostile or offensive.

3.3. Other Prohibited Forms of Harassment

- a. Other prohibited forms of harassment include jokes, verbal abuse and epithets, degrading comments, the display of objects and pictures and other offensive conduct relating to an individual's race, religion, color, national origin, ancestry, genetic information, medical condition, disability, marital status or age, and any other protected class under state, federal or local law, all as defined and protected by applicable law.

3.4. Manager's Responsibility

- a. Each manager is expected to communicate The System's basic policy on harassment in the workplace including sexual harassment to each subordinate employee. Employees should be encouraged to report violations of this policy to their manager or to the Human Resources Department. When an alleged violation of this policy comes to the manager's attention, the manager should inform the Human Resources Department immediately and assist in addressing the situation.

Each manager is required to ensure that the work environment does not support or encourage harassment in the workplace.

4. PROCEDURE BODY

4.1. Reporting

- a. An employee who feels that he or she has been the subject of harassment (or who has reason to believe that someone else has been the subject of harassment) has the obligation to notify the Human Resources Department, his or her manager or the Corporate Compliance Officer immediately. If the employee's manager is involved in the incident, the report should be made to Human Resources Department (Director of Employee Relations, Employment Manager or any Human Resources Manager) or the Corporate Compliance Officer.

4.2. Investigation

- a. The reporting employee is expected to provide information that The System requests, including a detailed account of the incidents complained of, witnesses (if any), dates, and other information considered relevant by The System. A prompt investigation of the matter will be made by the manager and/or the Human Resources Department. The manager will not investigate the alleged incident if personally involved. All employees - whether complainant, witness or accused - are required to be truthful, accurate, and cooperative during The System's investigations. No one should be presumed to be in violation because an investigation is being conducted. The System will make its findings at the conclusion of the investigation.

4.3. Penalty

- a. Anyone who is found to have engaged in prohibited harassment will be subject to discipline up to and including termination of employment, depending on the circumstances and at The System's sole discretion. See Corrective Action Policy for Staff or the Corrective Action Policy for Physicians.

4.4. Problem Resolution

- a. Employees who believe that they have been unjustly charged with harassment under this policy may defend themselves orally and/or in writing at any stage of the proceedings. They may also utilize the established procedures of the Problem Resolution Policy.

4.5. Retaliation

- a. It is the policy of The System that no one will be retaliated against for making a complaint of harassment based upon an honest perception of the events or for cooperating in good faith in the investigation of a complaint. If an employee believes he or she is being retaliated against for reporting a concern or participating in a related investigation, he or she should report it to their manager or the Human Resources department immediately.

4.6. Education

- a. The System makes education about harassment a regular part of its orientation and management training programs. In addition, special programs for first-time violators are offered as part of the counseling procedures under the Corrective Action Policy for Staff or the Corrective Action Policy for Physicians.

5. ADDITIONAL RESOURCES

5.1. References:

- [Corrective Action Policy for Staff](#)
- [Corrective Action Policy for Physicians](#)
- [Problem Resolution Policy](#)

6. DOCUMENT HISTORY

Version No.	Revision Description
1.0	7/17/15 - Formerly Policy #214.2 Revisions: Changed wording of "Clinic" to reflect new System structure. Section 3.1: Updated protected class information. Section 4.5: Added language to retaliation section. Revisions under previous policies: Expanded Sexual Harassment Policy to include other types of harassment toward employees. Policy contains references to employee harassment generally as well as sexual harassment specifically. In addition to employees, the Policy also applies to applicants, patients, customers, vendors and other third parties.
2.0	7/31/17 – Updated Scope
3.0	10/16/17 – Updated Scope

7. DOCUMENT PROPERTIES

Primary Author: Pritzl, Paula M

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Mitchell, Kathy (Human Resources) on: 11/28/2017 5:58:30 PM

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POLICY

Corrective Action - Staff

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its credentialed providers and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, Marshfield Medical Center-Marshfield, and Marshfield Medical Center-Eau Claire.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. This policy applies to all employees and is intended only to provide guidelines for managers when addressing employee performance, attendance, conduct, and similar concerns. The policy and procedures do not constitute an employment contract. The policy includes: steps to be taken when corrective action becomes necessary; the responsibilities of both managers and employees in the performance improvement and/or disciplinary process; and the limits of manager authority. It also describes necessary record keeping and the role of the Human Resources Department in the Corrective Action process.

