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Pierpont Community & Technical College  
School of Health Careers



Respiratory Care Program  
Student Handbook  
2022-2023

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## DISCLAIMER

The contents of this handbook are accurate at the time of publishing but may be modified or changed at any time to correspond with decisions of the Pierpont Community and Technical College Board of Governors or Administration, Local, State, or Federal Requirements.

The student should be aware that modifications in policy and procedure might occur without advance notice. The School of Health Careers, the Respiratory Care Program, and its Advisory Board reserve the right to assess and modify the educational policies and program requirements as new information is available and as student or curricular needs are identified.

All materials such as handbooks, instructional materials, tests, quizzes, and exams, etc are the property of the Respiratory Care Program. It is illegal to reproduce these materials in any form, to have access to secure materials outside the classroom, or to release secure materials to any individual or group.

The student will be notified in writing of any changes that may have an impact on his/her course of study.

## EQUAL OPPORTUNITY STATEMENT

Pierpont Community & Technical College is an Equal Opportunity-Affirmative Action Institution. In compliance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act, West Virginia Human Rights Act, Title IX (Educational Amendments of 1972), Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the other applicable laws and regulations, the College provides equal opportunity to all prospective and current members of the student body, faculty, and staff based on individual qualifications and merit without regard to race, sex, religion, age, national origin, disability, or sexual orientation, as identified and defined by law.

The College neither affiliates knowingly with nor grants recognition to an individual, group, or organization having policies that discriminate based on race, color, age, religion, sex, national origin, disability, or sexual orientation as defined by applicable laws and regulations. The Assistant Vice President for Human Resources and Campus/Community Relations serves as the institutional Title IX Coordinator, who is advised and assisted by a team of six Deputy Coordinators representing all of the various employee groups.

## HANDBOOK POLICY

Upon admittance into the Pierpont Community & Technical College Respiratory Care Program, students are issued the Respiratory Care Program Student Handbook

In the event of a discrepancy or a conflict between the institutional Student Handbook and the Respiratory Care Program Student Handbook, it is the responsibility of the student to notify the Respiratory Care Program Director in writing of the issue within a reasonable timeframe. Any action taken will be at the discretion of the Program Director on a case-by-case basis.

This handbook contains information about the Pierpont Community and Technical College Respiratory Care Program. The Respiratory Care Program academic policies apply to all faculty and students regardless of the location of instruction.

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The Respiratory Care Program faculty require that all students accepted into the Respiratory Care Program read the entire handbook. The purpose of this handbook is to provide you with important information about the policies and procedures throughout your enrollment in the program.

When you have read through the ENTIRE handbook, please return the completed Handbook Policy and Procedure Acknowledgement Form to the Program Director or Director of Clinical Education.

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## PROGRAM DESCRIPTION

The Associate of Applied Science in Respiratory Care is an intensive two-year limited enrollment program. Respiratory Care is a competitive admission program that admits one cohort each year. Cohorts are limited to 20 seats maximum. The two-year program is designed to prepare students for a career as a respiratory care professional.

The Respiratory Care program's face-to-face portion is delivered on-site at Pierpont Community and Technical College, Fairmont, WV. Completion of this program leads to an Associate of Applied Science degree in Respiratory Care and eligibility for the Therapist Multiple-Choice (TMC) Examination and Clinical Simulation Examination (CSE) which can result in the Certified Respiratory Therapist (CRT) and/or Registered Respiratory Therapist (RRT) credentials.

As Certified or Registered Therapists, graduates may find employment in-home health care, acute and sub-acute settings, diagnostic laboratories, research, case management, sleep laboratories, and health education.

## RESPIRATORY CARE PROGRAM GOAL

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory therapy practice as performed by Registered Respiratory Therapists (RRTs).

## RESPIRATORY CARE PROGRAM COURSE GOALS

Graduates of Pierpont Community & Technical College's Respiratory Care Program shall be prepared to:

- Develop therapeutic goals of respiratory therapy as a guide to assess, plan, implement, and evaluate basic patient care across the life span.
- Implement the role of the respiratory therapist in the continuum of care, which includes that of patient advocate, leader/manager of care, communicator, teacher, and member of the health care team.
- Perform patient care in a clinical setting by following American Association of Respiratory Care guidelines.
- Integrate ethical, professional, legal responsibility, and accountability into actions and decisions.
- Assume responsibility for personal and professional growth.
- Meet or exceed the minimum expectations of the National Board of Respiratory Care credentialing exams.
- Successfully complete all required competencies in the college lab and clinical sites following the NBRC and AARC guidelines

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## ACCREDITATION, CREDENTIALLING, AND LICENSURE

### **Accreditation**

Accreditation refers to the academic status of an institution or program and is a process whereby a professional organization or a non-governmental organization grants recognition to that institution or program for meeting predetermined criteria. These organizations help ensure that schools meet appropriate standards of quality.

The Associates of Applied Science Respiratory Care Program at Pierpont Community and Technical College is a nationally accredited program designed per the standards and guidelines outlined by The Commission on Accreditation for Respiratory Care.

The Commission on Accreditation for Respiratory Care (CoARC) accredits entry into professional practice programs in respiratory care at the Associate, Baccalaureate, and Master's Degree level in the United States and its territories. The CoARC also accredits polysomnography programs offered by professional respiratory care degree programs in the United States. CoARC's mission is to ensure that high-quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

Commission on Accreditation for Respiratory Care (CoARC)  
264 Precision Blvd, Telford, TN 37690  
817-283-2835 (Office)  
817-354-8519 (Plain Paper Fax)  
817-510-1063 (Fax to E-mail)

### **Program holds Provisional Accreditation**

*This status signifies that a program with an Approval of Intent has demonstrated sufficient compliance with the Standards (through submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an initial on-site visit), to be allowed to admit students. It is recognized as an accredited program by the National Board for Respiratory Care (NBRC), which provides enrolled students who complete the program with eligibility for the Respiratory Care Credentialing Examination(s). The program will remain on Provisional Accreditation until it achieves Continuing Accreditation.*

### **Credentialling**

Credentialling is granted by a non-governmental agency and assures that an individual has met certain predetermined standards to practice in a particular specialty. One such examination is given by the National Board for Respiratory Care (NBRC).

All 49 states regulating the profession of Respiratory Therapy recognize NBRC examinations, Certified Respiratory Therapist (CRT), and Registered Respiratory Therapist (RRT) as standards for state licensure.

Eligible graduates of the Pierpont C&TC Respiratory Care Program will be able to take the Therapist Multiple-Choice (TMC) Examination.

There are two established cut scores for the TMC Examination. If you achieve the low- cut score, you will earn the CRT credential. If you achieve the high cut score, you will earn the CRT

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credential AND be eligible for the Clinical Simulation Examination (CSE). Passing both the TMC at the high cut score AND the CSE will earn the credential of RRT.

It is highly recommended that eligible graduates of the Pierpont Community & Technical College Respiratory Care Program take the credentialing examination after graduation.

