Policy Title	Radiation Safety
Policy Number:	RAD 8.07
Department:	SCHS
Functional Area:	Academic Affairs
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2025
Version:	1
Status:	Approved
Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	RAD

I. Mission, Vision and Values

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

II. Policy

It is the policy of Bon Secours Southside College of Health Sciences (SCHS) to ensure that students practice proper radiation safety.

III. Purpose

The purpose of this policy is to promote the responsible use of radiation in the healthcare setting as well as to promote proper radiation safety practices.

IV. Scope

This policy applies to all SCHS Radiologic Technology (RAD) students.

V. Policy Details

Shielding

Students are encouraged to shield patients from unnecessary ionizing radiation to protect reproductive organs and/or bone marrow, as deemed necessary.

Failure to Shield

Unless shielding would endanger the patient, obscure pertinent anatomy, or compromise the diagnostic quality of the image, failure to shield appropriately may result in disciplinary action.
Students that perform a competency without shielding appropriately during the procedure or fail to provide protection for themselves, patient, or others through use of lead aprons, short exposure time, distance, and PMDs, may receive a point deduction under radiation safety.

Radiation Protection

Students are not to hold patients or an image receptor during an x-ray exposure.

If a patient requires assistance during a radiographic procedure to hold still, the person assisting the patient needs to be provided with a lead shield.
Lead aprons and thyroid shields are to be used during all departmental and portable fluoroscopy procedures.

Students are to wear a lead apron regardless of the distance from the primary beam.

For all portable radiographic procedures, **2 lead aprons must be provided,** one apron for the student and one apron for the patient. All students must wear a full lead apron and maintain a six (6) foot distance from the primary beam when making the exposure.

When wearing a lead apron, the Personnel Monitoring Device (PMD) is to be worn on the collar, outside the apron.

All females (patients, caregivers, and/or parents) of childbearing age, are to be asked:

- “Is there any chance you could be pregnant, trying to get pregnant, or potentially pregnant?", prior to producing radiation.
- A positive response or an unsure answer requires the student to report the response to a qualified radiographer.

Repeat Radiographs

Unsatisfactory radiographs shall be repeated **ONLY** in the presence of a qualified radiographer, regardless of the student’s level. Repeats must be documented in Trajecsys.

Personnel Monitoring Devices

PMDs are to be worn at the collar level and cannot be worn for employment.
Students that lose or misplace their PMD must report the loss to the Program Clinical Coordinator as soon as possible.

Students are not allowed in clinic without their PMD.

The PMD is due by the due date (located on the device). Failure to turn in PMDs on time will result in the student taking responsibility for returning it to the Program Clinical Coordinator as soon as possible and a potential clinical grade reduction. Students that are absent from class must turn in their PMD on the first day back to school to the Program Clinical Coordinator

Radiation Dosimeter Reports

Radiation Dosimetry Reports are available quarterly and monitored by the Program Clinical Coordinator. Any unusual readings will be evaluated, and the student notified. Radiation Dosimeter Reports are permanently maintained by Southside College of Health Science.

Sanctions

Disciplinary sanctions occur in the following sequence:

1. The first infraction will result in a written letter of warning that shall be provided to the student and filed in the student's permanent record.
2. A second infraction will result in a two-day suspension. Any student who has been suspended shall remain on disciplinary probation for the remainder of the student's enrollment at the College.
3. Any additional infractions may result in program dismissal.

VI. Definitions

None

VII. Attachments and Procedures

Attachment A: Procedure for Implementation of Radiation Safety Program

VIII. Related Policies

None

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Secours Southside College of Health Sciences (SCHS), a department owned and controlled by Bon Secours Mercy Health Petersburg, LLC (d/b/a Southside Medical Center), and any party. SCHS, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	1/16/2025	N/A	New Policy	N/A	CDDAA

1.1	3/21/2025	3/21/2028	Minor Changes	1.0	CDDAA
1	3/21/2025	3/21/2028	Version Changed – BSMH Template Adopted	1.0	CDDAA

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.