

Pierpont Community & Technical College
School of Health Sciences



Respiratory Care Program
Student Handbook
2025-2026

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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, 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 Organizational Development serves as the institutional Title IX Coordinator.

HANDBOOK POLICY

Upon admittance into the Pierpont Community & Technical College Respiratory Care Program, students are issued access to 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.

The Respiratory Care Program faculty require that all students accepted into the Respiratory Care Program read the entire handbook. This handbook provides essential information about the policies and procedures throughout your enrollment in the program.

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

You have chosen to become a Respiratory Therapist. As a respected member of the healthcare team, you will be working with professionals from many disciplines as well as patients, their family members, and caregivers. You are evaluated daily on your professional behavior. Your attitude, attendance and appearance are part of that evaluation. It is your responsibility to represent Pierpont Community & Technical College and most importantly yourself, as a potential employee.

Attendance is of the utmost importance. You are not just taking classes to obtain a degree; you are weaving together the concepts and clinical skills required to maintain life. Each lesson from each course adds another layer. If you miss layers in your tapestry, you will not be successful at the art of breath.

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. Students are admitted into the program in the Spring semester after they have completed the prerequisite courses in the Fall. 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 to sit for 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 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. West Virginia requires the RRT credential to obtain a license to practice as a respiratory therapist.

Upon successful completion of the NBRC examination(s) and obtainment of state licensure, 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 care 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

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 Associate 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. The 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)

Public Disclosure Notice on Pierpont Community & Technical College (200632) At its November 2023 meeting, the Commission on Accreditation for Respiratory Care (CoARC) conferred Probationary Accreditation for the AS Degree Entry into Respiratory Care Professional Practice Program sponsored by Pierpont Community & Technical College. Probation is a public status and, therefore, the information provided below is in accord with the Commission's policy on release of information (see CoARC Policy 11.05D). Probationary Accreditation was conferred after review of the Program's accreditation record during the November 2022 and November 2023 CoARC Board meetings. The following Standard(s) is/are not in compliance:

Standard Citation 1 Standard 3.07 – Program Goals, Outcomes, and Assessment – Reporting Program Outcomes Regardless of the degree awarded, all programs must, at a minimum, meet the thresholds established by CoARC for all mandated outcome measures at all program locations, notwithstanding the instructional methodology used. Program outcomes must be submitted to the CoARC annually, on or before the mandated deadline, using the Report of Current Status (RCS) format. Rationale for Citation: Based on the 2023 Annual Report of Current Status, the Program did not meet the threshold for TMC High Cut Score Success (2020-2022 average results=39% [16/41], threshold=60%). The Standardized Progress Report submitted in September 2022 and Progress Report Update submitted in September 2023 addressing the TMC High Cut Score were acknowledged by the Commission.

Please Note: Probationary Accreditation is a temporary status of accreditation (maximum duration of two (2) years) conferred when an accredited program is not in compliance with one or more Standards and/or Policies, and progress reports submitted do not demonstrate correction of these deficiencies.

Probationary Accreditation can also be conferred when a sponsor receives an adverse action, as described in CoARC Policy 1.07. Following conferral of Probationary Accreditation, the program must file a Probation Report as directed by the CoARC Executive Office. If/when, to the satisfaction of CoARC, the program is able to rectify all the deficiencies that resulted in Probationary Accreditation, and thereby achieve compliance with the Standards, the CoARC will remove probationary status. If the program remains out of compliance with the Standards at the end of the first year of the two-year probationary period, the CoARC may withdraw accreditation unless the CoARC determines that the program is making a good faith effort to come into compliance with the Standards. The CoARC defines a “good faith effort” as: 1) a completed comprehensive assessment of the non-compliant Standard(s) under review; 2) development of an appropriate plan for achieving Standards’ compliance within a reasonable time frame (not to exceed the two year probationary period); 3) a detailed timeline for completion of the plan; 4) evidence that the plan has been implemented according to the established timeline; and, 5) evidence that the program is making progress toward achieving compliance as stated in the plan. It is the program’s responsibility to make the case that a good faith effort has been made. If compliance with all Standards is not demonstrated within the two (2) years following conferral of Probationary Accreditation, accreditation will be withheld or withdrawn. In no case will probation status exceed 2 years. Programs on Probationary Accreditation are prohibited from increasing cohort and enrollment numbers until Probationary Accreditation is removed. A program on probation maintains the accreditation status existing prior to conferral of probation and is therefore required to adhere to all applicable policies, including the submission of the Annual Report of Current Status (RCS) on or before the due date. However, review and approval of the RCS per se does not affect the probationary status. Because probation is not a part of the accreditation cycle, the applicable accreditation cycle dates remain in effect. When related to probation, a decision to Withdraw Accreditation is subject to reconsideration but cannot be appealed (See Policy 1.06). The CoARC requires a sponsor to complete a teach-out plan when a program is placed on probation, requests inactive status or when accreditation is withdrawn either voluntarily or involuntarily (see Policy 1.13). Enrolled students graduating from a program under Probationary Accreditation are considered graduates of a CoARC accredited program. (Accreditation Policy 1.053) The next review for Pierpont Community & Technical College is scheduled for the November 2024 CoARC Board meeting.

