

POLICIES

Policies provide a foundation for activities performed within the Program and indicate the personnel responsible for performing them. They also reflect the mission, vision, and values of the sponsoring institution.

All existing Program policies will be reviewed annually.

Responsibility: Program Director, Instructors, Staff

Standard: Administration

JRCERT 2021 Radiography Standard(s): 1.1

POLICIES

Policies serve as guides to define the general course and scope of activities permissible yet are flexible enough to be applied to other similar situations. They serve as a basis for future decisions and actions, help coordinate plans, establish expected standards of performance and increase consistency of action. Policies serve as a means by which authority is delegated.

Policies are based on standards of care, standards of practice, current educational best practices, current scientific knowledge, research, ethical and legal concerns, quality assessment monitoring and quality improvement activities, and describe the educational processes. Policies are developed in compliance with federal and state rules and regulations and the JRCERT Standards for Radiography Program and in collaboration with didactic, clinical and administrative groups.

School Policy Committee

The School Policy Review Committee will review current policies, consider recommendations from any constituent for a new or revised policy, and prepare written drafts for administrative consideration.

The committee membership will include representatives appointed by the EAC. See policy 722.8.02.10.

POLICIES AND PROTOCOLS

All School Policies will be published using the uniform format described below.

Format:

1. **Title:** Describes the major aspect covered by the policy statement.

2. **Policy Number:** Policy numbers will be assigned by the School Policy Review Committee based on the following format: The first 3 digits, 722, reflect the Imaging Services Department. The second set of digits, 8, reflects the School of Radiologic Technology. The third segment identifies the standard the policy belongs to, and the fourth is a reference number for that policy within that standard.
3. **Policy Statement:** A written directive, formalized by administrative authority, dictating action to some purpose.
4. **Responsibility:** Defines the audience(s) to whom the policy applies and is subject to complying with its provisions.
5. **Standard: Refers** to the sponsoring organization's standard to which this policy is addressed.
6. **JRCERT Standard(s):** Refers to the JRCERT Accreditation Standards that are addressed in this policy
7. **Content:** Any description or instructions necessary to meet the requirements of the policy statement.
8. **References:** Lists reference materials, regulations, or sources containing research pertaining to the subject of the policy.
9. **Developed, reviewed, and revised:** Includes date and mechanism of approval, in collaboration with the Program Policy Review Committee, the Educational Advisory Committee, the Imaging Services Director, the Executive Director of Ancillary Services, the Chief Operating Officer of the Sponsoring Organization, the President and CEO of the Sponsoring Organization.
10. **Approval:** Following the annual review or revision by the School Policy Review Committee, Program Policies will be presented to the Program Director and Imaging Services Director for signature. Since this is an annual process, the policies will be presented in their entirety to be reviewed. A table of contents page will define which policies have been revised and which have been reviewed without change.
11. **Distribution:** a master policy manual is maintained on the Sponsoring Institution's Secured Hard Drive. Program Policies may also be found on the Program's Website.
12. **Record Retention:** Outdated or revised Program policies are permanently retained by the Imaging Services Department Administration office. (See hospital policy

103.0.16).

13. Communication: A list of policies reviewed and/or revised will be presented to the EAC at the next regularly scheduled meeting following the review.

Signature
Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)
Director of Imaging Services

References: RWHS Policy 102.0.11- Policy, Procedure, Protocol, Guideline
RWHS Policy 103.0.16 - Record Retention

Reviewed: 5/2/13, 1/8/16, 1/5/2018, 3/26/20, 9/2/21, 2/3/2022, 2/2/2023,
Revised: 1/16/15, 1/6/2017, 1/10/2019, 2/8/2024