For more information on the NBRC, the respiratory therapy examinations, and credentials, please contact:

National Board for Respiratory Care (NBRC)  
10801 Mastin Street, Suite 300  
Overland Park, KS 66210

Email: [nbrc-info@nbrc.org](mailto:nbrc-info@nbrc.org)  
Toll-Free: 888.341.4811  
Phone: 913.895.4900  
Fax: 913.712.9283

Note that granting of the degree is not contingent upon passing an external certification. Passing an external exam is not required for graduation from the Respiratory Care Program.

### ***Licensure***

Licensure involves the granting of permission by a competent, usually governmental, agency to an individual to engage in some practice or activity. Engaging in that practice or activity is illegal without a license. The state of West Virginia requires Respiratory Therapists to be licensed.

Graduates who have taken and passed the Therapist Multiple-Choice (TMC) Examination and/or the Clinical Simulation Examination (CSE) to earn either the credentials of Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) will need to obtain a license in the State of West Virginia to practice respiratory therapy.

For questions regarding eligibility for licensure, please contact the West Virginia Board of Respiratory Care (WVBORC).

The WVBORC can be reached at:

WV Board of Respiratory Care (WVBORC)  
106 Dee Drive, Ste 1  
Charleston, WV 25311

304-558-1382



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## STUDENT SOCIETY FOR RESPIRATORY CARE

The Student Society for Respiratory Care is an officially recognized campus organization. Its purpose is to promote education and unity among student respiratory therapists by hosting fundraisers, charity events, organizing donations, community service, and promoting the respiratory care field of health care.

All students are considered voting members of the Student Society for Respiratory Care. Each cohort elects a President, Vice-President, Secretary, and Treasurer in the first semester of their first year.

Student Society members are expected to meet regularly and to serve as ambassadors of the PC&TC Respiratory Care Program while participating in school-sanctioned activities.

Students are encouraged to set fundraising goals, in the past donations have been made to the LAM Foundation, students have hosted a 5K in support of research for Cystic Fibrosis, participation in health fairs, and many others! Fundraisers also help to offset the cost of attending conferences, WV Society for Respiratory Care meetings, continuing education events, and the cost exam prep materials.

A member of the Respiratory Faculty will serve as the Advisor for the Student Society for Respiratory Care.

## RESPIRATORY CARE PROGRAM OUTSTANDING STUDENT AWARDS

Student awards are decided by the Respiratory Care Program faculty and are based on outstanding performance academically and clinically.

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## ESSENTIAL FUNCTIONS AND PROGRAM REQUIREMENTS

All applicants are expected to meet the following non-academic criteria (essential functions) to participate in the Respiratory Care program.

In addition to being essential to the successful completion of the requirements of the Respiratory Care Program, these skills and functions are necessary to ensure the health and safety of patients, fellow students, faculty, and other health care providers.

All individuals, including persons with disabilities, who apply for admission to the respiratory therapist program, must be able to perform specific essential functions with reasonable accommodation. Essential functions are the basic activities that a student must be able to perform to complete the curriculum and function as a respiratory therapist.

### ***Essential Skills***

The following list contains information regarding essential skills outlining the physical abilities and behavioral characteristics necessary for the student to successfully participate in and complete the respiratory therapist program. These standards are not conditions of admission but reflect the performance abilities and characteristics necessary to complete requirements for respiratory care. The student should carefully look over the essential skills for the program and ask questions if not familiar with the activities or functions listed. The student must decide if he or she has any limitations that may restrict or interfere with the satisfactory performance of any of the requirements.

*It is ultimately the student's responsibility to meet these essential skills if accepted into the respiratory therapist program.*

The student should consult with the Program Coordinator to discuss any individual situation if he or she may not be able to meet these essential performance requirements.

Respiratory Therapists must possess the following essential skills:

### **Hearing**

- Able to hear and understand patients and staff; assess and monitor patient sounds
- Must be able to function without the use of lip reading
- Communicate and interact with patients, staff, and families from a variety of cultural backgrounds.
- Follow verbal instructions.
- Use a stethoscope to hear heart, breath, and blood pressure sounds.
- Detect and discriminate between sounds of normal conversation.
- Hear percussion sounds during patient assessment.
- Ability to hear sounds of a variety of equipment alarms.

### **Mobility**

- Mobile and strong enough to support and move patients.
- Lift to 25 lbs to assist moving patients, supplies, and equipment
- Able to stand for long periods.
- Ability to sit for long periods.

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- Able to move quickly from place to place to perform patient care; climb stairs to respond quickly to an emergency on another floor when elevators are unavailable or full.
- Support and transfer patients safely from bed to wheelchair and modify patient position in bed.
- Respond to emergencies promptly.
- Reach equipment and parts of the patient's body.
- Reach above shoulder height to manipulate equipment.
- Reach below waist level to manipulate equipment.
- Read fine print, monitors, and gauges.
- Chart (write) procedures and observations legibly in a permanent medical record.
- Ability to see and discriminate between a variety of equipment visual alarms.
- Ability to observe demonstrations and patients close and at a distance to learn skills and to gather patient data (e.g., observe a patient's gait, appearance, posture, etc.).

### **Motor Skills (fine and gross)**

- Perform multiple motor tasks simultaneously.
- Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care; steady aim and hand movements while manipulating objects or assisting patients.
- Operate and manipulate equipment; multiple operations may be required.
- Lift and transport oxygen cylinders
- Grasp and turn to attach oxygen to outlets and remove flowmeters
- Apply sterile gloves, utilize syringes, tubes, catheters, set-up and maintain sterile field
- Palpate pulses, feel arteries or veins for puncture; assess skin temperature
- Push/pull hospital beds; transport patients.
- Lift and move patients safely.
- Perform CPR.

### **Visual**

- Read written instructions/orders.
- Read fine print, monitors, and gauges.
- Chart (write) procedures and observations legibly in a permanent medical record.
- Ability to see and discriminate between a variety of equipment visual alarms.
- Ability to observe demonstrations and patients close up and at a distance to learn skills and to gather patient data (e.g., observe a patient's gait, appearance, posture, etc.).
- Ability to visually monitor several computer screens with multiple cardiac rhythms, pulse oximetry, and capnography waveforms for sustained periods.

### **Tactile**

- Distinguish textures, degrees of firmness, temperature differences, pulse rate vibrations, and strength.

### **Communication**

- Students must be able to communicate orally and in writing with patients and members of the healthcare team.
- Students must be able to read and comprehend written material in English.

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### **Intellectual and Cognitive Abilities**

- Students must be able to measure calculate, reason, analyze, synthesize, integrate, and apply information.
- Problem-solving, a clinical skill required of therapists, requires all these intellectual abilities.
- Ability to troubleshoot technology with biomedical engineering and clinical staff.
- Have basic computer knowledge and skills.
- Ability to modify therapeutic interventions to meet the needs of patients in a variety of care settings.
- Assess patients' physical and psychosocial needs in a variety of clinical settings by interpretation of written, verbal, and sensory observations and determine the appropriate interventions.