3. POLICY BODY

When an employee's performance is unsatisfactory or when the System's policies or procedures have been violated, disciplinary measures become necessary. The System has developed policies and procedures to reduce disciplinary issues by informing employees in advance of the consequences of their behavior. These policies also encourage consistency in dealing with disciplinary issues. They provide a method for employees to improve behavior.

3.1. Identifying the Problem

- a. Poor performance or other forms of unacceptable behavior call for corrective or disciplinary action. The problem may involve a single incident or a series of infractions.
- b. Behavioral problems may be related to policy violations or other forms of unacceptable behavior.
- c. Procedures described in this policy are nondiscriminatory and will be carried out without regard to race, sex, sexual orientation, gender identity, color, pregnancy or childbirth, disability, or association with a person with a disability, national origin or ancestry, religion, creed, age (40 years of age or older), marital

status, citizenship or authorized alien status, disabled veteran status, National Guard status, Vietnam veteran status, military participation, arrest record, conviction record, genetic information or testing, use of a lawful product (all as defined and protected by applicable laws), and any other classifications prohibited by law.

- d. The problem should be stated in objective, quantifiable language, if possible. Performance problems should be related to previously defined performance standards, so that a clear discrepancy can be shown between expected performance or behavior and actual performance or behavior.

3.2. Performance Issues

Corrective action for performance related issues may or may not include disciplinary action. Managers may address performance related issues through a Performance Improvement Plan. If an employee is unable or unwilling to correct performance issues and sustain performance improvement, disciplinary action and/or termination of employment may be necessary. A written record of the Performance Improvement Plan should be executed electronically in Workday by the manager and acknowledged by the employee and it will become part of the employee's personnel file. Manager should use the electronic Performance Improvement Plan Follow Up in Workday to assist in subsequent meetings. Managers should consult with Human Resources before taking any final action.

3.3. Disciplinary Action

Managers should take action based on the offense and past employment history. In most cases, this will result in a progressive format, with dismissal occurring after other appropriate measures have been taken and inappropriate conduct or performance issues persist. However, based on the severity of the infraction, levels of discipline may be skipped, regardless of past employment history or stage of discipline if warranted by the behavior being addressed. A Performance Improvement Plan may be used in conjunction with the disciplinary action at the manager's discretion. Employment is at will, and the Clinic retains the right to terminate employment at its sole discretion.

a. Corrective Counseling

Managers may document Corrective Counseling at their discretion. Corrective Counseling is viewed more as a learning experience than formal corrective action. An electronic record may or may not be used at the manager's discretion. If used, both the manager and the employee should acknowledge the document in Workday. Inadvertent HIPAA violations may result in Corrective Counseling being entered into Workday by the manager per the direction of the System's Confidentiality Committee.

b. Formal Verbal Warning

The manager should counsel the employee, define the problem in specific terms, and work with the employee toward identifying a solution using a Performance Improvement Plan when appropriate. The manager should enter the Formal Verbal Warning in Workday, The employee and manager will

acknowledge it in Workday and it will become part of the employee's personnel file.

c. Written Warning

If the problem continues, recurs or other violations occur, or the manager determines an issue to be more severe, the manager may follow the same process as in Step 3.3.b., except at this step the discipline may be a written warning. During this meeting the manager should notify the employee that continued violations may lead to further disciplinary measures up to and including termination. An electronic record of the written warning in Workday should be acknowledged by the employee and the manager and it will become part of the employee's personnel file.