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. The examinations that grant credentials for the respiratory profession are given by the National Board for Respiratory Care (NBRC).

There are 49 states regulating the profession of Respiratory Therapy that recognize NBRC examinations, Certified Respiratory Therapist (CRT), and/or Registered Respiratory Therapist (RRT) as standards for state licensure. West Virginia requires a candidate for licensure to hold the RRT credential.

Graduates of the Pierpont C&TC Respiratory Care Program will be eligible 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 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
Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.712.9283

Note that granting of the degree is not contingent upon passing the external certification exam (TMC).

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 the Clinical Simulation Examination (CSE) to earn the credential of Registered Respiratory Therapist (RRT) will need to obtain a license in the State of West Virginia to practice respiratory therapy.

The state of West Virginia requires the RRT credential to obtain a license to practice Respiratory Care.

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

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, Cystic Fibrosis research, participation in health fairs, and many others! Fundraisers also help to offset the cost of attending WV Society for Respiratory Care meetings, continuing education events, and 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.

The Pierpont Community & Technical College Respiratory Care Program sponsors a Chapter of the Lambda Beta Honor Society for Respiratory Care. Membership selection is based on academic performance in the form of overall GPA.

ESSENTIAL FUNCTIONS AND PROGRAM REQUIREMENTS

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.

Although Pierpont can and will make accommodations for students, the essential skills below are required by employers to obtain and maintain a job in the respiratory field. 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 a person must perform as a respiratory therapist.

Essential Skills

The following list contains information regarding essential skills outlining the physical abilities and behavioral characteristics necessary to be a successful therapist. These standards are not conditions of admission but reflect the performance abilities and characteristics necessary to complete the duties of a respiratory care practitioner. 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.

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 various equipment sounds and alarms.

Mobility

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

- 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 patient 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 devices to gas outlets
- 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 (ie high quality chest compressions).

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.

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 patients' needs in various care settings.
- Assess patients' physical and psychosocial needs in various clinical settings by interpreting written, verbal, and sensory observations and determining 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 and other staff.
- 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.

SAFE AND ETHICAL CLINICAL PRACTICE POLICY

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. Students will demonstrate accountability in preparation, documentation, and continuity of care and show respect for the human rights of individuals.

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. If a student is terminated from the clinical portion of the program, they must apply for readmission to the Respiratory Program. There are no implied guarantees that readmission will be granted. Readmission is determined based on the nature of the dismissal.

Guidelines for Evaluating Safe Practice:

Regulatory: The student practices within the guidelines 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, religion, or sexual preference.
 - Inappropriate practice in any assigned activity related to clinical practice.
 - Refusal to provide comprehensive respiratory care for any assigned client.

Scope of Practice:

- Examples of practices outside the scope of practice are:
 - Performing procedures not allowed at 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
 - 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 against the decision and should refer to the appeal process in the Pierpont Community & Technical College handbook.

RESPIRATORY CARE PROGRAM FACULTY

Lisa Foster, MSRT, RRT
Program Director and Assistant Professor
Advanced Technology Center 116 N
681-753-5706

Students are encouraged to contact faculty or Pierpont's support services for academic assistance or any other concerns at any time.

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 in their application.
2. Complete the Respiratory Care application. 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; TEAS scores 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 a 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, BIOY 1170, and BIOY 1171
6. TEAS score of 60 or higher.

*Students begin the program in the spring semester.

Program Requirements

- Students must pass a criminal background clearance check, meet health and immunization requirements, and pass urine drug testing.
- Students must be able to meet the essential functions of the program and classes, with or without accommodation.
- 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 eligibility will be evaluated.

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 PC&TC with official transcripts from the institution, course syllabi with course objectives for all completed coursework, all previous

clinical schedules with clinical competency book for review by the PC&TC 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 dismissed from the program twice may not reapply. 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 seats.

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.

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 laboratory and clinical site rotation grading policies as needed by the Program Director, 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 program, 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. In general, assignments will not be accepted after the due date.

Laboratory courses have a limited instructor to student ratio. The course content, learning experiences, and access to learning materials will be equivalent for each student regardless of the lab section they are enrolled in. Students will also be given equal access to clinical experiences throughout the program.

EMPLOYMENT AND STUDENT ROTATIONS

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

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 course requirements while working 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.
- 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 their 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 program's last semester, all students must demonstrate attainment of learning outcomes by achieving a minimum score on a secure examination. The Self - Assessment Exam (SAE) is a standard evaluation of student learning outcomes for entry level respiratory care programs. 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 credentialing organization for Respiratory Therapists. The examination will be administered in the secure testing center in the Advanced Technology Center.

Students not achieving the minimum score on the SAE will be given an "I" (Incomplete) for the course (RESP 2260) and will have up to one year to retake the exam. The student will have 1 additional attempt to achieve an improved score on the SAE.