### **Behavioral and Social Attributes**

- Students must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attending to the care of patients, and developing mature, sensitive, and effective relationships with patients and other healthcare workers.
- Students must be able to tolerate physically taxing workloads and to function effectively under stress.
- Students must be able to adapt to changing environments, display flexibility, and to learn, to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients.
- Ability to work as a cooperative, focused team player, take direction well, and have a positive attitude to work with the patients, nursing staff, and physicians.
- Respiratory Therapists should display good organizational skills and the ability to multitask to keep track of multiple patients and tasks.
- Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are personal qualities that will be assessed during the educational process.
- Students should demonstrate interpersonal skills sufficient to permit professional interaction with individuals and groups from diverse cultural and socioeconomic backgrounds.
- Maintain personal hygiene consistent with close contact during direct patient care.
- Ethical Standards A student must demonstrate a professional demeanor and behavior and must perform ethically in all dealings with peers, faculty, staff, and patients.

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## SAFE AND ETHICAL CLINICAL PRACTICE POLICY

A Student whose pattern of behavior is found to be unsafe may be terminated from the program at any time during the semester and receive a non-passing grade for the course.

The student will demonstrate patterns of professional behaviors that follow the legal and ethical codes of Respiratory Care practices; promote the well-being of patients, health care workers, and self in the biological, psychological, sociological, and cultural realm. Within the scope of our practice students will demonstrate accountability in preparation, documentation, and continuity of care; and show respect for the human rights of individuals.

Guidelines for Evaluating Safe Practice:

Regulatory: The student practices within the boundaries of the American Association of Respiratory Care (AARC) and the West Virginia Board of Respiratory Care (WVBORC).

- An example of unsafe practices may include, but is not limited to, attending a clinical rotation under the influence of drugs and/or alcohol.

Ethical: The student practices according to the American Association of Respiratory Care.

- Examples of unsafe practice may include, but are not limited to:
  - Refusing a patient assignment based on a patient's race, culture, or religious or sexual preference.
  - Inappropriate practice in any assigned activity related to clinical practice.
  - Refusal to provide comprehensive respiratory care on any assigned client.

Scope of Practice:

- Examples of practices outside the scope of practice are:
  - Performing procedures not allowed one hospital that are allowed at another.
  - Performing procedures of another medical profession

Biological, Psychological, Social, and Cultural Realms: Student practice attempts to meet the needs of the human system from a biological, psychological, sociological, and cultural standpoint as it pertains to Respiratory Care.

- Examples of unsafe practice may include, but are not limited to:
  - Failure to follow through on suggested referrals or interventions to correct deficit areas which may result in harm to the others (deficit areas defined above).
  - Acts of omission/commission in the care of clients, such as (but not limited to):
  - Lack of physical coordination necessary for carrying out safe respiratory procedures.

Accountability: The students practice demonstrates continuity in the responsible preparation, documentation, and promotion of continuity in the care of patients.

- Examples of unsafe practice may include, but are not limited to:
  - Failure to display stable mental, physical, or emotional behavior(s) which may affect others' well-being.
  - Physical abuse, mental or emotional abuse, and multiple medication errors

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- Interpersonal relationships with agency staff, coworkers, peers, faculty resulting in miscommunication, disruption of client care, and/or unit functioning.
- Attempting activities without adequate orientation, theoretical preparation, or appropriate assistance.
- Dishonesty.
- Dishonesty in relationships.

Human Rights: The student's conduct shows respect for the individual, client, health team member, faculty, and self, including but not limited to the innate, legal, ethical, and cultural realms.

- Examples of unsafe practice may include, but are not limited to:
  - Failure to maintain confidentiality of interactions.
  - Failure to maintain confidentiality of records.

### Procedures

A student whose pattern of behavior endangers a patient, peer, or staff member 's safety, will be given a verbal and/or written warning by the Clinical Director.

If the student's pattern of behavior is repeated, the student's Clinical Director will request a meeting with the Program Director. Upon a decision by the Program Director that the student's conduct is unsafe, the student may be terminated from the clinical program and will receive an "F" for the clinical course.

Failing any of the clinical courses will result in immediate discharge from the program. Documented evidence from the student, faculty, and/or staff will be considered in the decision to terminate a student from the clinical program.

All students have the right to appeal the decision and should refer to the appeal process in the Pierpont Community & Technical College handbook.

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## RESPIRATORY CARE PROGRAM FACULTY

Wendy Singleton, MEd, RRT, RRT-NPS, RPFT, C-NPT  
Program Director and Assistant Professor

Lisa Foster, MSRT, RRT  
Director of Clinical Education and Assistant Professor

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## ADMISSION PROCEDURES

Admission into the Respiratory Care, A.A.S. program is based upon the following criteria:

1. Apply to Pierpont Community and Technical College for the term you want to begin the program and meet the general admission requirements or be a current student
  - a. First-time students should select "Health Sciences: Respiratory Care" as their educational goal on their application.
2. Complete the Respiratory Care application (\$20 fee). Applications and supporting documentation are due to the Admission's Office by October 15. Applicants who are not admitted must reapply if they wish to be considered for the next academic year.
3. Submit all required documents (High School Equivalency Exam or high school transcripts; any college transcripts to the Admission's Office) before the Respiratory Care application deadline.
4. Have a high school and/or college GPA of 2.5 or better or passing score on the High School Equivalency Exam. GPA will be evaluated based on high school transcripts or passing scores on the High School Equivalency Exam for students with less than 10 hours of college credit.
5. Completed the following courses with a "C" or higher before admission to the program: MTH 1207, ENGL 1104, HLCA 1170, and HLCA 1171

Qualified students are accepted until capacity is met.

\*Students begin the program in the spring semester.

### Program Requirements

- Students must pass a criminal background clearance check, meet health and immunization requirements, and drug testing.
- Students must be able to meet the essential functions of the program and classes, with or without accommodations.
- Students will need to provide transportation to assigned clinical sites.

Students must complete each course in the Respiratory Care program model schedule with a grade of "C" or higher and maintain an overall 2.5 GPA to remain in the program. Failure to meet any of these requirements will result in dismissal from the program. Students who have been dismissed may reapply to the program and their credentials will be reevaluated.

Upon completion of the required curriculum, graduates are eligible to take the national credentialing examinations for Respiratory Therapists. Successful completion of the program does not guarantee job placement or success on the NBRC exams.

## TRANSFERS

Transfer from other colleges will be determined on a case-by-case basis.

Transfer of a student from an accredited Respiratory Care Program. Students can transfer from another CoARC accredited program if they are in good standing from the previous institution.

The process for transfer requires the student to provide PCTC with official transcripts from the institution, course syllabi with course objectives for all completed coursework, all previous



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clinical schedules with clinical competency book for review by the PCTC Program Director and Director of Clinical Education.

