

**RESPIRATORY THERAPY PROGRAM**  
**PUEBLO CAMPUS**

**STUDENT HANDBOOK**

2020-2021

Please note that this handbook and agreements within are subject to change and revision during the course of instruction.

This Student Handbook (Handbook) contains pertinent information affecting students, current through the date of its issuance. To the extent that any provision of this Handbook is inconsistent with State or Federal law, State Board for Community Colleges and Occupational Education Policies (BPs) or Colorado Community College System President's Procedures (SP's), the law, BPs and SPs shall supersede and control. BPs and SPs are subject to change throughout the year and are effective immediately upon adoption by the Board or System President, respectively. Students are expected to be familiar with and adhere to the BPs, SPs as well as College directives, including but not limited to the contents of this Handbook.

Click to access [BPs and SPs](#),

**Nothing in this Handbook is intended to create (nor shall be construed as creating) an express or implied contract or to guarantee for any term or to promise that any specific process, procedures or practice will be followed or benefit provided by the College. The College reserves the right to modify, change, delete or add to the information in this Handbook as it deems appropriate.**

Revised 7/19

## **Respiratory Care Program Approval and Accreditation**

### **Respiratory Care Program**

The Pueblo Community College Respiratory Care Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC), 12248 Harwood Road, Bedford, TX 76021-4244; Telephone: 817.283.2835.

### **Higher Learning Commission Accreditation**

Pueblo Community College is accredited by The Higher Learning Commission and is a member of the North Central Association ([www.ncacih.org](http://www.ncacih.org), 312-263-0456), 30 North LaSalle Street, Suite 2400, Chicago, IL 60602. In addition, several programs hold approval or accreditation from national and state level associations and agencies.

### **Gainful Employment Information**

The US Department of Education requires disclosure of information for any financial aid eligible program that "prepares students for gainful employment in a recognized occupation." Go to [www.pueblocc.edu/Academics/DegreesCertificates/](http://www.pueblocc.edu/Academics/DegreesCertificates/) for additional program & employment outlook information.

### **Statement of Non-Discrimination**

Pueblo Community College is an equal opportunity educational institution and does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in its activities, programs, or employment practices as required by Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA. The College has designated the Director of Human Resources as its Affirmative Action Officer with the responsibility to coordinate its civil rights compliance activities and grievance procedures. For information, contact the Director of Human Resources, 900 W. Orman Avenue, telephone and TDD (719) 549-3220; or the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Boulevard, Suite 310, Denver, CO 80204, telephone (303) 844-3417.

### **ADA Notice**

Reasonable accommodations will be provided upon request for persons with disabilities. To make a request, please notify the PCC Disability Resources Team at 719-549-3449 or [Disability.Resources@pueblocc.edu](mailto:Disability.Resources@pueblocc.edu) at least four working days before the event.

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## WELCOME STUDENTS,

*To the Respiratory Therapy Program:*

*As the faculty and staff of the Respiratory Therapy Department at Pueblo Community College, we would like to extend a warm welcome to each and every one of you. Respiratory Therapy school is a journey of strength, endurance, experiences and growth. We know that each and every one of you is prepared, both mentally and physically, for the challenge that lies ahead.*

*The faculty is here to guide you in your journey as a student. We encourage you to ask questions, do independent research, and talk with your instructors. We have one common goal, to see each of you complete the rigorous curriculum of the Associate Degree Program in Respiratory Therapy at Pueblo Community College.*

***To prepare for this demanding and rewarding profession you will be expected to:***

1. Attend all classes and clinical/simulation activities as scheduled. (See attendance and tardiness policies).
2. Display an inquiring attitude and a willingness to explore new or different concepts and ideas.
3. Comply with Pueblo Community College policies and those specific to the department of respiratory therapy as stated in this handbook.
4. Complete all course requirements [clinical/simulation requirements] and written assignments on time and at a minimum academic level of "C" (77%).
5. Accept personal responsibility for requesting extra help and tutorial assistance early in the course if needed.
6. Establish personal priorities that are realistic and a time management action plan for meeting curriculum requirements.
7. Use the problem-solving process to resolve issues and complaints; accept and profit from constructive criticism.
8. Demonstrate behaviors indicative of personal and professional integrity.
9. Inform your instructor in a timely manner of any condition which would interfere with or impair your ability to care for an assigned patient.
10. Follow the chain of command if issues arise. The chain of command is as follows:
  1. Instructor (clinical or course)
  2. Program Director
  3. Dean of Health and Public Safety
  4. College President

## **ABOUT THE COLLEGE**

Pueblo Community College is an educational institution, whose mission is to provide quality educational opportunities that transform the lives of our students, enrich our communities, and strengthen the regional economy. In this context, academic programs and support services are designed to provide career skills and knowledge to meet learning and employment needs of a diverse, multicultural population. The rapid expansion of knowledge and the technological development characterizing the work place demands continuing and expanding skills and intellectual abilities by employees. As a result of these changes, adult workers are returning to school to update their knowledge and/or to prepare for new and different careers. College administrators, faculty and staff are committed to providing a wide variety of creative, up-to-date educational programs that will provide reentering adults and new high school graduate students with the knowledge and competencies to find meaningful employment. As a productive member of the communities (i.e. Pueblo, Fremont, Durango and Mancos), the college accepts the responsibility to design programs that will meet manpower needs of a variety of industries in our service areas. To meet the needs of employers and of students desiring health care careers, several respiratory care programs are offered by the college.

Advances in research and practice are revolutionizing the American health-care system. To maintain competency, health-care workers must secure advanced knowledge and develop complex skills to meet the practice needs in this highly demanding profession.

The faculty at Pueblo Community College acknowledges and endorses their institutions' mission and philosophy. Faculty are committed to providing high-quality, relevant educational experiences to meet the demands of a technological and global economy congruent with the overall college purpose. The faculty recognizes and accepts professional standards that give substance and direction to the respiratory therapy program and are foundational components of the curriculum.

## **MISSION STATEMENT DEPARTMENT OF RESPIRATORY THERAPY**

To provide excellent education that prepares the learner to become a member of the respiratory therapy profession and community while meeting the needs of diverse patient populations.

## **RESPIRATORY THERAPY PROGRAM PHILOSOPHY**

The faculty believe that respiratory therapy is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, communities and populations. To practice effectively, the respiratory therapist must use educated judgment and integrate evidence into practice by critical thinking and clinical reasoning. These skills are also essential when interfacing with the clinical microsystem and the larger healthcare environment to deliver quality, safe, patient-centered care. An understanding of the healthcare organization allows the therapist to exhibit leadership, practice according to ethical, legal and professional/regulatory standards and improve the quality of care for patients, families and communities.

The Respiratory Therapy Program at Pueblo Community College embraces the definition of Respiratory Care as outlined in the American Association of Respiratory Care's Position Statement, which states: <https://www.aarc.org/resources/professional-documents/position-statements/>

**Definition of Respiratory Care** Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness. Respiratory Therapists employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system.

Knowledge and understanding of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and application of technology, enables respiratory therapists to provide patient care services efficiently. As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Critical thinking, patient/ environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs. A variety of settings serves as the practice sites for this health care profession including, but not limited to; Acute care hospitals • Sleep disorder centers and diagnostic laboratories • Long term acute care facilities • Rehabilitation, research and skilled nursing facilities • Patients' homes • Patient transport systems • Physician offices and clinics • Convalescent and retirement centers • Educational institutions • Medical equipment companies and suppliers • Wellness centers

### **RESPIRATORY THERAPY PROGRAM EDUCATIONAL PHILOSOPHY**

The educational process is seen as a cooperative effort requiring extensive interaction between students and faculty. Educational experiences are selected and developed by the faculty and are located in both the academic and the practice setting, appropriately enhanced by technology where useful. Learning activities include instruction and practice in the application of knowledge and effective performance of respiratory care skills and patient care. Curriculum content is designed to proceed from the simple to the complex and progresses from the known to new material. In addition to acquisition of factual knowledge, course content is designed to promote critical thinking, clinical reasoning and respiratory care judgment along with the incorporation of a caring attitude within an ethical value system

Integrating professional standards, guidelines, and competencies is the basis for the respiratory therapy curriculum. The program curriculum reflects current respiratory therapy based on current practices and healthcare initiatives. The curriculum provides an evidence-based foundation to meet today's healthcare needs. This is a requirement evidenced in both the Colorado Respiratory Therapy Practice Act and the expectations of the Commission of Accreditation for Respiratory Care (CoARC). The following resources were used in the development of the respiratory therapy curriculum and are continued resources for instruction:

- CoARC
- National Board of Respiratory Care (NBRC)
- American Association of Respiratory Care (AARC)



Program student learning outcomes along with their related competencies reflect the expected knowledge, skills, and attitudes of the graduates of Pueblo Community College's Associate Degree programs preparing graduates as registered respiratory therapists. The associate degree respiratory therapist acknowledges the uniqueness of each individual and practices in accordance with a personal value system and the standards of the Respiratory Therapy Practice Act.

