

Walters State Community College

Respiratory Care Therapist Program

Student Handbook



2019 - 2021

Respiratory Care Therapist Program Student Handbook

Program Faculty

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The policies contained within this manual may be revised at any time after notification of the student.

This information has been prepared to assist you in successful completion of the Respiratory Care Program. We expect you to become thoroughly familiar with this handbook and to keep it available for ready reference.

If you have difficulty understanding anything in this Handbook or WSCC's catalog/handbook please consult your faculty advisor.

By signing this statement, I acknowledge receipt of the WSCC's Respiratory Care Student Handbook and accept my responsibility to observe the policies and procedures outlined in this handbook.

Date

Student's Signature

(To be retained in your Student File Folder)



AGREEMENT FOR STUDENTS IN THE HEALTH PROGRAMS AT WSCC REGARDING STUDENT CONDUCT

The WSCC Health Program student agrees to conduct himself or herself in a professional, honorable, and ethical manner.

- I. Professional Behaviors
 - A. Actively participates and accepts responsibility for learning
 - B. Effectively communicates
 - C. Demonstrates dependability
 - D. Demonstrates appropriate adaptability
 - E. Appropriately utilizes resources
 - F. Maintains acceptable level of personal appearance

- II. Honorable and Ethical Behaviors
 - A. Demonstrates accountability for all actions
 - B. Demonstrates respect in all situations
 - C. Demonstrates ethical behavior in all situations

By accepting admission to the health programs as WSCC you are voluntarily agreeing to abide by the Student Conduct Agreement.

This in no way negates or limits policies and procedures in program specific material.

Signature of student _____ **Date** _____



Dear Student:

Welcome to the Walters State Community College Respiratory Care Program. The faculty and staff wish you much academic success in progressing through the program. Upon completion of the Associate of Applied Science (AAS) degree, you will be able to apply to take the NBRC Therapist Multiple Choice exam and/or Clinical Simulation exam and to apply for state licensure as a Registered Respiratory Therapist (RRT).

Each of you enters WSCC with a unique set of experiences and backgrounds. We hope you will share that diversity with us and your classmates learn to respect differences, and use this opportunity to learn more about others and the profession of respiratory care.

Your academic success in the respiratory care program depends upon you! We will provide you with the qualified faculty, resources and experiences which will direct your program. Each of you must take responsibility to attend classes, follow your course syllabi, complete required readings prior to class, and come to class and clinical with assignments prepared.

The most frequent cause of academic failure is related to employment while in the respiratory care program. The respiratory care program is essentially equivalent to a full time job, and it is recommended strongly that you limit your working to weekends and vacation breaks.

If you have personal, family, health or financial problems while in our program, please seek help from the WSCC Student Counseling Office. This service is free and confidential and can be very beneficial in making appropriate referrals. You may also contact us for an appointment at any time.

We look forward to meeting you and again, wish you success in your respiratory care program

Sincerely,

Sara Smith, MHA, RRT
Associate Professor and Program Director

Catherine Everhart, BS, RRT
Associate Professor and Director of Clinical Education

Jennifer Thompson, BS, RRT
Instructor

I. PROGRAM OVERVIEW

A. PROGRAM ACCREDITATION

The Walters State Community College Respiratory Care Program holds Continuing Accreditation from the Committee on Accreditation for Respiratory Care (CoARC). WSCC is a member of the Southern Association of Colleges and School Commission on Colleges.

Committee on Accreditation
for Respiratory Care
264 Precision Blvd
Telford, TN 37690
(817) 283-2835

B. LEGAL LIMITATIONS FOR LICENSURE

Graduates of the program will be eligible to apply to take the credentialing exam to become a Registered Respiratory Therapist. However, individuals who have been convicted of a crime other than a minor traffic violation could be ineligible for a license as a respiratory therapist in Tennessee, even though they have successfully completed the respiratory care program.

C. FINANCIAL AID

Walters State Community College as required by the U. S. Department of Education, has established a Satisfactory Progress Standard for all recipients of financial assistance through any Title IV program (Pell, Federal Supplemental Education Opportunity Grant (FEOG), Federal Work Study Program (FWSP), Tennessee Student Assistance Award (TSAA), Federal Stafford Loan, Federal Parent Loan for Undergraduate Students (PLUS). The standards are both qualitative (requiring a certain grade point average) and quantitative (completion of course work per semester). The Satisfactory Progress Standards are published and available upon request from the Financial Aid Department.

D. WSCC AND THE RC PROGRAM

As a student in the RC Program, you have access to all the resources that any other student WSCC has. This means you can fully participate in any student activity other students can. Student government, social and athletic organizations are open to you if you have an interest. Even though classes are held at the Greeneville Center, you have access to any function held at the Morristown or Sevierville campuses.