Determinations of course equivalents are derived from a review of the submitted material. General education transfer credits will be determined by the Office of the Registrar.

## RE-ADMISSION POLICY

Students who leave the Respiratory Care program may request readmission by completing a new application form and meeting current admission requirements. The student requesting readmission will be considered by the same standards as any other applicant to the class. Dismissed students may re-apply and will be assessed and scored by the system in place at that time.

Re-applying does not guarantee re-entry into the program. A student who has been dismissed from the program twice may not reapply to the program. If more than two years have elapsed since initial enrollment in the program, the student will be required to start the program of study from the beginning.

The student applying for re-admission must meet the following guidelines:

- must have left the program having a satisfactory clinical performance
- must have met all school policies regarding attendance
- must have a record of good conduct
- must have complied with all school policies
- must have exited the program in good standing

If a student wishes to return, they will be responsible for any additional expenses for the following requirements:

- Current CPR certification
- Updated criminal background check
- Updated drug screen
- Updated immunizations and health inventory

Readmission will be dependent on the number of unoccupied positions.

## PROGRESSION IN PROGRAM REQUIREMENTS

To progress in the respiratory program, a student must:

- Maintain a 2.5 GPA
- Pass all classes on the model schedule with a grade of “C” or better

Failure to meet any of these requirements will result in dismissal from the program.

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## GRADING SYSTEM

Grades are based upon periodic quizzes, examinations, assignments, and competencies as stated in each course syllabus. These can be either in class or online.

Grades for all core curriculum Respiratory Care (RESP) courses will be consistent with the following scale:

A - 92% - 100%

B - 84% - 91%

C - 75% - 83%

D - 66% - 74%

F - 0% - 65%

### Clinical Laboratory and Clinical Site Rotation Grading Policies

- Satisfactory performance of 90% or better is required on all clinical competencies
- The student will have 3 attempts to make the 90% if needed.

Additional criteria may be added to the clinical laboratory and clinical site rotation grading policies as necessary to be determined by the Program Coordinator, Director of Clinical Education, individual course instructors, and clinical site personnel.

It is highly unlikely that grades will be curved or modified. This is a healthcare course and exacting standards are placed on those individuals that may have an impact on direct patient care.

## ADDITIONAL COURSE POLICY INFORMATION

Testing, Late Work, Classroom Conduct, Attendance, and Participation policies can be found in the course syllabus for each course in the program.

## EMPLOYMENT AND STUDENT ROTATIONS

Students who are enrolled in an accredited Respiratory Care program may be employed as a student Respiratory Care extern. The Student Temporary Permit issued by the West Virginia Board of Respiratory Care (WVBORC) governs the duties of the student extern.

The school must complete the Education Facility Affidavit from the WVBORC that stipulates the semester hours and clinical competencies required for the student to apply for the student's temporary permit.

Other student employment stipulations:

- Employment time is not substituted for clinical experience.
- Students cannot complete clinical coursework while working as an extern at any clinical site.
- Students may not receive/accept remuneration in exchange for work performed at or during their clinical rotations, course work, or corresponding experiences.

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- Clinical performance evaluations may not be completed on competencies completed while the student extern is working.
  - Students cannot be utilized as substitutes for clinical, instruction or administrative staff at the clinical sites.

Students CAN be employees and complete clinical rotations at the same clinical affiliate.

***It is strongly recommended that students do not attend a clinical rotation and work employment hours totaling more than 16 hours within a 24-hour period. Eight hours of continuous rest should be observed within every 24-hour period.***

## NBRC SELF-ASSESSMENT EXAM (SAE)

In the last semester of the program, all students must demonstrate attainment of learning outcomes by achieving a predetermined score on a mock TMC or SAE examination. The Self - Assessment Exam (SAE) is recommended by our credentialing agency for graduation. The exam's date will be announced within a sufficient period to allow for individual needs.

The SAE is given by the National Board for Respiratory Care (NBRC), the national credentialing organization for Respiratory Therapists nationwide.

**Students not achieving a passing score on the SAE will be given an "I" (Incomplete) for the course (RESP 2260) and will have up to one year to pass the exam.**

The student will need to retake the test, within 1(one) year to graduate or receive a failing grade.

## TUITION AND FEES

Please visit <https://www.pierpont.edu/sites/default/files/2017-18%20tuition%20and%20fees.pdf> to determine additional fees and tuition related expenses.

## PROGRAM RELATED ADDITIONAL FEES

In addition to tuition, RC students should anticipate additional costs. Some of the expenses include but are not limited to:

- Conference registration fees/room/meals
- RC course and lab fees
- Health physical including required vaccinations, titers and tests
- On-Line clinical evaluations (included in course fees)
- Background check
- Drug screening
- CPR Training
- Uniforms, name tag, school patch
- Stethoscope, watch
- NBRC Self -Assessment Exam (included in course fees)
- Kettering Seminar \$ 85.00 (balance is included in course fees)
- AARC membership
- ACLS course
- Transportation – Reliable transportation is required

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The program commonly uses a minimum of 10 clinical sites in a 150-mile radius from the Advanced Technical Center (ATC) in Fairmont, WV. Individual costs will vary widely depending on the type of vehicle and variation in fuel prices. All students will be required to rotate through all or the majority of these clinical sites at some point.

It is the student's responsibility to ensure that they are arriving at and leaving clinical rotation sites on time. Absence or tardiness due to lack of transportation will be unexcused.

Again, it is the student's responsibility to ensure that they are arriving at and leaving clinical rotation sites on time.

## Assignment of Clinical Rotation Sites

Students are assigned to various clinical affiliates to ensure equitable exposure to learning experiences.

Students will be scheduled for clinical rotations by the Director of Clinical Education.

It is the responsibility of the student to seek extra opportunities if they are having difficulty mastering the required clinical competency.

Additional clinical opportunities that occur outside of a regularly scheduled clinical rotation must be approved by the Director of Clinical Education prior to the student's attendance.

### Clinical Rotation Sites:

- Braxton County Memorial Hospital, Gassaway, WV
- Broadus Hospital, Phillipi, WV
- Davis Memorial Hospital Elkins, WV
- Fairmont Medical Center, Fairmont, WV
- Grafton City Hospital, Grafton, WV
- Encompass Health, Morgantown,
- Louis A. Johnson Veteran's Administration Hospital, Clarksburg, WV
- Mon General Hospital, Morgantown, WV
- Preston Memorial Hospital, Kingwood, WV
- St. Joseph's Hospital, Buckhannon, WV
- Stonewall Jackson Memorial Hospital, Weston, WV
- United Hospital Center, Bridgeport, WV
- United Hospital Center Sleep Lab, Bridgeport, WV
- WVU Medicine Sleep Center, Morgantown, WV
- WVU Ruby Memorial Hospital, Morgantown, WV

\*Additional sites may be added at any time to optimize clinical experiences for students.