In keeping with sound curriculum design principles, the program student learning outcomes are used to organize the course student learning outcomes. These student learning outcomes will be the basis for all activities related to the teaching/learning process, including delivery of instruction and evaluation of student progress.

### **AARC Statement of Ethics and Professional Conduct**

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.

Promote and practice evidence-based medicine.

Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.

Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.

Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.

Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.

Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

Promote disease prevention and wellness.

Refuse to participate in illegal or unethical acts.

Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.

Follow sound scientific procedures and ethical principles in research.

Comply with state or federal laws which govern and relate to their practice.

Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.

Promote health care delivery through improvement of the access, efficacy, and cost of patient care.

Encourage and promote appropriate stewardship of resources.

Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals.

It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

**AARC Definition of Respiratory Care**

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness. Respiratory Therapists employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system. Knowledge and understanding of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and application of technology, enables respiratory therapists to provide patient care services efficiently. As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs. A variety of settings serves as the practice sites for this health care profession including, but not limited to:

- Acute care hospitals
- Sleep disorder centers and diagnostic laboratories
- Long term acute care facilities
- Rehabilitation, research and skilled respiratory care facilities
- Patients' homes
- Patient transport systems
- Physician offices and clinics
- Convalescent and retirement centers
- Educational institutions
- Medical equipment companies and suppliers
- Wellness centers

Revised 7/19

## PROGRAM Student Learning Outcomes

Upon successful completion of the **Associate of Applied Science in Respiratory Therapy Degree**, the graduate will:

- Provide safe, quality, patient-centered respiratory care program care in a variety of healthcare settings considering basic research, evidence, and patient preferences as the basis for care. (respiratory care program process, safety and patient-centered care)
- Engage in critical thinking and clinical judgment to make patient-centered care decisions. (critical thinking, clinical decision making and respiratory care program judgment)
- Participate in performance improvement/quality improvement activities to improve patient care. (quality improvement and safety)
- Collaborate with healthcare team members to facilitate effective patient care. (teamwork and collaboration)
- Use information technology to support and communicate the planning and provision of patient care. (informatics)
- Manage care in a variety of healthcare settings for diverse patient populations through the process of planning, organizing, and directing. (leadership, advocacy)
- Function within the scope of practice of the Respiratory Therapy Practice Act incorporating professional, legal, and ethical guidelines. (professionalism, ethical behavior, legal principles, standards of practice)
- Promote a culture of caring to provide support, compassion and culturally-competent, holistic care. (caring, holistic care, cultural competency)

### Definitions of Major Concepts Used in the Program Student Learning Outcomes and Competencies

**Caring:** The values, attitudes, and behaviors that engender feeling cared for. Promoting health, healing, and hope in response to the human condition.

**Clinical judgment:** A process of observing, interpreting, responding, and reflecting situated within and emerging from the one's knowledge and perspective. Involves ways in which respiratory therapists come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways.

**Clinical microsystem:** A small group of people who work together on a regular basis, or as needed, to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients).

**Clinical reasoning:** An iterative process of noticing, interpreting, and responding, with a fine attunement to the patient and how the patient responds to the respiratory therapists' actions.

**Definitions continued:**

**Collaboration:** Function effectively within respiratory therapy and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

**Critical thinking:** Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning. Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

**Cultural competence:** The ability to respect the beliefs, language, interpersonal styles, and behaviors of individuals, families and communities receiving services as well as the health care professionals who provide the services. Culture is the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and the institutions of racial, ethnic, social, or religious groups.

**Diversity:** Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each.

**Ethics:** Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape medical practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care; and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in patient care integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons.

**Evidence-based care:** Care that integrates the best research with clinical expertise and patient values for optimum care.

**Informatics:** The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making.

**Information management:** Refers to the processes whereby medical data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care.

**Integrity:** Representing the dignity and moral wholeness of every person without conditions or limitation; holding oneself accountable for best practices within medicine and personal attributes.

**Knowledge, skills, and attitudes:** In respiratory care education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the therapist. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represents the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional respiratory therapist.

**Definitions continued:**

**Leadership:** Leadership is Standard 12 of the American Nurses Association's *Scope and Standards of Practice* (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student:

- Oversees the respiratory care program (patient) care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of respiratory care program (respiratory therapy) practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance respiratory care program (respiratory therapist) autonomy and accountability.
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Medical Professional judgment:** Encompasses three processes: critical thinking, clinical judgment, and integration of best evidence into practice. Medical Professionals must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation.

**Patient-centered care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

**Personal and professional development:** A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) give all medical professionals the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability.

**Professional identity:** Involves the internalization of core values and perspectives recognized as integral to the art and science of respiratory care program. These core values become self-evident as the student/medical professional learns, gains experience, and grows in the profession. They embrace these fundamental values in every aspect of practice while working to improve patient outcomes. Professional identity is evidence in the lived experience of the medical professional, in his or her ways of being, knowing, and doing.

**Definitions continued**

**Quality improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

**Relationship-based care:** Health care is provided through relationships. The activities of care are organized around the needs and priorities of patients and their families. Relationship-based care depends on a caring and healing environment in which care providers respect the dignity of each patient and each other. Positive interdisciplinary collaboration is a significant predictor of quality care in a relationship-based care environment.

**Safety:** Minimizes risk of harm to patients and healthcare providers through both system effectiveness and individual performance.

## **GENERAL INFORMATION FOR STUDENTS**

The educational approach used is a combination of discussion, lecture, technology, and self-directed learning. Time limitations prevent presentation for all the course material within scheduled class periods; therefore, students are expected to utilize the lab, computer lab, specified audio-visual resources, study guides, textbooks, and library material outside of class hours. All class schedules are tentative and may be altered for enhanced learning at the discretion of the faculty. Students will be notified verbally and/or in writing of these changes, and are responsible for keeping informed and complying with program standards.

Students will have a number of different instructors with individual teaching styles. Every faculty member holds one or more degrees in respiratory therapy and has significant experience as a practicing professional. Take the opportunity to learn as much as possible from the special skills each person possesses.

### **Student Success**

To be successful in your academic program you must be committed to the course of study and will need to spend a significant amount of time preparing for class and clinical/simulation assignments. Keep in mind that this is a professional program and attendance is important, just as it will be in the employment for which these courses are designed to prepare you. If your personal situation requires a significant amount of outside employment during school terms, it is strongly recommended that you extend your program.

### **Essential Functions (Appendix A)**

At the beginning of the program, each student signs the essential function document that states “I understand the Physical Performance Standards (functional abilities) specific to the occupation of Respiratory Therapy. I have the ability to meet the Physical Performance Standards as specified”. Should the student’s ability to perform any of the essential functions change at any time during the program, the student must report this to the Program Director as this may affect clinical assignments/program progression.

**Background Checks/Drug Screens**

Clinical agencies used during the program require that students successfully complete a background check, child registry, and a urine drug screen. Background checks and urine drug screens must be completed annually while in the program.

If a student is convicted of any criminal offense while enrolled in the program, the program director must be notified. Failure to report will result in dismissal from the program. The degree of offense, may affect continuation/reapplication to the program.

**Basic Life Support and Immunizations**

Basic life support certification for health care providers must be current (within 2 years) and proof of completion submitted to castlebranch.com a minimum of 2 weeks prior to the beginning of each semester. The agency for certification must be the American Heart Association; an online course is not acceptable. All immunizations must be up to date per current program policy. If at any time the student's immunization are not up to date and complete, the student will not be permitted to attend clinical; clinical make-up is not guaranteed.