Repeat examination will require a 50.00 retesting fee.

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

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
- AARC membership (included in course fees)
- ACLS course
- Transportation – Reliable transportation is required

The program commonly uses at least 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 most of these clinical sites.

It is the student's responsibility to ensure that they arrive at and leave 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 student's responsibility to seek extra opportunities if they are having difficulty mastering the required clinical competency.

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

Clinical Rotation Sites:

- Broaddus 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 Children's Hospital, Morgantown, 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.

Mandatory Clinical Rotation

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

This rotation is with the Clinical Practicum II Course required for 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 Director of Clinical Education and the Respiratory Manager at WVU Medicine Children's if a student can 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

Immunization requirements are based on the CDC (Centers for Disease Control) recommended vaccinations for healthcare providers. Please note that a clinical affiliate has the right to deny your clinical rotation if you choose to forego the following vaccines:

Hepatitis B Vaccination

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 must provide documentation of two live varicella immunizations or a titer showing 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. If the student cannot demonstrate immunity to varicella, they should receive 2 doses of varicella vaccine given 4 to 8 weeks apart.

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.

Tetanus, Diphtheria, and Polio Vaccination (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

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.

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

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. AHA Healthcare provider BLS courses are available at Pierpont.

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 of 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 student's responsibility.

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 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 school's 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 must 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 aforementioned substances' presence and will be grounds for immediate dismissal from the Respiratory Care Program. All costs incurred because of this action are 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.

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 can participate without restrictions and provide direct patient care safely regarding themselves and their patients in the clinical area as an RC student. The medical release form must be submitted to the RC coordinator one day before 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 expenses incurred from illness or accidents in any aspect of the program, including clinical facilities. Students without health insurance will sign a waiver (see appendix).

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

PROGRAM MODEL SCHEDULE

TEAS Score 60

pre-program

Fall 1	ENGL 1104	Written English	3
	MATH 1207	Fundamental Concepts of Math	3
	BIOY 1170	Anatomy and Physiology	3
	BIOY 1171	A&P Lab	1
	RESP 1101	Introduction to Respiratory Care	2
	OFAD 1150	Computer Concepts and Applications	3
			15

in-program

Spring 1	BIOY 1160	Microbiology	3
	BIOY 1161	Microbiology Lab	1
	ENGL 1108 or 1109	Written English II or Technical Report Writing	3
	RESP 1105	Clinical Theory Lecture	3
	RESP 1106	Clinical Theory Lab	1
	RESP 2200	Respiratory Pharmacology	3
			14
Summer	RESP 1107	Mechanical Ventilation	3
	RESP 1108	Mechanical Ventilation Lab	1
	RESP 2206	Clinical Theory Practicum	2
	RESP 2224	Cardiopulmonary Pathologies and Therapeutics I	2

			8
Fall 2	RESP 2210	Clinical Practicum 1	4
	RESP 2220	Mechanical Ventilation II	3
	RESP 2221	Mechanical Ventilation II Lab	1
	RESP 2225	Cardiopulmonary Pathologies and Therapeutics	2
	RESP 2230	Neonatal / Pediatric Respiratory Care	3
WI	RESP 2226	Cardiopulmonary Therapeutics Lab	1
			14
Spring 2	RESP 2240	Intensive Care Lab	2
	RESP 2250	Clinical Practicum II	4
	RESP 2260	Respiratory Care Exam Review	3
	RESP 2270	Intensive Respiratory Care	3
	RESP 2995	Respiratory Care Capstone	2
			14
		Total Credit Hours	65

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

To assist with cost, textbooks will be offered in bundles early in the program. These books will be used throughout the entirety of the program.

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.

PROFESSIONAL BEHAVIOR is the appearance, actions, and communications that create the impression that an individual is capable, competent, and qualified to perform the duties of a health care professional. These behaviors include conforming to the standards and/or rules set by the program/workplace, treating others with respect, and reliably performing assigned duties. Professional behavior is further defined as:

- **Integrity:** the quality of possessing and steadfastly adhering to high moral principles and professional standards.
- **Responsibility:** actions that show the acceptance of a student health care professional's role and obligation.
- **Demeanor:** behavior, manner, and appearance that demonstrates professional character.
- **Service:** actions that demonstrate a willingness to meet the needs of others.

Professional Appearance

Students must maintain a *professional appearance* when participating in any clinically related experience. Adhering to the following general rules will keep you in compliance with policy guidelines at each clinical site.