This meeting should result in an understanding as to the nature of the problem, a commitment to solve it, and, if necessary, an action plan including follow-up meetings with the manager.

d. Suspension

If the problem continues, recurs, other violations occur, or if an issue warrants more serious discipline at management discretion, the manager may follow the same process as in Step 3.3.c., except at this step the discipline may be suspension after the manager consults with Human Resources, and they review the Manager's recommendation. If suspension is warranted, the manager should warn the employee that continued violations may lead to termination (see section 3.3.g. below). An electronic record of the disciplinary action in Workday should be acknowledged by the employee and the manager and it will become part of the employee's personnel file.

This meeting should result in an understanding as to the nature of the problem, a commitment to solve it, and, if necessary, an action plan including follow-up meetings with the manager.

e. Administrative Leave

If a manager determines immediate action is necessary prior to completion of an investigation, upon consultation with Human Resources, an employee may be placed on administrative leave. This should only be used in limited circumstances such as when addressing health and safety issues. The administrative leave may be paid or unpaid, pending the outcome of the investigation.

f. Pay Increases/Reductions

Managers are to consider performance when determining if an employee will receive a pay increase and, if so, at what rate. For example, managers may consider if an employee is on or has recently completed a performance improvement plan or if an employee has had recent disciplinary action. If so,

the increase may be withheld or the percentage of increase affected based on the manager's discretion. Human Resources will provide guidance on this at the point of merit assignment. Advanced practice providers or other providers who are subject to pay determination based on production may have their salary reduced, or impact increases, if any, at the time of review based on the manager's performance or conduct concerns with the employee.

g. Termination

Final disciplinary action by managers is termination. Managers must consult with their Employee Relations Manager or the Director of Employee Relations, prior to taking this action.

3.4 Problem Resolution

Employees experiencing corrective action may review the Problem Resolution policy to determine if it is an option for them.

4. ADDITIONAL RESOURCES

4.1. References:

- [Problem Resolution policy](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
.0	7/17/15 - New Document – Formerly Policy #169.2 Revised to update references to Marshfield Clinic Health System, Inc. Section 3.1.c. – Updated protected class information Section 3.3.a. – Added reference to Informal Verbal Warning Sections 3.3.b., 3.3.c. and 3.3.d. – Updated to reference electronic forms in Workday
2.0	7/31/17 – Updated Scope
3.0	10/16/17 – Updated Scope

6. DOCUMENT PROPERTIES

Primary Author: Pritzl, Paula M
Co-Author(s):

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Approver(s): This document has been electronically signed and approved by: Pritzl, Paula M
on: 7/3/2018 12:08:48 PM

POLICY



Employee Injury-Illness Reporting

1. SCOPE

System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations who adopt this policy including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and Marshfield Medical Center.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Employee: All physicians and staff employed by Marshfield Clinic Health System.
- 2.2. Injury/Illness: Any injury or illness arising out of and in the course of employment for Marshfield Clinic Health System.
- 2.3. Near Miss: An unplanned event that did not result in injury/ illness or exposure but had the potential to do so.

3. PROCEDURE BODY

The purpose of this procedure is to provide a reporting system for a work related injury/illness, exposure to infectious disease, incidents that may require medical attention and/or lost time from work, or near misses.

- 3.1. Injury/Illness Reporting
 - a. All incidents involving the following must be reported:
 - An injury
 - An Illness
 - Exposure to an infectious disease
 - Report fatality, hospitalization, amputation or loss of an eye immediately**
 - Motor vehicle accidents
 - Near Miss
 - b. [Marshfield Clinic Employee Injury/Illness Report](#) form must be used for reporting the above.
 - c. Employee Injury/Illness Reports should be completed in full by the involved employee and his or her manager immediately or within 24 hours. If the manager is unable to complete the investigation, send a copy of the partially completed form to Employee Health within 24 hours.