**Safety and Emergency Procedure:**

Safety videos are studied during the orientation and available on the PCC Portal. For more on safety and crime:

<https://www.pueblocc.edu/Safety-Tips/>

Contact PCC Dept. of Public Safety:

Student Center, Room 152

Phone: 719.549.3355

Cell: 719.821.6563



## ATTENDANCE/TARDINESS POLICIES

All Respiratory Therapy Program policies are **in addition** to those of the college. Policies apply to all required program activities. The limited time frame for covering an extensive amount of subject matter limits options for making up missed content. In addition, the fact that patients' lives may be adversely affected by lack of knowledge mandates a strict attendance policy for **ALL** scheduled learning experiences. Expectations are as follows:

1. Students are **expected** to attend all scheduled academic, clinical/simulation, and/or laboratory for which they are enrolled unless excused by the instructor. Instructors will maintain an official attendance record for all scheduled activities.
2. Students are **expected** to be prompt in their attendance to all scheduled academic, clinical/simulation, and/or laboratory for which they are enrolled unless excused by the instructor. Arriving more than 5 minutes late for any scheduled event may result in dismissal from the classroom, event or clinical site. If a repeated pattern of lateness is documented the student will receive a written warning and submit a student action plan.
3. **Excused absences** are at the discretion of the program faculty. Make up of time lost will be at the availability of the instructor and/or clinical agency. **Note that due to clinical placement requirements, if you are absent in the last two weeks of the semester, it may result in an incomplete course grade and delay progression in the program.**
4. While attendance is mandatory, the faculty realizes there may be extenuating circumstances in which a student must miss clinical/lab/simulation/or an event. Severe student illness that would pose a risk to both patients and others is an example of such a circumstance. Examples of invalid **excuses (unexcused)** are, but not limited to: weddings, honeymoons, vacations, trips, work schedules, incomplete homework assignments, personal appointments, and other personal matters. Documentation may be required, depending on the situation. Missed clinical for invalid excuses may result in an unexcused absence for the clinical time missed. Two unexcused absences during a regular semester course may result in dismissal from the program.
5. As a part of any professional behavior, in the case of an absence a student is **required** to notify the instructor or clinical/simulation instructor 15 minutes prior to the start of the shift or class. The student must also notify:  
 Instructor with written documentation (email is acceptable). **NO TEXT MESSAGES ACCEPTED!**  
 Clinical coordinator using written form found on last page of clinical guidelines and forms.  
 Assigned clinical agency (call the clinical site you are assigned to).
6. Failure to notify the clinical/simulation, and/or laboratory instructor and clinical agency prior to the absence or tardiness will result in written warning and submission of a student action plan. A second offense will result in program probation.

7. If a student misses a class, a clinical day, or laboratory skill day, it is the student's responsibility to initiate and complete the make-up assignments, quizzes, exams, clinical time, and lab skills. All missed clinical experiences must be scheduled by the Clinical Director of Education and there is no guarantee of clinical make-up time, as clinical space and faculty may not be available. It may not always be possible to arrange clinical make-up time prior to the course completion date. The option to make-up missed clinical time will be contingent upon site and instructor availability, and requires faculty and program director approval. This option is to be utilized for extenuating circumstances and valid excuses only. This process/option will not be considered for invalid excuses.
  
8. **Absence Due to Weather**  
 Campus closure due to weather conditions warrants all clinical rotation for cancellation. The Director of Clinical Education (DCE) or Department Chair will notify all clinical sites of cancellations due to weather.  
 The student should not put themselves into any threatening weather conditions for traveling to a clinical and/or college site. However, if the student perceives that the weather is imposing a threat or is unsafe to travel, the student must contact the DCE and/or Department Chair to discuss the specific incidents for concerns.
  
9. Absences and Tardies will result in an overall grade decrease for that course. The grade reduction policy consists of the following:
  - 10% of any class or clinical that is missed will result in a 10% reduction of the overall grade
  - More than 10% of any class or clinical that is missed will result in a 20% reduction of the overall grade
  - More than 20% of any class or clinical that is missed will result in a 50% reduction of the overall grade
  - More than 3 tardies during a full semester will result in one unexcused absence which will be a 10% reduction of the overall grade **for all courses in that semester**
  - One unexcused absence will reduce the overall grade for the course by 10%
  - Two unexcused absence will reduce the overall grade for the course by 50%

*Example: In a 15 week semester the course time is about two days per week for a total of 30 days. If a student misses 10% of 30 days that equals 3 days with an overall grade reduction of 10%. If more than 10% of 30 days that equals greater than 3 days then the overall grade reduction will be 20%.*

## Electronic communication device USE POLICIES

1. Hospital/agency telephones **are not** to be used for personal calls.
2. All electronic communication devices, including cell phones, must be **silenced** during all classes, labs, and clinical/simulations. Students may return calls/messages **during breaks outside the classroom** and/or after class. In the clinical setting, calls must be returned **off the unit** in a private area. If a student does not comply; student will also be issued a written warning and must submit a student action plan. If a second offense occurs, the student will be placed on program probation.

3. Students are not allowed to connect to WiFi in clinical settings.
4. Students must obtain prior permission of the instructor/faculty/all classmates before recording lectures. In no circumstances can the recorded lectures be posted on social media/YouTube. Doing so will result in academic discipline by PCC Policy. No recording or photo taking allowed in clinical setting.
5. All electronic communication must follow netiquette.
6. Students must not “check in” on Facebook, Instagram, Twitter, etc. from clinical facilities.
7. Students are prohibited to “check-in” and/or “tag” to anybody on any clinical sites while in their student roles.
8. Students must not post anything malicious regarding PCC employees, students, patients, staff members, or clinical facilities.
9. Students who are enrolled engaging in cyber bullying will be dismissed from the program immediately.
10. Students who have been cyber bullied will notify course lead immediately.
11. Students who have witnessed any cyber bullying activity will notify their course lead immediately.
12. Students who post patient names or attendance at a specific clinical site, and/or details about events that occurred during a clinical rotation on social media will result in automatic program dismissal.
13. Students are not permitted to take any photos of patient or family members; patient equipment, charts, or any patient care areas. Violation of this policy will result in immediate dismissal from program.
14. Any faculty concerns with regard to violation of the electronic communications device policies will be referred to student services for possible disciplinary action.

### **AMERICAN NURSES ASSOCIATION (ANA) TIPS FOR USING SOCIAL MEDIA**

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. All health care providers including students of health care programs have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine an individual’s career. Respiratory Therapy students must follow the same principles for social networking. Any activity contrary to these principles will result in automatic dismissal from the program especially in cases involving a breach of privacy or confidentiality.

### **ANA’s Principles for Social Networking Adopted into PCC Respiratory Therapy Program Policies:**

1. Students must not transmit or place online individually identifiable patient information.
2. Students must observe ethically prescribed professional patient-respiratory care boundaries.
3. Students should understand that patients, colleagues, institutions, and employers.
4. Students should take advantage of privacy settings and seek to separate personal and professional information online.
5. Students should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Students should participate in developing institutional policies governing online content.



## FAILURE/CONTINUATION/READMISSION POLICIES

Continuation in the program is conditional upon meeting the following standards:

1. Continuation in the respiratory therapy program requires a minimum grade of "C" (77%) in all courses. The Pueblo Community College Respiratory Therapy Program uses the following grading scale:
 

90-100	A
83-89	B
77-82	C
69-76	D
68-0	F
2. Only one readmission is allowed following a student request for a withdrawal or a program leave of absence. An exception is noted under Title 1X Guidelines for pregnancy rules. Reference Appendix B
3. A leave of absence is defined as a withdrawal from the program for extreme circumstances which prevent the student from continuing in the program. (For example, medical conditions, personal tragedy, family crisis, financial challenges, etc.). The student must submit a written request for leave of absence and it must be approved by the program director. A leave of absence will only be allowed once during the program. The time limit for a leave of absence is only valid one year from the time it was submitted.
4. When a student has **failed (less than 77%) or withdrawn from any course**, the student is ineligible to continue in the program, until the course is repeated and a satisfactory grade is achieved. If a student has failed or withdrawn from the same respiratory care course twice then the student is automatically dismissed from program and becomes ineligible to reapply to the PCC Respiratory Therapy Program for 3 years.
5. To ensure PCC's commitment to patient safety, all students must pass a clinical calculations competency exams at 90% or higher for program progression. Three attempts will be permitted for the exam. Testing will occur during the spring semester in RCA 165.
6. Extra credit points given by an instructor can only be applied or used with an overall course grade of 77% or higher. Extra credit points cannot be used to bring a student to a passing grade in any RCA course. For example if a student has a current grade of 74%, then student cannot receive the extra credit points to bring him to a passing grade of 77%. The instructor will decide upon the amount of credit points. All extra credit points must be completed before finals week of each semester. All passing grades of 77% or greater, must be earned on merit; bonus/extra credit points cannot get a student from an F or D to a passing C. All extra credit points must be offered to all students in the course.