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## Mandatory Clinical Rotation

Students are required to complete the mandatory rotation for WVU Medicine Children's NICU/PICU.

This rotation is in conjunction with the Clinical Practicum II Course required for the completion of the Respiratory Care Program curriculum.

Failure to meet this requirement may lead to dismissal from the program.

This clinical site provides a unique learning experience but is limited due to time constraints and commitments to patients and other students. It will be up to the discretion of the Director of Clinical Education and the Department Director at WVU Medicine Children's if a student will be allowed to make up for any absences that may occur during the student's scheduled rotation.

## Health Physical

The inventory is mandatory and composed of a physical exam, immunization titers, PPD (TB tests) and Hepatitis B vaccinations, and any additional requirements designated by the clinical affiliate's policies and procedures for student clinical placement, if needed.

## Immunizations

### *Hepatitis B Virus*

A series of three injections is necessary to establish immunity to hepatitis. Students must plan for the administration of these with a physician at their own expense. The series of injections take approximately six months, followed by a serum titer. Documentation of each injection from the physician who administers the vaccine is required as well as the results of the titer.

Documentation of the receipt of the Hepatitis B Virus (HBV) surface antigen vaccine series or documentation demonstrating a Hepatitis B surface antibody titer sufficient for protection from HBV infection (CDC recommends the titer be tested 6 months after the third vaccine of the series) is required of all students entering the Respiratory Care Program.

It is strongly recommended that students receive the second dose of the Hepatitis B vaccine series prior to the beginning of their first semester in the program.

Students refusing the vaccine, those who have not yet begun the series, and those lacking a titer sufficient for protection from HBV must sign a waiver (Declination Form) before beginning any clinical experience.

### *Varicella Vaccination*

Students are required to provide documentation of two (two) live varicella immunizations or a titer demonstrating immunity to varicella.

If the student cannot demonstrate immunity to varicella, The Advisory Committee on Immunization Practices (ACIP), with support from the Hospital Infection Control Practices Advisory Committee (HICPAC), recommends that healthcare institutions ensure that all healthcare personnel have evidence of immunity against varicella. They should receive 2 doses of varicella vaccine given 4 to 8 weeks apart.

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For more information, see <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>

#### *Measles, Mumps and Rubella (MMR) Vaccination*

Students are required to provide documentation of either two (2) live vaccinations of the measles, mumps, and rubella vaccine or a titer demonstrating immunity.

Students refusing any portion of the vaccine and those lacking sufficient protections from Measles, Mumps, or Rubella must sign a waiver (Declination Form) before beginning any clinical experience.

#### *2-step PPD test (Tuberculosis, PPD)*

Two-step testing with the Mantoux tuberculin skin test (TST) should be used for baseline or initial testing. Some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction. Positive reactions to subsequent TSTs could be misinterpreted as a recent infection.

If a student should have a positive (+) result, the student will then be required to have any follow-up testing such as chest x-rays, testing of blood, sputum, urine, or tissue samples at their own expense. Students will also be required to provide medical clearance documentation from a physician or the local Health Department.

The TST must have been administered not more than ninety (90) days prior to the start of any clinical rotation. Annual PPD testing will be required to maintain enrollment in the program.

A student may also complete the Quantiferon TB Gold blood test in lieu of the 2 step PPD

#### *Tetanus, Diphtheria, and Polio (Tdap, Tetanus Shot)*

Adults should receive a single dose of Td every 10 years. For adults who did not receive Tdap as an adolescent, a dose of Tdap can replace one of the 10-year Td booster doses.

Students are required to have documentation of a single dose of Tdap who have not previously received Tdap regardless of the time since their most recent Td vaccination.

#### *Influenza Vaccine (Flu Shot)*

All students in clinical practicum courses between the months of October and March are required to receive the Influenza Vaccine.

Students who refuse to be vaccinated will be required to sign a waiver (Declination Form) and must adhere to the policies set by the Clinical Affiliate regarding Influenza vaccination. Students who choose not to be vaccinated may not be allowed to participate in clinical rotations.

For more information on the recommendations about the Influenza vaccine for health care providers by the Centers for Disease Control, please go to <https://www.cdc.gov/flu/healthcareworkers.htm>.

#### *Covid Vaccine*

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All students in clinical practicum courses are required to receive the Covid Vaccine.

Students who refuse to be vaccinated will be required to sign a waiver (Declination Form) and must adhere to the policies set by the Clinical Affiliate regarding COVID vaccination. Students who choose not to be vaccinated may not be allowed to participate in clinical rotations.

#### *CPR Certification*

**All students are required to show evidence of completion of a CPR course (Healthcare Provider American Heart Association) by the first day of clinical practicum. Please plan early to complete this requirement.**

If the American Heart Association already certifies you as a CPR for Healthcare Provider and your card will expire before you complete the Respiratory Care Program, it is your responsibility to get recertified and present your new card to the Clinical Director. Maintaining current CPR Certification during your enrollment in the Respiratory Care Program is mandatory. You will be unable to attend clinical site rotations without current CPR Certification.

#### *Identification*

All students accepted for enrollment in the Respiratory Care Program are required to always wear photo identification during clinical rotations. Photo IDs can be government issued, student IDs, or a similar type of identification.

#### *Name Change*

Students are responsible for notifying the Registrar of the college, Program Director and Director of Clinical Education with any changes in name, address, or telephone numbers.

#### *Criminal Background Check*

Each applicant to the Respiratory Care Program shall submit to a criminal background check. This will be conducted through Castlebranch. Costs associated with the state and federal criminal history checks will be the responsibility of the student.

A clinical facility has the right to refuse a student access to clinical experiences based on results of the criminal background check, which may prevent progression in the program.

The Respiratory Care program reserves the right to nullify a student's admission on the results of his or her background check.

Failure to disclose any criminal conviction, felony, or misdemeanor, on the application for admission to the Respiratory Care program at any time during the admission process or during the course of the program is grounds for immediate dismissal from the program.

A copy of the documentation indicating conviction of a crime received by the Respiratory Care program from any law enforcement agency will be forwarded to the West Virginia Board of Respiratory Care (WVBORC) for review. The WVBORC may refuse to issue a license to practice respiratory Care that has been convicted of a felony, is habitually intemperate or

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addicted to the use of habit-forming drugs, who is mentally incompetent or who is guilty of professional misconduct including conviction of a misdemeanor with substantial relationship to respiratory Care.

Any applicant to the Respiratory Care Program who has ever been convicted of a felony or misdemeanor should contact the WVBORC to discuss the potential impact of prior convictions on their application and licensure process.

WV Board Of Respiratory Care (WVBORC) 106 Dee Drive, Ste 1 Charleston, WV 25311  
304-558-1382

#### *Drug and Alcohol Screening Policy*

Pierpont Community & Technical College Community is a drug free community. Therefore, all students admitted to and enrolled in any program within the college are subject to the schools Drug and Alcohol Testing Policy, which is in Student handbook on the College's website. Students may be subject to random drug/alcohol screening or psychiatric evaluation at their expense if their behavior puts patients, faculty, or peers in jeopardy. A positive drug/alcohol screening and unauthorized use of controlled substances will be causes for dismissal from the program.