1. Good person hygiene is required. Excessive perfume, cologne, aftershave, (or any offensive odor, including smoke) is not permitted.
2. If make-up is worn, minimal "daytime style" should be worn.
3. Hair must be clean, neat, and contained (i.e., kept clear of the face). No extreme hair colors (blue, purple, pink, etc.) or decorative hair accessories.
4. Mustaches and beards will be clean and neatly trimmed.
5. No dangling earrings permitted.
6. Except ear piercing, no other visible body piercings or tattoos are permitted.
7. Engagement rings and wedding bands are permitted except in situations where all jewelry is contraindicated such as NICU/PICU and surgical suites. Please remember that jewelry can be classified as a fomite and transmit pathogens.
8. Fingernails must be cut to a reasonable length.
9. No chains, bracelets, or large jewelry is to be worn.
10. Wear appropriate protective attire (masks, gloves, jackets, etc.) when needed.
11. Designated uniforms with name tag and patch are to be worn during clinical experiences.
12. White long sleeved or short sleeved T-shirts may be worn under the scrub tops. Must NOT have any writing on sleeves or visible artwork.
13. Shoes must be non-absorbent. Shoestrings must be clean. No open-toed or canvas shoes. No shoes with open holes.
14. Dresses, skirts, and skorts must have a hemline no shorter than one inch above the knee and fit properly.
15. Clothing must fit well, not be distracting or unprofessional in appearance and in good repair. Appropriate undergarments must be worn.

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.

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 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.
- Failing in the clinical progress evaluation
- Failure to meet clinical objectives by conducting oneself in a manner considered harmful and/or unsafe regarding 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 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 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).
- 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 illegal weapons.
- Failure to comply with the tobacco policy of Pierpont Community & Technical College.

Personal calls are not to be made or accepted at clinical sites except for emergency reasons. Cell phones, beepers, pagers, etc. ARE NOT to be seen in a clinical site during scheduled work hours. Text-messaging is prohibited in clinical sites. Supply baby-sitters, etc. with the phone number of the Director of Clinical Education (681-753-5706) and the phone number of the clinical affiliate. Calls should ONLY be in cases of emergency.

Students are allowed to access Trajecsyst to log in and log out at certain clinical sites. Otherwise, cell phones should be left in your bag, purse, or locker and used only in adherence to the clinical site cell phone policies. Students found to be in violation of the clinical affiliate cell phone, internet usage, and social media policies can and may be administratively withdrawn from the course or dismissed from the Respiratory Therapy Program.

Respiratory Care Program Code of Ethics Regarding Social Media

This code provides Pierpont Community and Technical College (PC&TC) respiratory students with rules for participation in social media, including media hosted by clinical affiliates' as well as non-clinical social media.

Guidelines:

The term "clinical affiliate" includes ANY clinical affiliate used by PC&TC for health career education. Students must always abide by the PC&TC health careers code of ethics when using or participating in social media. All policies that that apply to the Respiratory Care Program apply here.

Students must always remain respectful of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Materials may not be posted which are obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, hateful, or embarrassing to another person or entity. Students may not engage in any activity that reflects negatively on a clinical affiliate.

Students may not disclose any confidential or proprietary information regarding any of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Including but not limited to business, medical, and financial information; represent that they are communicating the views of any clinical affiliate unless authorized by that clinical affiliate and PC&TC; or act in a manner which creates the false impression that they are communicating on behalf of or as a representative of a clinical affiliate.

Students may not use or disclose any patient identifying information in any social media. This rule applies even if the patient is not identified by name where the information used or disclosed may enable someone to identify the patient.

This policy applies to students when using social media while at a clinical affiliate site and while using social media when away from a clinical site. This policy does not apply to content that is

unrelated to a clinical affiliate site. This policy does not apply to content that is unrelated to clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees.

Students are not permitted to use a clinical affiliate logo or PC&TC logo in any internet posting. Students are personally responsible for what they post. Students may not establish a clinical affiliate hosted social media site.

Violation of this policy will result in corrective action up to and including removal from the program.

Transportation – Reliable transportation is required.

The program uses multiple clinical sites from Preston County to Elkins. 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 most of these clinical sites.

For convenience, some students choose to carpool to clinical rotation sites. It is the student's responsibility to ensure that they arrive at and leave clinical rotation sites on time. Absences or tardies 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.

Parking

Students will be provided with parking instructions for each clinical site.

Emergency Treatment during Clinical Rotations

Emergency care is provided at all hospitals in case of an accident. **However, the student is responsible for the costs incurred. ALL** accidents must be reported to your clinical instructor and/or preceptor.

Students must 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 workdays, work restrictions, loss of consciousness or significant injury or illness diagnosed by a physician or other licensed health care professional.

Any 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 with 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.

Liability Insurance

Although Pierpont Community & Technical College provides professional liability insurance for its students. Students are also encouraged to carry an individual liability insurance policy.

Learning Resources

Students have access to services provided by the Learning Resources Center, Respiratory Care Departments, Hospital Medical Libraries and Public Libraries following appropriate procedures.

Note: Some medical libraries may not permit students to "check out" materials.

Internet Resources

Students have Internet access in the Learning Resources Center, Computer Labs, and Respiratory Care Lab. Refer to the college policy in the student handbook on Internet Use.

Health Care Systems

Information Management

Management Information Systems depend on much information to provide patient care including writing patients' charts, billing, record keeping, reports of meeting, etc. Students must be familiar with how the hospital manages this information.