## **Readmission Policy**

1. To be **re-admitted** in the program due to leave of absence, academic failure, or withdrawal a student must apply in writing within one year of their last program course taken, detailing how he/she plans to correct any deficiencies and successfully complete the program. The student readmission plan is to be developed by the student, outlining any required or suggested activities to help them succeed. This may include, but is not limited to: identifying areas that impact student success. A written plan of problem-solving personal issues interfering with student success, and/or a study plan for improving academic performance. The student must submit the student readmission plan requesting consideration for re-entry. This document should be submitted to the Program Director.
2. The program faculty will consider the applications for readmission or continuance based upon remediation, a minimum of a 2.5 GPA in program courses and prerequisites, seat availability, and the next course offering. Readmission will be contingent upon the student's successful completion of skills check-offs (with course lead or designee), a math competency test and, if indicated by the course instructor, online testing at student's expense.
3. If withdraw or failure occurred within the first semester the student must reapply with the next year's application period and will be scored based on the same criteria of the new cohort.
4. A student who has not returned to the program within a year must re-apply to the new cohort as applicable. The current admission criteria and policies will be applied. Re-admission is not guaranteed.
5. All re-entries will be on a space available basis. There is no guarantee that a semester re-entry may occur.
6. Re-entering students may also be required to complete additional requirements (competency testing, entrance exam, vendor testing, math, or skills testing etc.) based on current curriculum and program requirements. Testing will be at student expense.
7. Re-entering students needing to repeat a course (one course failure) are required to repeat both theory, lab, and clinical in courses offering these components.
8. Re-entering students will also be required to repeat and pass a criminal background investigation and drug test and all the other clinical requirements at the student's expense.
9. Students who have been previously dismissed from the program may not reapply to the Pueblo Community College Respiratory Therapy Program.
10. Any recorded academic dishonesty will prevent admission to PCC Respiratory Therapy Program.

## TRANSFERRING POLICY

Respiratory Therapy courses completed satisfactorily (minimum grade of C, clinical “satisfactory” and an overall cumulative 3.0 GPA or higher) may be considered for transfer into the PCC Respiratory Therapy program if the following criteria are met:

- A. Course was eligible for graduation requirements from the transferring program.
- B. Transferring program must be accredited by CoARC.
- C. The student must be able to complete a minimum of fifteen credits from PCC in order to qualify for graduation.
- D. The last program course completed should not be more than 1 year prior to the time of enrollment to the PCC Respiratory Therapy Program.
- E. If the criterion above on “c” is not met, the course must be taken at PCC.
- F. Meets all requirements (course competencies, contact hours, credits for lecture/lab/clinical) based on the PCC Respiratory Therapy curriculum.
- G. The student must write the letter of intent to the Program Director stating reason for transfer.
- H. Letter of recommendation from transferring Respiratory Therapy program to be mailed in a sealed envelope directed to the PCC Respiratory Therapy Program Director.
- I. **Students are not eligible for transfer if they have failed and/or withdrawn from two courses in another program or twice from the same course.**
- J. Students may be given an entrance exam if applicable at **student expense**.
- K. Any recorded academic dishonesty will prevent admission to PCC Programs
- L. It is the student’s responsibility to have all courses posted to the PCC transcript prior to acceptance.

## SKILL OR COMPETENCY CHECK-OFFS:

Students must be complete the skill or competency check within 24 hours of the scheduled date. Students **may repeat a failed skills check-off ONLY one (1) time**. If a student fails the same skill or competency check-off on the second attempt this will result in an overall grade reduction of 50% for that course. **The student is responsible** to make an appointment with the instructor who observed and graded the skill or competency check-off for a repeat the check-off. The criteria utilized for all check-offs are based on the current standards of practice.

## ACADEMIC/CLINICAL ISSUES/BEHAVIORAL ISSUES

### **PCC Code of Conduct**

Pueblo Community College Students are expected to adhere to the PCC Student Code of Conduct found in the PCC Student Handbook which defines unacceptable behaviors. Problematic behaviors are further described in this program handbook in order to clearly define specific behaviors to students and expectations. Students will be held accountable for all behaviors. All violations of behavior will be documented after discussing with the student by faculty/chair and a written summary will be forwarded to Student Services for further investigation and action.

Academic cheating is considered a problematic behavior but may have program sanctions applied that impact the student academically, which indicates the interference or lack of acquiring knowledge and/or skills to achieve the course/program outcomes. Cheating, plagiarism, or other academic dishonesty behaviors may have program/course impacts such as lowering of grade, failure of the assignment/course or other sanctions as described on the program handbook. The due process for academic dishonesty is described in the PCC Student Handbook and may also result in additional College sanction from Student Services.

### **Course Issues**

When a student is experiencing problems in an academic or clinical course, **it is the responsibility of that student** to make an appointment with the instructor to discuss the problem and explore means of resolution (see **chain of command**, pg. 2). The initial meeting should occur as soon as a problem is identified.

### **Academic Dishonesty**

“Academic dishonesty” is any form of cheating and/or plagiarism which results in students giving or receiving unauthorized assistance in an academic exercise or receiving credit for work which is not their own.

PCC’s Student Code of Conduct lists, but is not limited to, the following acts of misconduct as acts of academic dishonesty:

1. Cheating
2. Fabrication
3. Facilitating academic dishonesty
4. Plagiarism
5. Unauthorized Collaboration
6. Accessing online test banks

(See PCC Student Handbook for details.)



If an instructor determines that an act of academic or clinical dishonesty has taken place, the student(s) will receive a zero for the test or assignment. This grade penalty may result in a failing grade in lecture or clinical and possible dismissal from the program. If a report of academic dishonesty has occurred, student disposition will be determined following the academic dishonesty procedure outlined in the PCC Student Handbook. Conditions for readmission to the program may be specified by the Department Director/Coordinator. Readmission to the program may be specified by the Department Director/Coordinator.

### **POLICIES FOR BEHAVIORAL MISCONDUCT IN CLASSROOM/LABS**

A student may be dismissed from the lecture/lab/clinical setting for any infractions of expected behaviors or professionalism guidelines.

1. Failure to comply with student handbooks, ANA Standards of Professional Behavior, and PCC policies.
2. Demonstrating unprofessional and disruptive behavior.
3. Failure to communicate respectfully with any PCC staff, classmates, and faculty.
4. At start of class time, students must be seated, quiet, and prepared with required material.
5. Being inattentive and refusing to participate.
6. Participating in side conversations.
7. Computer use unrelated to class.
8. Leaving class without permission
9. Nonverbal behaviors that are offensive to others (e.g. rolling eyes, shaking head with disapproval, and unfavorable facial expressions)
10. Eating in classroom/lab is prohibited (Students are only allowed closed container for beverages).
11. Ear phones/buds are not allowed during lecture unless approved.
- 12. No cell phone use is allowed during class/lab. All cell phones must be kept in the backpack, unseen, and muted during all classes/lab. Cell phones must be silenced with no vibration. Students may return calls/messages during breaks and/or after class, outside the learning environment (See course syllabus).**

### **POLICIES FOR BEHAVIORAL MISCONDUCT IN CLINICAL SETTINGS**

A student may be immediately dismissed from the clinical area and/or may fail clinical if the safety of the patient becomes a factor. Unsafe behaviors include, but are not limited to:

1. Falsifying documentation/reporting such as charting or reporting completion of respiratory care interventions when, in fact, such action was not taken.
2. Failure to report an error.
3. Failure to perform assigned care.
4. Failure to report changes in patient condition to instructor and appropriate staff.
5. Assuming responsibilities or performing skills in which the student has not demonstrated competency in the respiratory care laboratory.

6. Failure to practice within the scope of the Colorado Respiratory Care Practice Act.
7. Violation of confidentiality. (HIPAA)
8. Unsafe performance of clinical/simulation practice. (See critical behaviors listed on the clinical evaluation form.)
9. Demonstrated physical, mental and/or emotional impairment.
10. Abandonment of clinical assignment or patient care.
11. Incomplete admission requirements (CPR, immunizations, drug testing, etc.).
12. Failure to comply with facility orientation requirements.
13. Leaving the assigned unit and/or clinical facility grounds without personally notifying and obtaining permission from clinical instructor.
14. Violation of social media guidelines (reference elsewhere in this document)
15. Substance abuse. (If suspected, faculty has the right to test for cause.)
16. Violation of patients' rights.
17. Noncompliance with facility policies and procedures.

### **PROTOCOL FOLLOWING BEHAVIORAL MISCONDUCT**

1. The clinical instructor/faculty will complete an Interpersonal/Behavioral Issue Notification form for each behavioral misconduct.
2. The clinical instructor or preceptor will notify the course lead faculty and clinical coordinator the same day that the incident occurs. If the conduct occurs in classroom setting, the faculty will complete an Interpersonal/Behavioral Issue Notification form.
3. The completed forms will be reviewed with the student, signed by student and faculty, and placed in student files.
4. Two behavioral warnings immediately result in probation and the third infraction will result in dismissal from the program.

### **Warning/Probation:**

If a student **demonstrates unsatisfactory performance (academic, clinical/simulation, and/or laboratory)**, a written warning will be issued to the student and student must submit an action plan. The situation will be discussed with the student and student must sign the written warning to continue in the program. If the student does not agree to sign the written warning, then the student will be automatically dismissed from the program.