- d. The completed original report must be sent to Employee Health after the manager has fully investigated the incident and documented their findings and corrective action.
- e. Reporting of all incidents is required within 24 hours to assure that Worker's Compensation requirements are met. If an injury/illness results in a **fatality, hospitalization, amputation or loss of an eye** **immediate notification** to Employee Health is required. During regular business hours Monday through Friday call 715-387-5430 or 7-5430. After hours call 1-800-782-8581 or 9-3314 (ask for the blood and body fluid exposure nurse on call).
- f. Reporting all motor vehicle accidents requires immediate notification to Employee Health. During regular business hours Monday through Friday call 715-387-5430 or 7-5430. After hours call 1-800-782-8581 or 9-3314 (ask for the blood and body fluid exposure nurse on call).
- g. Managers may keep a copy of all injury/illness reports to assist in evaluating safety issues and implementing safety programs.
- h. The filing of an injury/illness report will not be used for disciplinary purposes or other retaliatory measures. This does not relieve an employee from the responsibility of following System policies and does not mean that disciplinary actions will not be taken if safety policies are being violated.

4. ADDITIONAL RESOURCES

- 4.1. Supporting documents available:
 - [Marshfield Clinic Employee Injury/Illness Report](#)

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	2015-06-23 New Document
2.0	2015-07-02 Added Near Miss information. 2016-06-03 Added new Scope language, added motor vehicle accident reporting and made grammar corrections. 2018-02-09 updated Scope and MC to MCHS.
3.0	

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PROCEDURE

6. DOCUMENT PROPERTIES

Primary Author: Cislser, Carla K

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Melms,
William F MD on: 3/9/2018 12:05:16 PM

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PROCEDURE



Incident Reporting (General Liability)

1. SCOPE

- 1.1. System-wide, including Marshfield Clinic Health System, Inc. (MCHS) and its affiliated organizations, including Marshfield Clinic, Inc., Family Health Center of Marshfield, Inc., Security Health Plan of Wisconsin, Inc., Lakeview Medical Center, Inc. of Rice Lake, MCHS Hospitals, Inc., and all facilities owned and/or operated by the aforementioned organizations including all Marshfield Clinic locations, Lakeview Medical Center, and hospitals owned by MCHS.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. General Liability Incident means an accident involving a patient or other visitor's slip, trip, fall or injury occurring outside the realm of providing health care services. General Liability Incident does not include a "patient incident" as defined in the Patient Incident Reporting Policy or an injury to an employee arising out of and in the course of employment for the Marshfield Clinic.

3. PROCEDURE BODY

Any General Liability Incident as defined above that might potentially result in Marshfield Clinic Health System (MCHS) liability requires reporting.

- 3.1. All incidents involving a patient or visitor's slip, trip, fall or injury arising out of MCHS premises, occurring outside the realm of providing health care service, shall be reported in RL Solutions as a "general liability" incident.
- 3.2. If it is determined at the time of the accident that the patient/visitor sustained an injury suggest that the patient/visitor be examined and/or arrange for the patient/visitor to be seen and evaluated. This patient/visitor is responsible for the associated cost and must utilize their financial resources such as insurance.
 - a. The Risk Insurance Coordinator will evaluate the circumstances and determine if the cost of the initial visit will be covered by the Clinic's insurance. The MCHS General Liability Insurance Company maybe consulted.
 - b. Promises about covering the cost of future care and treatment should not be made.
- 3.3. The Risk Insurance Coordinator and the Clinic's general liability insurance company will investigate the incident and make a determination regarding covering the costs of future care and treatment. The Risk Insurance Coordinator and/or the Clinic's general liability insurer will follow up with the patient/visitor.