The information will be:

1. Quick and easy for appropriate personnel to access
2. Correct
3. Kept private and safe, through the use of passwords and limited access
4. Used to improve the work efficiency
5. Shared between departments in order to improve patient care
6. Kept on every person treated
7. Protected against being lost or destroyed
8. Protected from people who do not have a reason to see it or use it

Patient/Institutional Confidentiality

Everyone must protect the confidentiality of patient information. Patient information may be shared or discussed only with other healthcare workers who have a legitimate need to know. Students and staff who do not need to know patient information have a responsibility to consciously avoid it.

Anyone who violates the confidentiality of patient information is subject to disciplinary action.

As students in Health Care, you have access to patient and institutional information. All information concerning patients is considered **strictly confidential**. Written, verbal or computer accessed information is to be protected and used only as needed for patient care. Disclosure of confidential patient information breaches the patient's right to privacy and can lead to suspension from the program and legal litigation.

Students must acknowledge his/her responsibility under federal law and the Affiliation Agreement to keep confidential, any information regarding patients, and all confidential information of the Facility and Corporation Organization. The student agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and further agrees not to reveal any information regarding the facility and corporation organization.

Patient Rights and Organization Ethics

Patient Rights and Organization Ethics improve patient outcomes by respecting individual patient rights and conducting business relationships with patients and community in an ethical manner.

Students must understand and respect the rights and values of patients in meeting their needs and preferences. How students respond to patients has a significant impact on the patient's experience and care.

Under supervision students must:

- Promote consideration of patient values and preferences including the decision to discontinue treatment
- Recognize the hospital's legal responsibilities
- Inform patients of their responsibilities in care they receive
- Manage the hospital's relationships with patients and community in an ethical manner

Patient Rights and Responsibilities

Individual rights and dignity are always important and must be protected. During illness and hospitalization, the assertion of these rights becomes important in assuring patient recovery and well-being.

Patients have the **Right** to:

- Be treated with dignity and respect
- Know the names and professional status of people serving them
- Privacy
- Confidentiality of their records
- Receive accurate information about health-related concerns
- Know the effectiveness, possible side effects and problems of all forms of treatment

- Participate in choosing a form of treatment
- Have an advance directive such as a living will, healthcare proxy or durable power of attorney
- Receive education and counseling
- Consent to or refuse any care or treatment
- Select and/or change their healthcare provider
- Review their medical records with a clinician
- Information about services and related costs

Patients have the **Responsibilities** to:

- Seek medical attention promptly
- Be honest about their medical history
- Ask about anything they do not understand
- Follow health advice and medical history
- Report any significant changes in symptoms or failure to improve
- Respect hospital policies
- Respect the property of the hospital and the property of others in the hospital
- Assure that their financial obligation to the Hospital will be paid promptly and that the Hospital will be notified of any change of name, address, or telephone number.

Patient Assessment

A patient assessment determines the kind of care required to meet a patient's needs. To provide patients with the right care and the right time, qualified individuals assess patients' care needs throughout the patient's contact with the medical facility.

Hospital Accreditation Standards (Joint Commission) addresses the following processes and activities:

1. Data Collection – The hospital collects data about each patient's physical and psychosocial status, and health history.
2. Data Analysis – The hospital analyzes data to produce information about each patient's care needs, and to identify any additional information required.
3. Decision Making - The hospital bases care decisions on information developed about each patient's needs.
4. Continuous Quality Improvement- the hospital; collects and analyzes data to improve the quality of patient care and employee work environment

Patient Education

In an effort to provide quality health care, patients, families, and significant others have a right to education as it applies to understanding health issues, the recovery process, maximizing function and related information which may lead to the highest level of wellness.

It is important to educate patients and their families in order to:

- Understanding the patient's health status
- Increase compliance with the health care plan
- Actively participate in the decision-making process concerning health care options
- Increase the family care skills and coping mechanisms
- Promote an overall health patient lifestyle
- Understand the financial implications for treatment and other health care choices

Students must document education provided and related information as per hospital and department policies and procedures. The only way to prove that the patient has been educated is to document.

Advance Directives

Advanced Directives is a document, in which a person states choices for medical treatment or designates other(s) who should make treatment choices if the patient should lose the capacity to make or communicate healthcare decisions.

At the time of the patient's admission, each patient is asked if he/she has a healthcare proxy. If a proxy exists, a copy of the form is placed in the medical record. If a patient does not have a healthcare proxy, education material will be given to the patient.

Orientation, Training and Continuing Education

Every student receives a general orientation to each clinical site and one specific to the Department/Unit.

Continuing Education is required to maintain Respiratory Therapy credentialing and licensure, so it is important to become familiar and complete continuing education as a student. Students must complete any competency or continuing education materials required by the program or clinical site affiliate.

Incident Reporting

An incident report is the formal documentation of any event such as an unexpected outcome or occurrence that is not consistent with the normal or usual operation of the department or medical center.