The purpose of the **warning** is to clearly identify the problem areas that must be corrected, the steps to be taken by the student, and the date when the student's status will be reviewed by the current instructor. Depending on the nature of the problem, the warning may extend into the next clinical, academic, and/or laboratory course, with a date when the student's status is to be reviewed.

**Program Probation** is implemented by joint faculty decision. A date is specified at which time the probationary status will be reviewed by faculty and either removed or extended into the next course. Clinical, academic, and/or laboratory failure will occur if the conditions of probation are not resolved in a timely manner.

### **Late Assignments:**

If a student has a pattern of three late assignments throughout a semester, the student will receive a written warning and a plan of action will need to ensue. The following will describe a late assignment and the grading policy for each incidence:

1. Submission is after 5pm of the due date or late submission on D2L on the due date.
2. Submission of assignment up to 24 hours of due date. The graded assignment will only receive 50% of the score given.
3. Submission is over 24 hours of the due date. The assignment will be graded with zero points. It is a program requirement that all courses assignment, exams, quizzes, lab skills, and clinical competencies are completed. If a student fails to complete any of the previously stated items, the student will be on program probation with a "plan of action".

### **Clinical/Simulation/Lab Dismissal:**

A student who comes to the clinical/lab/simulation setting **unprepared**, as specified in program/course guidelines, **may be asked to leave**. This will be considered an unexcused absence for the clinical day, class day, or lab day (see attendance/tardiness policy). Before leaving the clinical area for that day, the student must schedule an appointment to meet with the course instructor prior to the next scheduled clinical experience. The student will receive a written warning and must submit an action plan. If a second occurrence is documented the student will be automatically dismissed from the program.

### **Clinical/Simulation Failure:**

1. Students will be evaluated daily on **Performance Critical Behaviors for RCA 270, 271, and 272**. If the student exceeds the allotted unsatisfactory ratings at midterm or on a daily evaluation, a written warning will be issued. See Appendix D (Clinical Retention Algorithm).
2. Students will be evaluated daily on **Performance Critical Behaviors**: more than two U's per day or in one area during the clinical rotation will result in:
  - a. Dismissal from the clinical area
  - b. Program probation

### **Information on the Clinical Preceptor Curriculum**

The preceptorship component of the Respiratory Therapy Program at Pueblo Community College consists of three semesters for the acute and non-acute care of patients. All travel, housing, uniform, and immunization expenses are the responsibility of the students. No intentional hardship will be placed on any student, but site availability and a well-rounded internship experience will be the main focus of all placements. Students will be allowed the right to request a change after assignments are made based on justifiable reasons, not just personal preference. Changes may be at the discretion of the course instructor based on availability of placements, prior internships, and other factors that may impact the outcomes of the student's experience.

The respiratory clinical rotations are both varied and individualized to meet the student's needs. They are to help prepare students to enter the field of respiratory therapy as an entry level therapist. The preceptorship is designed to meet the competencies set by the National Board of Respiratory Care, American Association Respiratory Care, and CoARC. The Program sees the clinical rotations as the time when students have the chance to understand and learn to apply the knowledge and skills gained in the classroom. It is the time where students, through experience, grow in their ability to become a Respiratory Therapist under the guidance of a registered or certified respiratory therapist. It is the time when the student sees professionals practicing the concepts and therapy that they have read and heard about in school. The internships may be best described as the "real world" and not the world of academics. The Respiratory Therapy Program feels that these experiences are the most valuable part of a student's education and thus the faculty has spent considerable time choosing the best possible facilities for their students.

The preceptors MUST be certified or registered respiratory therapist. The internship sites are not receiving any reimbursement from the College for the students' education. It is important that you remember that they are contributing to the student's education for at least two reasons: (1) they like to work with students, and (2) they know that the only way have qualified respiratory therapists is participate in the education of respiratory therapy students. In most cases the students are an additional responsibility of an already busy schedule. The program encourages the students to be understanding of the pressures and workloads placed on preceptors and facilities when they accept students. Each individual responsible for student training in the facilities is considered an educator in Respiratory Therapy.

### **Dismissal from the Clinical Agency**

Dismissal from the clinical agency as a result of inappropriate behavior may result in a clinical course failure or dismissal from the respiratory therapy program. Students who are dismissed from a clinical site by the agency are also subject to failure in that clinical course. Students may also be referred to PCC student services for disciplinary action. If a clinical agency/facility requests that a student NOT return to their facility (to complete a clinical the student is currently in or for a future clinical) due to behavioral issues, substances, drugs, etc., the program may terminate the clinical experience for the student and/or assign a failing grade.

The clinical instructor or preceptor, in conjunction with or without the lead faculty, has the right to send a student home and record the day as an unexcused absence if they feel the student is unprepared or unable to care for assigned patients or has demonstrated a violation of professional behavior.

### **Clinical Incidents**

A clinical incident is defined as any occurrence that will require an “unusual occurrence” summary form to be completed (see #9) or as defined by the facility.

1. Student immediately reports the incident to the clinical instructor or preceptor.
2. Course instructor investigates the incident.
3. Course instructor will advise the student to report the incident to appropriate staff.
4. Student and clinical instructor/preceptor will complete any and all paperwork required by facility.
5. Clinical instructor/preceptor will notify Lead faculty and/or Clinical Coordinator of incident.
6. Student writes a summary of the nature of the incident and submits one copy of this to the clinical instructor, one copy to the Lead Faculty. Summaries are to be submitted within 3 working days of the incident. Other written assignments may be required by the lead course faculty.
7. Course or clinical coordinator will discuss the incident with the program director.
8. Action/follow-up will be determined depending on the severity of the concern.
9. Occurrence form should include patient initials, respiratory care unit, time, date, and objective summary of incident. Also include time of the occurrence and to whom the incident was reported.

### **Protocol Following Clinical Failure**

1. The student must meet with the course instructor and program director within three working days from the day clinical failure.
2. Department director/coordinator will convene an ad hoc faculty committee to meet within three working days after meeting with the student.
3. Decision of the ad hoc faculty committee will be mailed to the student within three working days after the date of their meeting.

4. The student may request, in writing, to meet with the ad hoc faculty committee within five working days after signed receipt of the decision.
5. Demonstration of ability to perform safely in the clinical area must be validated by joint faculty decision before the student will be allowed to return to any clinical area in the future.

### **TESTING GUIDELINES**

These guidelines are designed to make sure every student gets the same chance to demonstrate their knowledge on Exam day without anyone gaining an unfair advantage. Testing may be scheduled outside of lecture. Be alert to test dates, times and location. You are not guaranteed to be given a make-up test/exam opportunity without a legitimate and acceptable documentation for your absence at the time of the exam. It is at the discretion of the faculty to provide you a make-up exam/test. If make-up exam/quiz/lab skill is not scheduled within 24 hours of assigned date, then the student will not be allowed to make-up the exam/quiz/lab skill.

Students who need special accommodations must follow institutional policy for ADA accommodations.

### **Break**

Bathroom breaks MUST be kept to a minimum. Only one student is allowed from the testing room at a time for 3-5 minutes. During this time you are not allowed to consult textbooks, notes, teachers or other students; and you may not use any electronic or communication devices, like your cell phone, for any reason.

Also, you may not leave the building at any time during the Exam administration.

### **Keeping Exams Secure**

1. Taking your Exam at the scheduled date and time.
2. Not opening your Exam materials until the proctor tells you to do so.
3. Not taking Exam materials from the testing room.

Violating these, will cause you to receive a zero on the exam.

## **Exam Misconduct**

You also agree not to engage in misconduct during the Exam, this includes:

- A. Obtaining improper access to the exam, or a part of the exam, or information about the exam
- B. Removing a page or pages from the exam
- C. Leaving the testing room without permission
- D. Copying from another student's work or a published material
- E. Attempting to take the Exam for someone else
- F. Creating a disturbance

Following Exam guidelines keeps things fair for you and your fellow Exam takers. So, before Exam day, make sure you've read through these guidelines so you clearly understand what is expected

For a student who believes they have experienced an unfair or arbitrary judgment by a faculty member the steps to follow are:

1. Gather all facts related to the situation and carefully analyze this material.
2. Identify approaches that might resolve the problem.
3. Schedule an appointment with the instructor for discussion and possible resolution of the issue.

If the problem cannot be solved with the instructor:

- Make an appointment with the program director/coordinator for the purpose of discussion and correction of the problem (see chain of command).

If satisfaction is still not achieved:

- The student can appeal in writing to the Dean of Public Health and Safety. Follow the grievance procedure as outlined in the college catalog/student handbook.