- 3.4. Once the patient/visitor has been removed from the area, photograph the area where the incident occurred to document condition of the premises.
 - a. Pictures should be taken from several different angles.
 - b. Pictures should be taken as soon as practical after the incident and prior to any remedial action.
 - c. Digital pictures should be attached to the General Liability Incident Report or can be attached to an email sent to the Risk Insurance Coordinator with reference to the incident.
- 3.5. Accurately document the incident by submitting a General Liability Incident Report in RL Solutions. **A General Liability Incident Report is for internal review only and shall not be copied or given to the patient, family member or other parties.**
 - a. Do not have the patient/visitor complete the form.
 - b. Do not make reference to the document in the patient record/CMR or any other document.
 - c. Do not make reference to communication with Legal Services or Corporate Risk Management in the patient medical record or any other document.
- 3.6. Enter the incident report in RL Solutions within 24 hours for processing and follow up by the Risk Insurance Coordinator.
- 3.7. The Risk Insurance Coordinator will maintain a record of all general liability incidents. Quarterly claims reviews will be conducted with the Director of Risk Management and Risk Insurance Coordinator and the Clinic's general liability insurer.
- 3.8. Recommendations for improvements will be sent to Building Services and Center administrators or managers.
- 3.9. For incidents that occur on a shuttle bus at a Marshfield Clinic center, direct the patient/visitor to operator of the bus service as Marshfield Clinic does not own or operate the shuttle buses. A report of the incident should be sent to the Risk Insurance Coordinator for documentation purposes.

4. ADDITIONAL RESOURCES

- 4.1. Supporting documents available:

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	12/6/2010. Policy reviewed, no changes required.
2.0	Previously located in the Policy Library as policy 1880.2 and was effective on 12/6/2010. Policy revised and moved into the Document Control System on 4/13/2016.
3.0	Policy Revised on 11/29/2017

6. DOCUMENT PROPERTIES

Primary Author: Smetana, Joseph L

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Smetana, Joseph L on: 11/29/2017 3:21:10 PM



Marshfield Clinic
 Division of Education
 SCHOOL OF RADIOGRAPHY

MAKE-UP TIME FORM

This form is to be completed when a student needs to make up clinical time that was missed. Clinical time that needs to be made up includes the time taken in excess of allowed days off, time missed at the beginning of the program due to incomplete health work, extensive absences not outlined in the Days Off policy, and time missed due to unforeseen circumstances which will be determined by the Program Director.

Student Name: _____

Date/s of absence: _____

School Official: _____

Reason for Absence: _____

I understand my clinical hours must be made up and must be scheduled through a school official. The date/s above is/are the day/s that need to be made up. The time must be in 4 or 8 hour time increments and must be made up before the Program Director signs my ARRT Program Completion Verification (PCV) form.

Signature of Student: _____ Date: ___/___/___

Signature of Program Director: _____ Date: ___/___/___



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SCHOOL OF RADIOGRAPHY

MAKE-UP TIME VERIFICATION FORM

This form is to be completed when the student is making up clinical time that was missed. This form must be signed by a qualified radiographer at the clinical site that supervised the student during the make-up hours.

To be completed by School Official (at least 3 days before requested date of make-up time):

Student Name: _____

Date/s and time of make-up time: _____

School Official: _____

To be completed by qualified radiographer (the day of make-up time):

By signing below, I attest this student was at the clinical site during the date/s and time/s listed above.

Qualified Radiographer: _____ Date: __/__/____



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SCHOOL OF RADIOGRAPHY

ACADEMIC (GRADE) APPEAL FORM

Students who receive a final academic grade that the student deems inaccurate or unjust have the right to appeal the academic decision. The Academic (Grade) Appeal Form will be used by students and staff to document the appeals process.

Student Name: _____

Course: _____

Instructor: _____

Level 1 – Instructor Meeting

If a student believes that an inaccurate or unjust grade has been received for a class, the student is encouraged to discuss the matter with the instructor who issued the grade or sanction. An instructor/student meeting (face-to-face, phone, or electronic) may be requested by the student within 7 calendar days after receipt of the final course grade during student conference. During this meeting, the instructor and the student will try to resolve the dispute.