E. ACCEPTANCE INTO THE PROGRAM

Acceptance into the RC Program is gained through a competitive selections process. The Admissions Committee utilizes reviews of previous college work to determine acceptance into the program. The Program selects 15 - 22 students each year to begin the program in the fall semester. Students who are not selected but meet entrance requirements are designated as alternates. If a vacancy occurs after the July/August orientation, alternates are selected to fill whatever vacancy exists. Alternates once selected have all the rights of regular candidates and no bias between regular and alternate candidates exist.

F. PROGRAM PHILOSOPHY

The philosophy of the Respiratory Care Program at Walters State Community College provides the foundation of the curriculum and reflects the belief of the faculty. The Respiratory Care Department shares the Vision and the Mission of the College and the Division of Health Programs. The Philosophy and Purpose of the Respiratory Care Program complement and support the Campus Compact: to be the Regional College of choice for respiratory care education, and a 21st Century College of Excellence inspired to exceed student and community expectations.

G. MISSION/PURPOSE

The purpose of this educational program is to prepare men and women to become licensed Registered Respiratory Care Therapist. As an integral part of the Community College, the RC program accepts each student as an individual. The curriculum is a combination of general and technical education courses which is designed to provide learning experiences which will enable the student to develop skills and acquire the knowledge necessary for them to function effectively and efficiently as a Registered Respiratory Therapist and to contribute their skills as a member of the health care team. The program is designed to assist the student in reaching his/her potential as an individual, as a citizen in a democracy and as a contributing member of the Respiratory Care profession.

H. EDUCATION

The Walters State Community College respiratory care program promotes excellence in the teaching and preparation of students for life-long learning. Each student is valued as a unique person and is guided toward development of individual potential as a contributing member of the respiratory care profession and as a citizen in a democratic society.

The faculty believes that learning takes place within the learners; therefore, self-evaluation and self-awareness are emphasized. With this belief in mind, the faculty believes learning is:

1. meaningful when there are goals and objectives, which assist the student to achieve competency.
2. enhanced when faculty and students work together to achieve the goals set forth in the Program's Goals and Standards statement.
3. meaningful and lasting when there is an opportunity for application.
4. takes place when the learner is motivated by an awareness of his or her own need.
5. progressive from the familiar to the new and from the simple to the complex.
6. enhanced, when the learner is involved in the learning process.

To prepare a registered respiratory therapist, respiratory education is best accomplished in an institution of higher learning through a curriculum, which incorporates knowledge from a variety of disciplines. These disciplines include the natural sciences, social and behavioral sciences, humanities and mathematics as well as the incorporation of oral, written, and technological communication.

The combination of general and respiratory care education courses provides learning experiences that prepare the student to function with intellectual and technical competence, utilizing critical thinking skills in the application of respiratory care.

The respiratory care faculty endeavors to provide guidance that will enable each individual to apply his or her potential in the field of respiratory care. The respiratory care faculty facilitates learning for the students while functioning as respiratory care content experts, teachers, mentors, and nurturers.

In addition, the faculty strongly supports the concept that as a health care worker, the student has the moral and ethical obligation to put forth the best effort possible within each individual's capabilities.

The faculty believes that the personal ethics of the health care worker requires certain inherent elements of character, which includes honesty, loyalty, understanding, and the ability to respect the rights and dignity of others. Personal ethics also require conscientious preparation during one's academic years for professional duties and responsibilities.

The faculty believes that a continuation of the development of professional behavior ethics and efficiency should be accomplished by observation, study, and investigation during one's entire professional life.

Finally, the faculty believes that no action of an individual can be entirely separated from the reputation of the individual or of his profession. Therefore, it becomes a serious and primary obligation of the individual to uphold the dignity and honor of his/her chosen profession, by his/her thoughts, words, and actions.

I. CODE OF ETHICS

As a Respiratory Care Student you have begun to function as a professional and thus held to a higher standard than non-professionals. All true professionals have a conduct code associated with their particular field. Because your training requires that you learn to perform the tasks and knowledge associated with a professional registered respiratory therapist, you will abide by the Code of Ethics for Respiratory Care Professionals. Breaches of the ethical standards set forth may result in dismissal from the program.

As health care professionals engaged in the performance of Respiratory Care, registered respiratory therapists must strive, both individually and collectively to maintain the highest ethical standards.

The principles set forth in this Code of Ethics define the basic ethical and moral standards to which each practitioner should conform.