## **INJURY AND ACCIDENTAL EXPOSURE**

1. If the student sustains an injury or is accidentally exposed to an infectious disease in the clinical area, he/she must notify the instructor immediately. An incident report will be filled out according to agency policy and a PCC Respiratory Therapy program unusual occurrence report will also be completed.
2. Students are covered under Worker's Compensation for **clinical** injury and exposure to infectious disease. The student must fill out a workman's compensation form in the PCC Human Resource office (not the facility), within 24 hours of the incident.
3. If the clinical injury or exposure to infectious disease occurs after office hours or during the weekend, follow the course instructor's direction.
4. If the student is exposed to an infectious disease or is potentially exposed to an infectious disease, the exposure must be investigated within 24 hours.
5. It is recommended that the student carry his/her own health insurance. Students are not covered by Workers' Compensation for injuries or exposure to infectious disease if it occurs in the PCC lab.

## **APPEARANCE AND DRESS CODE**

1. The official uniform for the respiratory therapy program is pewter grey scrubs with the program patch affixed to the top of the shirt on left shoulder. Scrubs should be clean and well-pressed. The length of the dress uniform should extend to the middle of the knee. Scrub pants should be ankle length. All dresses, uniform tops and cover jackets must display a student patch on the left shoulder. Patch must be well secured, not pinned on. A plain, white short or long sleeve T-shirt or turtleneck may be worn under the uniform top. If wearing long sleeves, must be able to push up to safely perform sterile skills and handwashing.
2. Soft rubber professional shoes are to be worn. **All-white or all black, low-top, leather athletic shoes are permitted.** Sandals, clogs, crocs, spring shoes, and open toe/open heel shoes are not allowed. Shoes and shoelaces must be clean.
3. When dress or skirt uniform is worn, crew length, plain white socks or hose must be worn; hose must be neutral or white-colored, clean, and without runs. Underclothing is not to be visible.
4. Any body tattoos are to be covered while in clinical per program policy.
5. Any additional dress standards of the health-care agency must be followed.
6. Grooming: Cleanliness and good grooming are essential for the student. The following guidelines should be met.
  - a. Daily bathing is recommended.
  - b. Use of a deodorant (unscented) is recommended.



- c. Thorough, daily oral hygiene is essential; a mouthwash and/or breath mints are essential if the individual is a smoker or eats food with a strong odor.
  - d. No perfumed products are to be used, including scented cosmetics, lotions, deodorants, and hair spray.
  - e. Minimal cosmetics may be used, in accordance with good taste.
  - f. Hair is to be neat, clean, and off the face. Long hair must be pulled back and secured up and not able to fall forward. Hair ornaments, headbands, and ribbons are not acceptable in the agency setting. A conservative hairstyle should be followed. Students must comply with any additional agency policies.
  - g. Male students must be clean shaven or have a well-trimmed beard and mustache.
    - i. If a male student is generally hirsute, they must wear a clean, white, full t-shirt under their uniform top.
  - h. Nails are to be clean and well-trimmed. Artificial nails are not permitted.
7. Students should be well prepared with stethoscope, bandage scissors, handbook and name badge/picture ID.
8. Engagement/wedding rings and small, post pierced earrings (one per year) may be worn. No other visible necklaces or pierced jewelry is permitted (including tongue and nose piercing). In some clinical areas, regulations may be stricter than this policy. Students are responsible for any loss or damage to their engagement or wedding rings.
9. All above dress code policies and only appropriate dress street clothes, **no jeans**, are to be worn to **ANY** sponsored activity, clinical agency, or professional sponsored conferences.

## PROFESSIONAL GUIDELINES

### PROFESSIONAL BEHAVIOR/WORK ETHIC

1. **Professional behavior is expected of all students at all times.** This is a must for each required activity on or off campus (classroom/lab, on campus, clinical/simulation, workshops, professional meetings, volunteer activities, etc.). Courtesy and respect should be demonstrated in **ALL** forms of communication. All concerns regarding student behavior will be referred to PCC student services.
2. The student will display a professional work ethic, which includes but **is not limited to:**
  - A. Following PCC and respiratory therapy department policies as stated in this handbook
  - B. Attending all required activities
  - C. Reading of all memos, designated communication boards, e-mails, or D2L
  - D. Being on time for all required activities
  - E. Being prepared for class, campus lab, check-offs, clinical/simulation, and other required activities
  - F. Reading and following directions
  - G. Typing all papers as designated by faculty
  - H. As an adult learner, accepting responsibility and accountability for:
    - i. Own behavior
    - ii. Own learning and self-development
    - iii. Seeking help/tutoring per own needs
  - I. Having backup child care and backup transportation
  - J. Following HIPAA confidentiality and privacy policies
  - K. Being respectful of instructor office hours/contact times by not contacting them outside of normal business hours except in emergencies

## **PROFESSIONAL PRESENTATION OF SELF**

### **APPEARANCE**

**To avoid introducing potentially harmful microorganisms into the client's environment or otherwise injuring the patient or self, the student always:** See Dress Code

### **VERBAL COMMUNICATION**

**To promote positive, comfortable interactions, the student always:**

1. Speaks with appropriate tone and volume of voice, e.g., not curt, rude, nor abrupt.
2. Uses inoffensive language that is neither slang nor profane.
3. Uses choice of words and content of speech appropriate for the emotional climate of the moment, e.g., supportive, empathetic, joyful.
4. Makes appropriate overtures to engage in conversation/communication with others.
5. Maintains the content and flow of conversation/communication, e.g., displays social and therapeutic finesse.
6. Brings conversation/communication to closure politely and hospitably.
7. Exhibits courteous telephone manners, e.g., greetings, identification, handling inquiries, taking messages, transferring and placing calls, providing closure.
8. Refrains from discussing personal issues and concerns with clients, families, and others in the workplace.
9. Discusses client and work-related issues and concerns only with appropriate individuals and in private location.
10. Exhibits discretion and restraint in displays of humor.

## **NON-VERBAL COMMUNICATION**

### **To promote positive, comfortable interactions with others, the student always:**

1. Exhibits facial expressions that are respectful and appropriate to given situational contexts.
2. Uses eye contact that is appropriate, expected, and comfortable for others.
3. Uses body and head movements that support comfortable communication with others.
4. Respects other's personal space regarding position of self during interactions.
5. Places self in a non-confrontational position in relation to others during interactions.
6. Maintains an erect posture and gait.
7. Uses appropriate gestures.
8. Demonstrates appropriate and modest body positions while standing, walking, and sitting.

## **SOCIAL SKILLS**

### **To reflect a positive and courteous professional image, the student always:**

1. Acknowledges and greets others upon arrival, e.g., "good morning", "good afternoon", "hello".
2. Makes proper introductions of self to others (clients and other personnel).
3. Expresses appropriate social courtesies, e.g., "please", "thank you", "you're welcome", "excuse me", "and pardon me".
4. Presents a pleasant demeanor and attitude by being polite, non-threatening, and putting others at ease.

**To demonstrate respect and consideration of others, the student always:**

1. Addresses all but direct and familiar peers by title and last name until requested to do otherwise.
2. Acknowledges, greets, and offers assistance to those (visitors, other personnel) making inquiries conducting business.
3. Facilitates positive interactions by introducing people to each other, e.g., clients to other personnel, personnel to each other.

**PERSONAL COMMITMENT TO THE DISCIPLINE PROFESSIONAL VALUES**

**To demonstrate behaviors consistent with the value of NON-MALFEASANCE (TO DO NO HARM), the student always:**

1. Practices within the parameters of the definition of respiratory care described in the Colorado Respiratory Therapy Practice Act.
2. Reports persons in violation of the Colorado Respiratory Therapy Practice Act.
3. Reports persons in violation of the physician and osteopathic physician Practice Acts, e.g., practicing in a harmful and negligent manner.
4. Recognizes limits **OF** own competence by seeking assistance as necessary.
5. Reports own errors and omissions to the appropriate persons.
6. Delegates assignments consistent with caregiver abilities.

**To demonstrate behaviors consistent with the value of BENEFICENCE (TO DO GOOD), the student always:**

1. Practices within the parameters of the AARC Code of Ethics, e.g., is non-judgmental, protects the client's privacy, safeguards the client, maintains competence, and is responsible and accountable.
2. Practices within the AARC Standards of Professional Performance
3. Accepts constructive feedback as a means for improving personal growth.
4. Supports peers and other personnel.
5. Willingly accepts assignments.

6. Exhibits adaptability and flexibility.
7. Handles stressful situations calmly, constructively, and tactfully.
8. Delegates difficult assignments fairly.