Students are required to notify their Instructor/Preceptor immediately in the event of any accident, injury, exposure, etc. Students will be required to follow the policy of the clinical site affiliate at the time of the incident. At their earliest convenience or within eight (8) hours the student must also notify the Director of Clinical Education and/or the Program Director.

Students will also be required to submit an incident to PC&TC according to the Incident Reporting Policy of the institution.

Security

The security officers perform many services at the clinical site. They are available to help provide a safe and secure environment for employees, visitors, and patients. They control parking and traffic flow, make periodic patrols in/outside the medical center checking for fire, vandalism, theft, illegal entry, unauthorized persons, unsecured areas, and other safety hazards.

Some general precautions you should take for your safety are as follows:

1. Keep all personal belongings such as purses, wallets, etc. locked up and do not carry substantial amounts of money.
2. Watch out for our neighbor. If someone forgets to secure an area or personal property, keep an eye on it.
3. Report all suspicious persons or improperly secured areas to security immediately.
4. When working after hours, let security know where you are by dialing the operator.
5. When leaving an area, remember to turn off all equipment, such as computers, copy machines, coffee pots, etc.
6. Identification – Students are required to always wear a name badge.
7. Parking – Students must park in student designated areas.

Please contact a security officer if you have any questions or concerns. Security should be notified immediately whenever a security issue or disturbance occurs. This includes situations where someone's personal property is missing or when someone is in danger.

Exposure to Bloodborne Pathogens

Everyone who has potential to come in contact with blood or body fluids or anyone who is doing a task where there is potential for exposure. Examples include Maintenance staff who fixed equipment which is contaminated with blood or housekeeping cleaning a floor where a blood/body fluid spill occurred. We dispose of infectious waste in red trash barrels (located in soiled utility rooms). They are removed by the housekeeping staff for pickup by a licensed waste hauler. In the case of a blood spill, you should use a spill kit to clean it up.

You must remember to wear personal protective equipment such as gloves, masks, gowns/aprons, and eye protection to prevent exposure. Failure to comply with this standard could subject the hospital to a fine and result in dismissal from a clinical site rotation. Students dismissed for violation of hospital policies will be subject to disciplinary action.

Exposure to Airborne Pathogens

The hospitals have designated rooms for patients suspected of having Tuberculosis or other airborne diseases. Upon admission to the hospital there are signs and symptoms such as

bloody sputum, persistent cough, etc. that automatically put a patient into isolation until a Chest X-Ray and 2 step Mantoux test are performed. Masks specifically designed for protection from TB are provided to staff who need to enter a patient's room with TB. Staff must be medically evaluated and fit tested before using the mask.

Standard Precautions - means treating all patients as if their blood and body fluids are infectious. Students are expected to always practice standard precautions and are required to wash their hands after each patient contact exposure situation and frequently throughout the day.

Clinical Site Policies and Procedures

The student is responsible for knowing the location of all department manuals including but not limited to:

- Policies and Procedures
- Equipment Manuals
- MSDS Manual
- Emergency Procedures/Codes
- Safety Manuals
- Learning Resources

CLINICAL RECORDS MANAGEMENT

Description

Use the following forms to document and evaluate your clinical/lab attendance and progress in the Respiratory Care Program. These records, along with your clinical journal, are your responsibility to maintain and keep up to date.

These records document your clinical/lab experiences in the Clinical Practice Courses. Without proper documentation you will receive an INCOMPLETE for the course! This is considered a part of your records; give yourself all the credit you deserve by documenting your learning experiences thoroughly.

1) Attendance Summary Record

- A. Students are required to record their attendance for each scheduled clinical shift in our online recordkeeping platform, Trajecsyst. Each assigned clinical shift will be documented online in Trajecsyst.
- B. The clinical shift will also be documented in the daily clinical log and signed by the clinical instructor/preceptor.

Clinical/lab hours are required and are an essential part of your education. You are responsible for contacting the appropriate instructor/preceptor and making up a missed clinical.

2) Program Learning Outcomes

The Program Learning Outcomes Record is documentation of completed skills that are based on the NBRC Examination Test Matrix.

- A. Use the columns designated Peer, Lab and Clinical to document completion of Competency
- B. The DCE or the Program Director will sign the designated areas as verification of the completed proficiency.

It is always your responsibility to notify the Clinical Preceptors/Instructors of your need to obtain a clinical practice and demonstration of a competency to be checked-off.

3) Daily Progress Report

Daily performance /competency assessment is a process used to ensure both performance and competencies are met for the student to working with the Healthcare System. The process provides an opportunity for the students and faculty to set learning goals for improvement of performance and career development. Information gathered from performance/competency assessments is used to improve student performance and patient satisfaction. Students are always encouraged to identify education and training needs, or other related needs, necessary to improve job performance and satisfaction.