Any student demonstrating behaviors of reasonable suspicion or impaired capacity will be required to undergo immediate drug/alcohol testing. The student shall agree to submit to drug and alcohol screening testing to determine whether alcohol, any controlled substance, or substances, are present in his/her blood and/or urine.

Failure to submit to such a reasonable request shall be prima facie evidence of the presence of the aforementioned substances, and will be grounds for immediate dismissal from the Respiratory Care Program. All costs incurred, because of this action, is the responsibility of the student.

Reasonable suspicion is considered when any student demonstrates unusual unexplained behaviors during scheduled respiratory care encounters. Observable signs might include but are not limited to:

- Unduly talkative making incoherent or irrelevant statements
- Slurred speech
- Odor of alcohol
- Unsteady gait
- Disoriented or confused behavior
- Sloppy inappropriate clothing and/or appearance
- Physically assaultive

Any student who is prescribed any narcotic medication or medications, which may cause the student to be impaired in any way, shall have his/her physician document the prescribing of the medication. The student shall provide this documentation to the Clinical Director on the next instructional day following the prescribing of such medication.



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Any student who utilizes a prescription or non-prescription substance which may contain alcohol, cause drowsiness, or in any way impair their ability to perform their required functions safely shall inform the Instructor or their designee on any instructional day on which the substance is utilized and also prior to the student's submission to the drug/alcohol screen which may be requested.

At no time shall the student engage in direct patient care in the clinical facility while he/she is under the influence of alcohol, a narcotic, non-prescription drug, or other mood-altering medication, without a statement from his/her attending physician stating the student's ability to perform their required functions safely. The coordinator or their designee will evaluate the student's functional ability. The Preceptor will determine if they are comfortable assuming liability for the student's respiratory actions.

Any time a student's behavior indicates that he/she is unable to provide safe patient care, the Preceptor is within their rights to request the student to leave the clinical site. The Preceptor will then report the incident to their immediate Supervisor and the Director of Clinical Education for PC&TC.

Receipt of a result indicating the presence of any amount of any substance for which the student has no legal, valid prescription or a non-prescription substance not declared prior to the drug/alcohol screen shall be grounds for immediate dismissal from the Respiratory Care Program.

## STUDENT HEALTH

All entering students and all students who are re-entering the program after an absence of greater than ninety (90) days, shall submit evidence and/or updated evidence, on the school's physical examination form, a complete physical examination. The physical examination report and lab results must not be older than ninety (90) days at the date of entry or re-entry into the Respiratory Care Program practicum courses. All students are expected to submit proof of vaccination and/or immunity for all required immunizations.

In the event that a student has a change in their health status the DCE should be notified as soon as possible. In the event of a major change of health status, the student will not be permitted in the clinical area until they submit a medical release from their healthcare provider(s). This form must state that the student is able to participate without restrictions and can provide direct patient care safely with regard to themselves and to their patients in the clinical area as an RC student. The medical release form must be submitted to the RC coordinator one day prior to any scheduled clinical experience. Failure to do so will prohibit the student from attending the clinical experience and will result in an absence.

## HEALTH INSURANCE

Pierpont Community & Technical College does not provide private individual health or accident insurance. Therefore, students should be covered by a health insurance policy before entering the RC program. Students are responsible for any expenses incurred as a result of illness or accidents in any aspect of the program, including clinical facilities. Students without health insurance will sign a waiver (see appendix).

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The school provides liability insurance coverage on behalf of the student while participating in clinical rotations.

## PROGRAM MODEL SCHEDULE

Prerequisites include

ENGL 1104 3cr, MATH 1207 3cr, and BIOY 1170 3cr and 1171 1cr (Anatomy and Physiology)

<b>Fall 1</b>	<b>Course Name</b>	
	CHM 1101 - General Chemistry	4 hr
	BIOY 1160 - Intro to Microbiology	3 hr
	BIOY 1161 - Microbiology Lab	1hr
	ENGL 1109 - Technical Report Writing	3 hr
	RESP 1101 - Introduction to Respiratory Care	2 hr
<b>Spring 1</b>	<b>Course Name</b>	
	OFAD 1150 - Computer Concepts and Applications	3 hr
	BIOY 1115 - Pathophysiology	3hr
	RESP 1105 - Clinical Theory Lecture	3 hr
	RESP 1106 - Clinical Theory Lab	2 hr
	RESP 2200 - Respiratory Pharmacology	3 hr
<b>Summer</b>	<b>Course Name</b>	
	RESP 2206 – Clinical Theory Practicum	2 hr
	RESP 1107 - Mechanical Ventilation I Lecture	3 hr
	RESP 1108 - Mechanical Ventilation I Lab	1 hr
	RESP 2225 - Cardiopulmonary Pathologies and Therapeutics	2 hr
<b>Fall 2</b>	<b>Course Name</b>	
	RESP 2210 - Clinical Practicum I	5 hr

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RESP 2220 - Mechanical Ventilation II Lecture	3 hr
RESP 2221 - Mechanical Ventilation II Lab	1 hr
RESP 2226 – CP Pathologies and Therapeutics Lab	1 hr
RESP 2230 - Neonatal/Pediatric Respiratory Care	3 hr
<b>Spring 2      Course Name</b>	
RESP 2240 - Neonatal/Pediatric Clinical Practice	2 hr
RESP 2250 - Clinical Practicum II	5 hr
RESP 2260 - Respiratory Care Exam Review	2 hr
RESP 2270 - Intensive Respiratory Care	3 hr
RESP 2995 - Respiratory Care Capstone	2 hr

## ACADEMIC CALENDAR

The Pierpont Community & Technical College Registrar's Calendar and Academic Calendar can be found on the institution website and published with course registration information materials.

## TEXTBOOKS

Required Textbooks and workbooks

In order to assist with cost, textbooks will be offered in bundles at the beginning of the program. These books will be used throughout the entirety of the program.

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## PROFESSIONAL CONDUCT

### CLASSROOM POLICIES AND EXPECTATIONS

Students are expected to demonstrate appropriate professional behavior in the classroom, college laboratory and clinical setting as a requirement for successful completion of the Respiratory Care Program.

### PARTICIPATION

All students are expected to constructively participate in all class activities. In general, constructive participation means those acts or activities that contribute to the educational program of the class.

Constructive participation includes, but is not limited to:

- Offering constructive comments
- Asking questions that enhance class progress
- Requesting clarification when clarification is needed
- Silencing all phones and electronic devices before lectures and campus labs
- Refraining from personal conversation during lectures
- Making or receiving calls on cell phones

### CONDUCT

All students should conduct themselves such that their own learning and the learning of other students is enhanced. Students should exhibit no behavior that would detract from this goal.