**To demonstrate behaviors consistent with the value of FIDELITY (FAITHFULNESS TO AGREEMENTS AND RESPONSIBILITIES), the student always:**

1. Exhibits accountability, i.e., is directly, clearly, and willingly answerable for own actions.
2. Serves as a role model for others in the human, social manner in which service is delivered.
3. Keeps commitments to clients, colleagues, and employers.

**To demonstrate behaviors consistent with the value of VERACITY (TELLING THE TRUTH), the student always:**

1. Exhibits honesty in all areas of responsibility.
2. Reports others who knowingly and willingly mislead, falsify, or otherwise display dishonesty.

## DRUGS/ALCOHOL/TOBACCO

1. The use of drugs classified as "controlled, dangerous substances", unless prescribed by a physician for an identified therapeutic effect, is prohibited. Each student must review PCC Marijuana Policy. Any student suspected of such use will be removed from any classroom/lab/clinical/simulation area and will be required to undergo urine and/or blood tests. If a student demonstrates physical or mental impairment as a result of prescription drug use, they will be removed from the classroom or clinical/simulation area and subject to clinical failure and/or dismissal from the respiratory care program.
2. All PCC Respiratory Therapy students are required, as part of admission into the programs, to complete drug testing and background and child registry checks which will be conducted by designated agencies as recognized by PCC Health Professions and Public Safety Dean. Students will be responsible for the cost of these screenings. The Department Director or Dean has the discretion to request additional drug screens at the expense of the students. All background, child registry checks, and drug screens will be reviewed by PCC Human Resources.
3. Drug screens that are **positive** will not be accepted and the student will not be admitted or if already enrolled will be dismissed from the health program. If the drug screen is reported as **dilute**, the student must repeat the drug screen within 24 hours. If a **second dilute** is reported the drug screen will be considered **positive**. Prescriptions not shown at the time of the test or other medications not reported at the drug screen will be considered **positive**.
4. All agency policies related to drug or random drug testing will be followed.
5. The use of alcohol or controlled substances will not be condoned in the classroom/lab or clinical/simulation. If at any time a question arises that a student is under the influence, the student will be removed from any classroom/lab/clinical/simulation area and will be required to undergo appropriate testing at student expense.  
If the student refuses to submit to testing or if such tests are positive, the student is subject to immediate dismissal. Any expenses incurred are the responsibility of the student.
6. Effective fall semester 2017 tobacco use in any form is prohibited on all Pueblo Community College Campuses. Vaporized cigarettes are also prohibited. Most clinical facilities are "non-smoking campuses" and students are subject to clinic rules regarding the use of tobacco during clinical and preceptorships. For those who wish to stop using tobacco products, support will be provided through the PCC Health Clinic such as pharmacological aids (as applicable), smoking cessation kits/educational aides and programs accessible through the Colorado Quit Line.

## Letter of Agreement

### Respiratory Therapy Program Admission

I have read the PCC Respiratory Therapy Student Handbook and agree to comply with the printed policies. Furthermore, I have been informed that changes in standards may occur as determined by developments in clinical and/or academic settings and that, in as far as possible, changes will be effective prior to the beginning of the new academic term. When notified verbally and/or in writing of these changes I will comply with them. I understand that a minimum grade of "C" (77%) must be attained to pass each program course. My signature indicates my acceptance of all policies stated in this handbook.

Please PRINT student name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

(The Letter of Agreement is to be turned into the Respiratory Therapy Faculty or Program Director and will become a part of the student's file.)



## APPENDIX A: Essential Functions

### Health Professions Division

I, \_\_\_\_\_ have read and I understand the Essential Functions Form specific to the occupation of **Respiratory Therapy** and have the ability to meet the Essential Functions as specified.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, PCC makes every effort to insure quality education for all students. It is our obligation to inform the students of the essential functions demanded by this program and occupation. Students requiring accommodations or special services to meet Essential Functions of the **Respiratory Therapy** program should contact the Disabilities Resource office 719-549-3446. Required documents must be submitted to Respiratory Therapy Department Chair.

PCC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act.

Accommodations for students with handicaps are made through the Disabilities Resource office. This department works with the program faculty to provide appropriate accommodations for students with disabilities.

## **Program Requirements:**

### **Gross Motor Skills**

- Move within confined space
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

### **Fine Motor Skills**

- Pick up objects with hands
- Grasp small objects with hands (e.g., IV tubing, pencil)
- Write with pen or pencil
- Key/type (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn objects/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

### **Physical Endurance**

- Stand (e.g., at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)

### **Physical Strength**

- Push and pull 25 pounds (e.g., position clients)
- Support 25 pounds of weight (e.g., ambulate client)
- Lift 25 pounds (e.g., pick up a child, transfer client)
- Move light objects weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects weighing from 11 to 50 pounds
- Defend self against combative client
- Carry equipment/supplies
- Use upper body strength (e.g., perform CPR, physically restrain a client)
- Squeeze with hands (e.g., operate fire extinguisher)

**Mobility**

- Twist
- Bend
- Stoop/squat
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders/stools/stairs)
- Walk

**Hearing**

- Hear normal speaking level sounds (e.g., person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

**Visual**

- See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g., client in a room)
- See objects more than 20 feet away (e.g., client at end of hall)
- Use depth perception
- Use peripheral vision
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)

**Tactile**

- Feel vibrations (e.g., palpate pulses)
- Detect temperature (e.g., skin, solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environmental temperature (e.g., check for drafts)
- Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes)
- Detect smoke
- Detect gases or noxious smells
- Reading
- Read and understand written documents (e.g., policies, protocols)

**Arithmetic Competence**

- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Count rates (e.g., drips/minute, and pulse)
- Use measuring tools (e.g. thermometer)
- Read measurement marks (e.g. measurement tapes, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records

**Emotional Stability**

- Establish therapeutic boundaries
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., client going bad, crisis)
- Focus attention on task
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g., grief)
- Analytical Thinking
- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long term memory
- Use short term memory

**Critical Thinking**

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

**Interpersonal Skills**

- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

**Communication Skills**

- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report client's condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone

## **APPENDIX B: Title IX**

### **Title IX and Pregnancy Fact Sheet for Instructors – Colorado Community College System**

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”

In addition to protecting students, instructors, and staff from discrimination and harassment based upon sex, gender, and sexual orientation, Title IX of the Education Amendments of 1972 also prohibits any form of discrimination based upon pregnancy and parental status, including any and all related conditions, such as abortion.

Therefore, it is important for instructors to be aware of their responsibilities should they be notified by a student that she is pregnant:

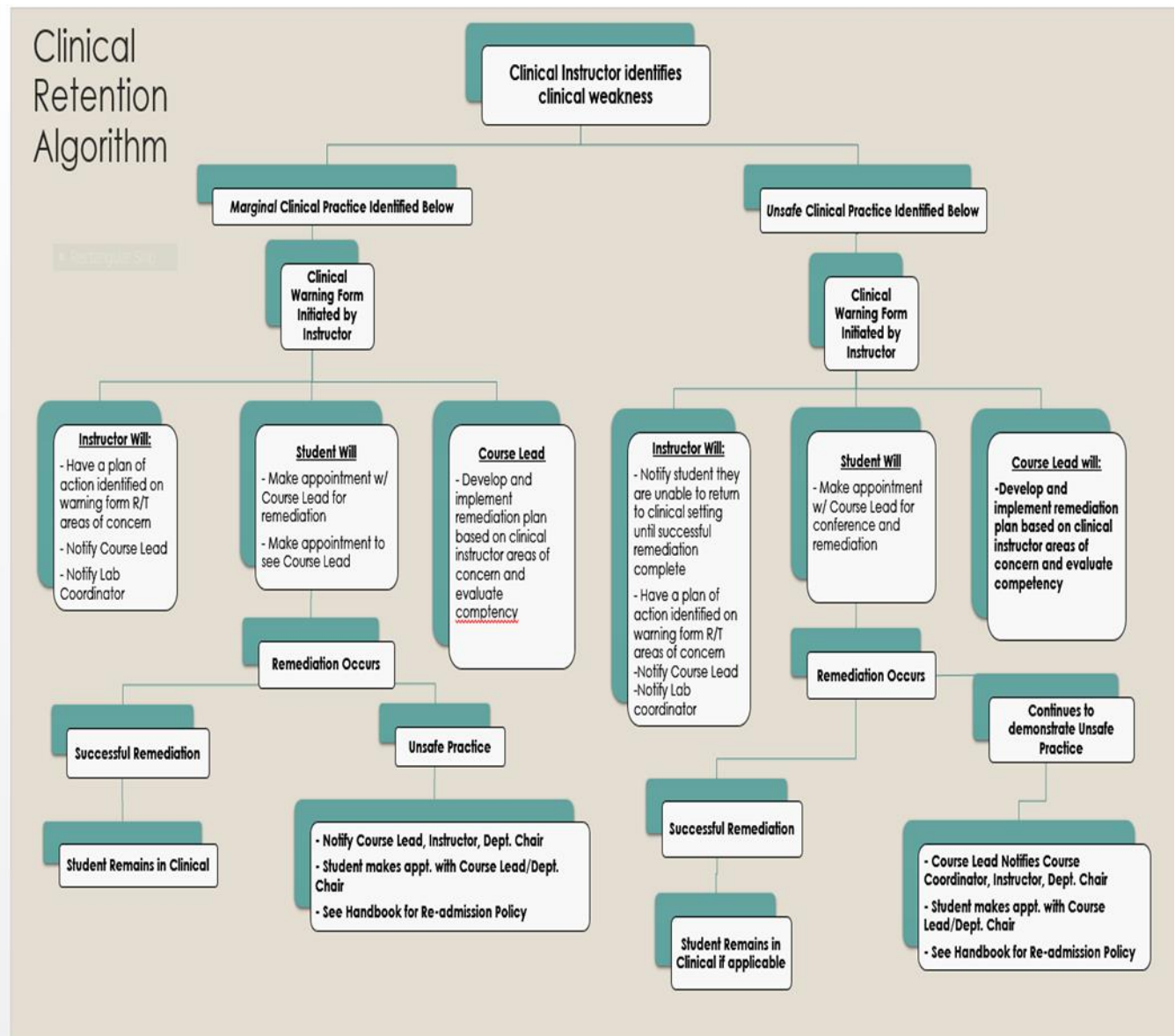
- Pregnant students must be granted the same accommodations and consideration given to any other student with a temporary medical condition.
- Colleges are obligated to excuse absences and allow for the makeup of work missed due to pregnancy and related conditions, whether or not school policy allows for this in other cases.
- Students cannot be prevented from participating in classroom or extracurricular activities, nor from returning to class for a predetermined time period following childbirth.
- Colleges must provide reasonable adjustments to a student’s educational environment, such as a larger desk, or allowing her to take longer/more frequent restroom breaks.
- Instructors may not call unwanted attention to or reveal a student’s pregnancy without her consent.