- A. The Clinical practice progress report is a record of your daily activities and an evaluation of your progress concerning knowledge, psychomotor skills, and professional behavior. Students will log their daily experiences in the program's online recordkeeping platform, Trajecsyst. Once the students have logged their experiences, Instructors/Preceptors will then log in separately to complete the Daily Record. The DCE and Program Coordinator will have access to the Daily Record.
- B. If internet access is not available at the clinical site or the preceptor does not have access to Trajecsyst students will be required to submit a paper Progress Report. Part A is to be completed by the student and then submitted to the clinical instructor for completion of Part B. The instructor will return the completed form to you or to the Department as per policy.

4) Clinical Journal (Reflective Log)

The clinical journal provides you the opportunity to give a more detailed account of your Clinical/lab experiences and personal insights into your experiences. It is not meant to be a diary but should include the following:

- A. a description of special procedures observed or performed

- B. an account of in-services or lectures attended
- C. documentation of physician lectures, patient round, discussions, etc.
- D. exceptionally positive or negative personal interactions with staff
- E. personal insight into your experiences of the day

PROGRAM LEARNING OUTCOMES

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

The learning outcomes for each lab/practicum course are based on the National Board for Respiratory Care (NBRC) Examination Matrix. The matrix will serve as a guide for assessing knowledge and skills required to successfully complete this program and preparing you for the NBRC Examinations.

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 in accordance with 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.

Students will demonstrate achievement of all program and course goals by completing competencies in both clinical laboratory settings and clinical affiliate locations. Students must complete each lab competency with a score of $\geq 90\%$ and all clinical competencies with $\geq 90\%$.

The number of successfully completed competencies required to meet course requirements are as follows:

RESP 2206 Clinical Theory Practicum – Summer I			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
Handwashing	2	1	
Isolation Procedures	2	1	
Documentation and Goals Assessment	2	3	
Vital Signs and Breath Sounds	2	5	
Physical Assessment	2	3	
Oxygen Administration	2	5	
Humidity and Aerosol Therapy Administration	2	5	
Small-Volume Nebulizer Therapy	2	3	
Chest Percussion, Postural Drainage, Patient Positioning	2	1-3	
Incentive Spirometry	2	5	
High Frequency Chest Wall Oscillation – The Vest	2	0-1	
PEP Mask Therapy, Flutter Valve/Acapella	2	1-3	
MDI Therapy DPI Therapy	2	3	
Oxygen Concentrator		0-1	
IPPB Therapy			
IPV Therapy			
Bedside Pulmonary Function Testing	2	0-1	
Basic Spirometry			
Manual Resuscitation	2	1	
Nasotracheal Suctioning	2	1-3	
Endotracheal Suctioning	2		

Monitoring Cuff Pressures	2	1-3	
Tracheostomy and Stoma Care	2	0-1	
Arterial Puncture	2	3	
Initiation of Noninvasive Ventilation	2	0-1	

NOTE: DCE RESERVES THE RIGHT TO CHANGE OR MODIFY REQUIRED COMPETENCIES AT ANY TIME TO FACILITATE LEARNING OUTCOMES TO MEET COURSE OBJECTIVES

Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

RESP 2210 Clinical Practicum I - Fall			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
D-10 Nasotracheal Suctioning		1-3	
D-12 High Frequency Chest Wall Oscillation		1-3	
D-17 Adult CPAP		1-3	
D-18 Non-Invasive Positive Pressure Ventilation		1-3	
E-2 Mechanical Ventilator Set-Up	2	3	
E-3 Oral Endotracheal Intubation	2	1-3	
E-4 Extubation of Artificial Airway	2	1-3	
E-6 Mechanical Ventilation Setting Adjustments	2	1-3	
E-8 Artificial Airway Care		1-3	
E-9 Spontaneous Mechanics	2	1-3	
E-10 Arterial Line Set-Up			
E-11 Suctioning of Artificial Airway		1-3	
E-12 Trach Tube Replacement	2	0-1	
E-13 Video Scope Assisted Intubation			
E-15 Continuous Nebulization	2	1-3	
E-17 Ventilator Management	2	1-3	
E-18 LMA Insertion	1		
E-19 Artificial Airway Stabilization Device	1		

E-21 Ventilator Mode Modification	2	1-3	
E-22 Transport Ventilator Set-up			
G-7 Arterial Puncture for Blood Gas Analysis		5	
G-3 Bronchoscopy Assisting	1		
G-5 Bedside Spirometry	2	1-3	
G-6 Pulmonary Function Testing	2	1-3	
H-5 Overnight Pulse Oximetry			

NOTE: DCE RESERVES THE RIGHT TO CHANGE OR MODIFY REQUIRED COMPETENCIES AT ANY TIME TO FACILITATE LEARNING OUTCOMES TO MEET COURSE OBJECTIVES

Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

The number of successfully completed competencies required to meet course requirements are as follows:

RESP 2250 Neo/Ped rotation - Spring			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
F-2 Oxyhood Set-Up	1		
F-3 Neonatal/Ped Ventilator System Check	2	1-3	
F-4 Neonatal/Ped Ventilator System Set-up	2	1-3	
F-5 Nasal-ET CPAP Set-up	2	1-3	
F-7 Suctioning of the Neo/Ped Artificial Airway	2	1	
F-8 Neo/Ped Patient Assessment	2	1	
F-9 Surfactant Administration			
F-10 Transcutaneous Monitoring System Set-up	1		
F-14 Nitric Oxide Administration			
F-15 Neopuff	1		
F-16 High Frequency Oscillatory Ventilation (HFOV)			
H-20 RC Role in Vent Weaning			

NOTE: DCE RESERVES THE RIGHT TO CHANGE OR MODIFY REQUIRED COMPETENCIES AT ANY TIME TO FACILITATE LEARNING OUTCOMES TO MEET COURSE OBJECTIVES

Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

The number of successfully completed competencies required to meet course requirements are as follows:

RESP 2250 Clinical Practicum II Spring			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
D-10 Nasotracheal Suctioning		1-3	
D-17 Adult CPAP		1-3	
D-18 Non-Invasive Positive Pressure Ventilation (BiPAP®)		1-3	
E-2 Mechanical Ventilator Set-Up		3	
E-3 Oral Endotracheal Intubation		1-3	
E-4 Extubation of Artificial Airway		1-3	
E-6 Mechanical Ventilation Setting Adjustments		1-3	
E-8 Artificial Airway Care		1-3	
E-9 Spontaneous Mechanics		1-3	
E-10 Arterial Line Set-Up			
E-11 Suctioning of Artificial Airway		1-3	
E-12 Trach Tube Replacement			

E-15 Continuous Nebulization		1-3	
E-17 Ventilator Management		1-3	
E-21 Ventilator Mode Modification		1-3	
G-7 Arterial Puncture for Blood Gas Analysis		5	
G-3 Bronchoscopy Assisting			
G-5 Bedside Spirometry		1-3	
G-6 Pulmonary Function Testing		1-3	
H-1 Polysomnography			
H-2 Polysomnography with CPAP titration			
H-8 – H13 Pulmonary Rehabilitation			
H-15 COPD Disease Assessment			
H-19 Rapid Response			
H-22 Exercise Stress Test			

NOTE: DCE RESERVES THE RIGHT TO CHANGE OR MODIFY REQUIRED COMPETENCIES AT ANY TIME TO FACILITATE LEARNING OUTCOMES TO MEET COURSE OBJECTIVES

Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

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

Attendance is mandatory for 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. Clinical absences must be rescheduled. If a student misses more than 2 rotations for the semester, they will receive an 'Incomplete'. If the rotations are not made-up within 1 month of the end of the term, the grade will convert to an F.

Students are scheduled for the following shifts during clinical rotations:

1st Year – Summer Semester: 8-hour shifts 2 days per week

2nd Year – Fall Semester: 10 hour shifts 2 days per week

2nd Year – Spring Semester: 10 hour shifts 2 days per week

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.

Contact information for clinical affiliates will be posted in Trajecsys.

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.

Dress Code

A standard uniform identifying Pierpont Community & Technical College students is mandatory. The uniform is to be worn during scheduled clinical assignments and at any school-related activity as designated by Respiratory Therapy Program faculty.

Students are to supply their own uniform, stethoscope, watch, shoes, and pen.

Students are responsible for the cost of their uniforms and attire required for clinical rotations. The cost of scrub sets is approximately \$35.00 - \$45.00. DCE will provide instructions for the purchase of uniforms. Program alumni have generously donated scrubs for future student use. If you have a need, please see a faculty member.

The approved Pierpont Community & Technical College Respiratory Care Program Uniform is as follows:

- Scrub Top - Black
- All tops must have Pierpont C&TC Patch sewn to left shoulder
- Scrub Pant - Black

- Solid, (non-absorbent) Shoes
- no holes in uppers
- Watch with second reading capabilities
- Stethoscope with bell and diaphragm
- Safety goggles and mask
- College issued name tag
- Pen or pencil
- Pocket notebook

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 Trajecsyst, 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.

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

When a student is not in attendance due to the death of a family member, the days will be excused as follows:

- 3 days for an immediate family member (father, mother, spouse, sibling or child, father-in-law, mother-in-law, grandparents, sister-in-law, brother-in-law).
- 1 day for aunt, uncle, or first cousin.

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

The student is responsible for making up any work missed due to absence.

It is the student's responsibility 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 practicing any skill, please contact the Director of Clinical Education (DCE) or Program Director. To ensure the safety of the student and maintain the integrity of the lab equipment, a Respiratory Care faculty member must be notified if a student will be participating in practice laboratory sessions.

Before performing 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 must perform skills for a competency testing at a designated time for their course. The instructor's role 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, they may correct it without penalties if the patient's safety is not violated, and they 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.

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 have not 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 various health care settings. These procedures follow national guidelines published by the 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 workdays, 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 with 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 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 promptly clean up spills or warn of their presence, unsafe lifting practices, failure to promptly report an injury to the immediate supervisor, etc.