Non-constructive behavior includes but is not limited to the following:

- No student should attend class under the influence of alcohol or illegal drugs
- Students should bring textbooks, notebooks, and writing materials to all classes unless notified by the instructor
- Weapons, radios, beepers (unless required), or other items not appropriate for instruction should not be brought to class
- Unless prior permission is given, animals other than service animals, children and other visitors are not to be brought to class
- Sleeping
- Reading or using a computer to view non-class material
- Working on assignments or viewing materials not related to the current class session
- Talking to other students during instruction
- Creating disturbances that distract themselves and others from the class activity
- Use of cell phones during class time

### CELL PHONES

Cellular phones and electronic devices should be silenced during class time and clinical training. Cell phones should not be in use unless the instructor requests or for specific classroom instruction apps.

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In case of emergency where a student may need to be contacted during class the student is to notify the instructor in advance so that a plan of action can be determined.

If cell phones or electronic devices are heard during class time or clinical training students will be asked to leave the classroom and counted absent for that class period.

Repeated abuse of cell phones or violation of the cell phone policy may result in disciplinary action and will be evaluated by any of the following, Program Director, Director of Clinical Education, Adjunct Faculty or Clinical Supervisors.

## LATE ARRIVAL /EARLY DEPARTURE

Students are expected to arrive in class in a timely manner. Except for extenuating reasons beyond their control, students should remain (actively) in class for the entire class period. If you have a serious or important reason (medical, family) for an early exit from class, see instructor before the event. Walking out of a class in session is a distraction and disrupts your own learning.

Medical, legal, or academic appointments should be made during non-class times.

## DISCIPLINARY POLICIES

### VERBAL WARNING

An Instructor may give a verbal warning at any time regarding classroom, campus laboratory or clinical performance, appearance, conduct or attitude.

Verbal warnings will be documented and placed in the student's file.

When a total of three documented warnings have accumulated a written warning will be given.

### WRITTEN WARNING

A written warning may be given at any time regarding classroom, campus laboratory or clinical performance, appearance, conduct or attitude at the discretion of the instructor, Clinical Director, Program Director or clinical affiliate designee.

A written warning can be an independent occurrence and does not require a previous verbal warning.

A written warning will be delivered to the student by a member of the RC faculty indicating the violations of the student, who will be requested to sign and date the document and may add comments if desired.

If improvement does not occur, a meeting will be held with the student, the faculty, and the RC Program Director and any actions taken will be at the discretion of the Program Director.

## IMMEDIATE DISMISSAL

Students will be subject to immediate dismissal without prior warning for certain offenses including, but not limited to the following:

- A failing course grade.

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- Failing in the clinical progress evaluation
- Failure to meet clinical objectives by conducting oneself in a manner considered harmful and/or unsafe in regard to patient safety
- Insubordination as disobedience or refusal to comply with instructions
- Academic or clinical dishonesty. Dishonesty is not limited to falsifying any documentation, lying, plagiarism, any form of cheating, or theft
- No student shall post information of any type including photographs which in any way identifies or represents the Respiratory Care Program or students of the Respiratory Care Program on any internet site, specifically including You Tube, Facebook, Instagram, SnapChat, Tik Tok, etc.
- Bullying in any form. Students engaging in any type of bullying behavior (in the classroom, online, directed toward another faculty, student, or clinical affiliate employee, etc) will be subject to removal from the program and possible disciplinary action by the PC&TC Judicial Committee.

#### Clinical Rotations:

When in a clinical site, the Respiratory Department and Hospital Policy and Procedure Manuals will be made available upon request.

Each clinical site has the right to refuse a student for clinical rotation if the student violates the policies and procedures of the department and/or the hospital as they apply to the student's clinical rotation.

If a student is denied a clinical rotation due to an offense that would have resulted in termination of an employee for the same offense, it will result in the student being dismissed from the Pierpont Community & Technical College Respiratory Care Program.

If a student is denied clinical privileges at two clinical affiliate sites, regardless of the reason, he/she will be dismissed from the program.

Questionable behavior during a clinical rotation that is brought to the attention of the Director of Clinical Education or the Program Director will be addressed and disciplinary action taken, up to and including possible dismissal from the program. Decisions will be made on a case-by-case basis by the Director of Clinical Education and/or the Program Director.

Behavior that could potentially result in dismissal from the program includes, but is not limited to:

- Failure to inform a faculty member of prescription medication that may impair judgment or affect reaction time.
- Failure to comply with the policies set by affiliation facilities, including the confidentiality agreements and the confidentiality agreement signed by the student upon acceptance to this program.
- Absences as stated in the attendance policy.
- Endangering a patient or others through unsafe practices (verbal or physical).

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- Reporting to the classroom or clinical area under the influence.
- Vandalism or willful destruction of property.
- Use of profane or obscene language, malicious gossip, or thoughtless talk causing harm to others.
- Nonpayment of tuition and fees.
- Violent act toward self or others.
- Possession of weapons.
- Failure to comply with the tobacco policy of Pierpont Community & Technical College.

## ATTENDANCE POLICY

### ABSENCES CLASSROOM AND CAMPUS LABORATORY

Students are expected to regularly attend the class and laboratory session of courses in which they are registered. Regular attendance is necessary for the successful completion of a course of study and is an integral part of the student's educational experience.

If an absence is necessary:

- The student must discuss the absence with the instructor before the next scheduled class.
- The instructor of the course will determine whether the absence is an excused absence.
- An absence may be excused in emergency situations including death in the immediate family, grave or serious illness or injury, to oneself or members of the immediate family.
- Institutional absences, those resulting from participation in an activity in which the student officially represents Pierpont Community and Technical College, are excused.
- Cancellation of classes at Pierpont Community and Technical College campuses due to weather or other emergencies is an excused absence.
- Students missing greater than 20% of the lecture or laboratory sessions will be asked to withdraw from the course.
- If the student missing greater than 20% of a course chooses to remain in the course, they will receive a grade of "F".

### CLINICAL ROTATION ATTENDANCE POLICY

Semester Dates Total Absences

Attendance is mandatory in all courses. This includes lectures, laboratory sessions and scheduled clinical rotations. It is the student's responsibility to ensure they are marked present for attendance in lecture or laboratory sessions. Attendance will be recorded in clinical sites by student attendance logs in Trajecsys.

Students are scheduled for the following shifts during clinical rotations:

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1st Year – Summer Semester: 8-hour shifts 2 days per week (160 hours)

2nd Year – Fall Semester: 12-hour shifts 2 days per week (360 hours)

2nd Year – Spring Semester: 12-hour shifts 2 days per week (360 hours)

Students are expected to follow the work schedule at the facility to which they are assigned. Starting times may vary from facility to facility. Occasionally, students may be required to report to their assigned affiliate at a different time or to extend their quitting time beyond what is normally scheduled.

Tardiness and early dismissals without a valid reason will not be tolerated. Students should rearrange outside work time so that it does not conflict with clinical assignments. Early dismissals must be approved by the Department Director at the assigned affiliate.