If you are informed that a student is pregnant, contact your Title IX Coordinator immediately.

Ken Nufer  
900 W. Orman Ave, Pueblo, CO 81004  
719-549-3474 | Ken.Nufer@pueblocc.edu

Pregnant students have the responsibility to notify the college of their status, and may only be granted certain accommodations (such as excused absences) for as long as they are medically necessary. However, instructors should not request documentation directly from the student. Maintaining appropriate records is the responsibility of the Title IX Coordinator.

## APPENDIX D: Clinical Retention Algorithm



## Criteria for Marginal/Unsafe Practice

- **Marginal:** Performance is at risk to patient, student, or others, or safe only with direct supervision; it is not always accurate; achieves desired purpose and manner only occasionally; unskilled, inefficient, and expends considerable energy with marked delay in completion time; anxiety is pronounced or may be masked; and requires continued cueing.
- **Unsafe Practice:** See Clinical Guidelines and forms and Student Handbook

## **APPENDIX E: PCC Respiratory Therapy Lab Guidelines**

The Simulation Skills Lab at PCC is a vital part of the program curriculum and in compliance with our Mission Statement will provide excellent education that prepares the learner to become a member of the profession and community, meeting the needs of diverse populations. It is an integral part of the education and the same requirements apply in this setting as it does for all of PCC's health programs. The simulation skills lab will improve patient safety and quality of care through demonstration of skills by instructors, opportunities to practice those skills in a risk-free setting that encourages critical thinking and increases student's confidence.

In the skills labs the student will utilize equipment such as life-size mannequins, simulated vital signs mannequins, task trainers and other medical equipment and supplies that are being used in the clinical setting. The skills lab is designed to provide an opportunity for hands-on experience in a safe learning environment that fosters an understanding of all aspects of health care for the nurse.

### **Skills Lab Simulation Learning Lab Dress Code**

For all simulation labs, students will be expected to be in full PCC Student Respiratory Therapy uniform including check-offs and practicing/tutoring unless they are instructed otherwise at the discretion of the lead faculty. The faculty may instruct the students attend the lab in professional attire for health assessment lab activities.

If your faculty asked you to attend in professional attire; dress modestly:

- No camisoles worn by itself
- No plunging necklines
- No exposed midriff
- No offensive tee shirts
- No mini shorts/skirts

Students who are not in compliance with the required attire will be asked to leave the lab. The student may return once the appropriate attire is completed.

### **Personal Belongings**

Please label all textbooks and personal items.

Immediately upon entering the lab, backpacks and outerwear must be stored on the rectangular lab tables or under the tables.

### **Supplies, Equipment and Resources**

- Please leave mannequins in their beds. If a mannequin needs to be moved please contact lab personnel. Pencils are allowed in labs. Ink pens are not allowed near the mannequins.
- Utilizing recycled supplies or sharing of resources may be necessary while practicing.
- Please use gloves located in boxes on the walls during any procedure that requires gloves. Do not simulate glove usage.
- All simulated practice needles are to be covered with needle sheath, and stored in the student's individual respiratory care or IV kit, which are locked in the lab cabinets between lab classes.



Syringes and needles are not to be removed from the lab.

- Lab resource books and supplies must not leave the lab unless prior permission is obtained.
- If equipment or supplies are needed for practice during labs, please contact lab personnel.
- Please report any incidents or malfunctions to the lab personnel immediately. Please attach a note to the piece of equipment if lab personnel are not immediately available.
- Return any unused supplies and equipment to its designated area

### **Needle Sticks and Other Incidences:**

If a student is accidentally stuck with a non-sterile needle or develops a skin reaction, immediately wash the area with soap and water. Immediately inform the instructor or the lab personnel of the incident and then go to the Student Health Center. The student must bring a medical clearance from the student health center to attend lectures/labs and clinical after the incident. Please submit two copies of the medical clearance form; one to the director of respiratory care and one for your lead faculty.

Lab personnel or course faculty will complete the PCC Incident document.

### **Video taping**

Videotaping may be used in labs at any time for instructional purposes by the instructors. Videotaping may be used in the labs by the students with prior consent from the instructor(s). The video may not be posted on any website, Facebook or YouTube.

### **Housekeeping**

During labs, open labs or individual practice PLEASE clean the area and leave the lab in better condition than when you arrived.

- Clean and straighten up before leaving the lab and return lab equipment.
- Straighten bed linens and return beds to the lowest position with the side rails up. Leaving the side rails down and the bed up is a safety issue.
- Place bedside tables beside the bed in their proper place.
- Clean the mannequins if simulated fluids are spilled on or around the mannequin. Remove all simulated supplies from mannequins unless instructed to do otherwise. If simulated fluids are spilled on linens, change the linens.
- Wipe up any spills on the floor and on the equipment. Clean up water/simulated blood spots on bedside tables, remove tape from tables or IV poles, etc.
- Return clean equipment to its designated areas.
- Dispose of supplies in proper receptacles. If an item is recyclable, place them in the recycle Container. All simulated practice needles are to be disposed in sharps containers. Needles and syringes are not to be discarded in trash containers.
- Please place all chairs under the rectangular tables or stack chairs in corners.

If the lab is left in a mess or not cleaned up according to the lab guidelines then the last person/group will be required to return to the lab and will clean the lab to the lab personnel's standard.

If the lab is not cleaned upon arrival, notify the lab personnel immediately.

Anyone ignoring the lab guidelines or abusing the equipment will be asked to leave

**Other Lab Services**

Independent practice is available any time there are open lab hours.

Mandatory practice hours must be complete prior to the check-off day. Please see course syllabus for specific guidelines.

Additional lab practices, group practices or individual practices (with an instructor's approval) are to be scheduled through the lab personnel.

**Required Documents for Student Files:**

The following records and information required for submission:

- PCC Health Form completed with up to date signatures by PCC Health Clinic medical staff
- ANNUAL TB testing by the second week of every fall semester.
- Current Basic Life Support Card/CPR for health care providers from the American Heart Association.
- Copy of Driver's License
- Proof of Current Flu Shot
- Liability Insurance Receipt (yearly renewal – Cashier Office in Student Center, cost is \$10.00)
- Essential Functions Consent Form
- Student Handbook Consent
- Documentation of Completion for Safety & Blood Borne Pathogens

**ALL RESPIRATORY THERAPY STUDENTS ARE REQUIRED TO HAVE THE RESPIRATORY THERAPY HANDBOOK WITH THEM AT ALL TIMES ESPECIALLY, DURING CLINICAL ROTATIONS.**