Date of Instructor Notification and Meeting Request: _____

Date of Instructor Meeting: _____

If the instructor does not respond to the student's request for a meeting within 7 calendar days, the student should proceed to Level 2. The student then has from the 7th day (after requesting an instructor meeting) to day 14 to move to Level 2.

It is the student's responsibility to retain the original Academic (Grade) Appeal Form and complete all information relevant to their appeal.



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Level 2 – Program Director/Student Programs Manager Meeting

If the student and instructor cannot resolve the disagreement during the meeting at Level 1, the student may request a meeting with the Program Director or Student Programs Manager. The program director is the first choice, although if the program director is the instructor, the meeting should occur with the Student Programs Manager. The student must submit the Academic Appeal Form within 7 calendar days after the instructor/student meeting. Once submitted to the Program Director or Student Programs Manager, a meeting should occur within seven calendar days.

Documentation for appealing the decision at Level 1 is required and mandatory in order to proceed to Level 2 and must be based on the following criteria (check those that apply):

- The instructor miscalculated your grade.
- The instructor used standards for grading your work that are different from those used to grade other students in your class.
- The instructor made a substantial and unannounced departure from their previously stated grading criteria.
- The instructor did not make appropriate accommodations for your documented need of such accommodations.
- The grade is related to unethical behavior or cheating that was not substantiated or proven.
- The instructor failed to respond to your request during the 7-day window.
- Other academic circumstances (Specify)

An explanation and documentation is required for the Academic Appeal to be processed. If more space is needed for explanation, additional sheets may be attached.



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The Program Director or Student Programs Manager will issue a written response, to the student and instructor, outlining his/her decision. This form will be signed and returned to the student within 7 calendar days after the Level 2 meeting.

If, due to unforeseen circumstances, the program director or Student Programs Manager is unable to complete their review within the designated number of days, they will notify the student and instructor by the 7th day and document the reason for the delay. He/she must then complete their review and documentation in no less than an additional 7 calendar days.

Date Submitted: _____

Date of Meeting: _____

Program Director/Student Program Manager Signature:

Date of Written Response: _____

The decision of the Program Director or Student Programs Manager is the final decision.



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CORRECTIVE ACTION FORM

Student Name: _____

Date: ____/____/____

Program Faculty: _____

Level of Corrective Action Required:

Informal – Verbal

Level 1 Written

Level 2 Written

Level 3 Suspension

Level 4 Dismissal

Facts Regarding the Incident:

Objective of Corrective Action:

Proposed Solution(s):

Action Taken:

Comments:

Signature of Student: _____

Date: ____/____/____

Signature of Program Director: _____

Date: ____/____/____



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SCHOOL OF RADIOGRAPHY

STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

Please read each statement below. Initial each statement in the space indicated and provide your name, signature, and the date below.

1. _____ I have thoroughly read and understand the Student Handbook. I comprehend the policies and regulations contained therein and the responsibilities to be undertaken.
2. _____ I have received and thoroughly read the Pregnancy Policy as set forth in the Student Handbook.
3. _____ I have received and comprehend the Substance Abuse Policy and agree to comply with all aspects of this policy. Furthermore, I understand that any infraction of this policy could result in immediate dismissal from the School.
4. _____ I comprehend the Corrective Action policy for the School and am aware of the consequences for program violations.
5. _____ I comprehend that I must complete each course with a final course grade of a "C" or higher to pass.
6. _____ I comprehend and will abide by the program's attendance, absence, and tardiness policies.
7. _____ I comprehend and will abide by the "No Call – No Show" policy.
8. _____ I comprehend and will abide by the Dress Code policy.

Printed Name: _____

Signature: _____

This document will be placed in your student file for reference in the event of any program policy violations.

Handbook Revision Date _____