**If a student expects to be absent for a clinical rotation, they must inform their clinical affiliate by phone AND the Respiratory Care Clinical Director by phone and email at least 2 hours prior to the start of the scheduled shift.**

**The student will then be required to submit the name, date, and time of the person with whom they spoke at the clinical affiliate site regarding the absence.**

Students may be dismissed from the Respiratory Care Program for the following:

- Failure to notify the clinical site of an absence will result in administrative withdrawal from the course.
- No call/No Show for any scheduled clinical rotation will result in administrative withdrawal from the course.

## TARDINESS: CLASSROOM OR COLLEGE LABORATORY

Being late for class, college laboratory, or clinical rotations will be considered unprofessional conduct and is unacceptable.

- Students more than 10 minutes tardy on exam days will not be permitted to begin tests and will have to schedule a make-up examination.
- Students tardy for quizzes will not be permitted to enter the classroom until the quiz is complete.

If a student expects to be late for a clinical rotation, they must inform their clinical affiliate by phone AND the Respiratory Care Clinical Director by phone and email.

It will be the discretion of the clinical affiliate Department Director or Shift Supervisor whether the student is allowed to complete their shift. If a student is sent home, it will be considered a clinical absence.

Students are required to log in to Trajecsys, the program's clinical reporting system upon arrival and when leaving the scheduled clinical rotation. Students logging in more than 10 minutes after the scheduled start time of their clinical rotation or logging out more than 10 minutes early from the end of their scheduled clinical rotation will be considered tardy. Three (3) unexcused tardies will count as one absence.



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## INCLEMENT WEATHER

The instructor may choose to cancel classes during inclement weather. The instructor will attempt to give as much notice as possible when canceling a class due to inclement weather. As in any inclement weather situation, advance notice is not always possible.

When classes at the college are canceled due to inclement weather before the scheduled clinical time, the student must follow the above call-off procedure. The decision to attend a clinical rotation during inclement weather remains with the student. Students are expected to use their best judgement when attending clinical rotations during dangerous weather months.

## BEREAVEMENT

Students are allowed excused absences due to the death of a close friend or family member.

It is the responsibility of the student to provide documentation to the program faculty for absences related to the death of a family member. Upon receipt of the documentation, the absences will be counted as excused.

## MAKE-UP WORK

It is the responsibility of the student to make up any work missed due to absence.

It is the responsibility of the student to call and obtain missed assignments.

Make-Up policies can be found in each course's syllabus.

## COLLEGE LABORATORY

Students participating in clinical practicums are expected to be knowledgeable about the skills required in the care of their assigned patients. In order to assist the student to become prepared for clinical functioning, a college laboratory is maintained.

Students may practice procedures during posted open laboratory times during the week in the college laboratory. If you need assistance for practicing any skill, please contact Director of Clinical Education (DCE) or Program Director. A Respiratory Care faculty member must accompany the student at any time during practice laboratory sessions.

Prior to the performance of a skill with a patient in the clinical setting, a student **MUST** satisfactorily demonstrate the knowledge and ability to perform the skill to an appropriate faculty member.

Students are required to perform skills for a competency testing at a designated time for their course. The role of the instructor during competency testing is to observe and evaluate the student's performance of the skill without giving guidance or assistance. The student must be able to perform the skill competently and independently. If the student identifies an error during the testing session, the student may correct it without penalties as long as the patient's safety is not violated, and the student can rectify the error within the designated testing time.

## COMPETENCY REMEDIATION POLICY

1. If the student fails to pass the competency on the first attempt they will be, responsible for scheduling a second competency testing session.

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The student will be given time to practice the skill in the laboratory setting and request remediation and reinstruction by the instructor.

2. The second testing session will follow the same format as the first testing session.
  - a. The student will need to perform the skill that was failed.
  - b. If the student does not satisfactorily demonstrate competency in the second testing session they will be given reinstruction and remediation on the failed skill.
  - c. The student will be given time to practice the skill and will be responsible for scheduling a third competency testing session.
3. If the student does not pass the third competency testing session, they not have met the objectives for the course, and the student will receive a failing grade in the associated lab or theory course.

#### Clinical Rotation:

If at any time, the clinical site affiliate designee notifies either the Director of Clinical Education or the Program Director of a deficiency in a skill by a student and requests reinstruction or remediation for that student, the student must then return to the clinical laboratory and will not be permitted to complete their clinical site rotation until they have successfully completed the required competency.

The student must demonstrate a 90% or better on the competency to return to the clinical site rotation. The student will be required to follow the above stated Remediation Policy guidelines.

The following rules will be observed in the college laboratory at all times:

- Do not sit on the beds, tables, or other equipment unless you are practicing a procedure or skill that requires it.
- Equipment may not be removed from the laboratory under any circumstance.
- No animals other than service animals, children or guests are permitted in the college laboratory

## COURSE EVALUATION

At the end of every course students will be asked to complete an evaluation form for the course, the instructor or instructors, and the clinical facility. Students are asked to complete these forms promptly.

## SAFETY STANDARDS

Students will be instructed in safety procedures and techniques appropriate for work in a variety of health care settings. These procedures follow national guidelines published by the

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Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA).

## INCIDENT REPORTING POLICY

Students are required to follow all safety precautions and practices as discussed by the instructors.

**Serious injury:** Is defined as an injury that results in treatment beyond first aid, lost work days, work restrictions, loss of consciousness or significant injury or illness diagnosed by a physician or other licensed health care professional.

**Reporting requirements:** Respiratory students are required to immediately report all on-the-job injuries to their immediate supervisor.

Any and all injuries sustained on school premises or in a clinic rotation will be reported to the Director of Clinical Education within 8 hours of the injury. All injuries at any clinic site must be reported immediately to the Preceptor and the facility management.

Incident reports will be completed by the student with the assistance of facility staff in accordance to the facilities policy. A physician's release to return to the clinical area is required when deemed necessary by affiliate administration or the Director of Clinical Education.

**Action Plan:** The Action Plan may be implemented and will be in writing and signed by the employee and Director of Clinical Education. Elements of the Action Plan may include additional training, monitoring, counseling, changes in operational methods, and other appropriate activities to guide and assist the student in maintaining safety "best practices." Failure to improve performance may result in disciplinary action, up to and including removal from the Respiratory Care Program.

Failure to follow established safety rules and procedures, regardless of whether or not an injury occurs as a result of said failure, shall result in disciplinary action, including oral or written reprimand, unsatisfactory performance evaluation, plan of improvement, suspension or termination of employment. The level of discipline shall be determined by the severity and frequency of the violations. Examples of unsafe behaviors which can result in disciplinary action include, but are not limited to: failure to use provided personal protective equipment (such as non-slip shoes, hearing protection, safety glasses, etc.) failure to properly use ladders, failure to promptly clean up spills or warn of their presence, unsafe lifting practices, failure to promptly report an injury to the immediate supervisor, etc.