1. The registered respiratory therapist shall practice medically acceptable methods of treatment and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her by the physician.
2. The registered respiratory therapist shall continually strive to increase and improve his/her knowledge and skill and render to each patient the full measure of his/her ability. All services shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
3. The registered respiratory therapist shall be responsible for the competent and efficient performance of his/her assigned duties and shall expose incompetence and illegal or unethical conduct of members of the profession.
4. The registered respiratory therapist shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient's medical care.
5. The registered respiratory therapist shall not accept gratuities for preferential consideration of the patient. He/she shall guard against conflicts of interest.
6. The registered respiratory therapist shall uphold the dignity and honor of the profession and abide by its ethical principles. He/she should be familiar with existing state and federal laws governing the practice of Respiratory Care and comply with these laws.
7. The registered respiratory therapist shall cooperate with other health professionals and participate in activities to promote community and national efforts to meet the health needs of the public.

J. PROGRAM GOALS AND STANDARDS

In accordance with accreditation guidelines, the Program has developed a goal statement and the standards by which the success in achieving the goal will ultimately be measured.

GOAL 1: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

STANDARD 1A: Upon completion of this program, the graduates will demonstrate the comprehensive knowledge, analytical ability, decision-making and communication skills required of registered respiratory therapist. (Cognitive Domain)

STANDARD 1B: Upon completion of the program, the graduates will demonstrate technical competency in all skills that are required of registered respiratory therapist. (Psychomotor Domain)

STANDARD 1C: Upon completion of the program, the graduates will demonstrate the professional behaviors and ethical decision-making skills required of registered respiratory therapist. (Affective Domain)

K. WSCC AND THE RC PROGRAM GENERAL INFORMATION

Firearms on Campus

In accordance with Tennessee State Law, no firearms shall be permitted on the WSCC campus or worn by a WSCC student or employee at any time other than the exceptions listed below: WSCC Campus Police shall wear firearms in accordance with institutional policy. Full-time peace officers on campus either in a student or visitor status may carry a firearm if required by local departmental regulations. Specifically, full-time uniformed peace officers are authorized to wear their arms in accordance with their uniform regulations; however, plain clothed peace officers must wear clothing which will permit the complete concealment of their firearms at all times. At no time will such firearms be visible.

Freedom of Expression

Walters State Community College considers freedom of inquiry and discussion essential to educational development and recognizes the right of students to engage in discussion, exchange thought and opinion, and speak freely on any subject in accord with guarantees of our state and national constitution. In addition, Walters State strives to develop in students a realization that citizens not only have the right, but also the obligation, to inform themselves regarding issues and problems of the day, to formulate standards regarding these, and to give expression to their views. In discharging these rights and obligations, however, students must also recognize their responsibilities to other individuals, to the college and its constituency, and to the state and nation. Walters State takes pride in the fact that its campus is open to free discussion and the examination of views with the condition that such discussion be accompanied by peaceful conditions consistent with a scholarly nature of an academic community.

Health and Accident Insurance

Walters State Community College offers a non-compulsory health and accident policy which will provide protections for students at a very low rate. The college is offering this group insurance as a service to you because the rates are lower than for individual policies. Policy information is available in the office of the vice president for Student Affairs. Students are urged to participate in this group policy. Students participating in health programs, physical education classes, intramural activities and sports clubs are strongly encouraged to purchase this policy. This policy does not provide coverage for students while they are participating in intercollegiate competition or practicing for such competition.

Nondiscrimination Statement

Walters State Community College does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the Age Discrimination in Employment Act of 1967 (ADEA). Inquiries and charges of violations of any of the above referenced policies should be directed to the Human Resources Office at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899. Requests for accommodation of a disability should be directed to Office of Disability Services at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899.

Search and Seizure

State law provides that students and their property on the Walters State Campus may be searched where necessary seized on the basis of a determination of probable cause. Probable cause may be found where the facts and circumstances within college administrators' knowledge

and of which they have reasonable trustworthy information are sufficient in themselves to warrant a search in the belief that a violation of the college's regulations has been or is being committed. The decision to implement a search of a student or property will be made by either the vice president for Student Affairs or the President in that order and should be based upon a signed statement (warrant if possible) by a person setting forth in detail the facts and circumstance justifying the search, and where based in whole or in part on hearsay evidence, stating the underlying circumstances from which the person concluded that the third person was credible or information reliable. In exceptional circumstances a warrant less search may be made, and college personnel may proceed with the search without a written authorization. Such circumstances are limited to those where the fruits of violation of the college's regulation on contraband can be said to be in imminent danger of disappearance, destruction, or removal. When the student voluntarily consents to a search, no written authorization for the search is required. A voluntary consent in writing will be requested, however, from the student. In addition, in all cases where a search is to be made of a student's property or premises, the student should be present for the search whenever possible. In the event that police or other law enforcement officials not employed by the college request permission to search for a student or property, the college will not consent to the search unless the officials have a search warrant for that particular student or property. All questions concerning this subject should be directed to the office of the vice president for Student Affairs or to the President of the college.

Sexual Harassment

Walters State Community College is committed to providing its faculty, staff and students with an environment free from implicit and explicit coercive sexual behavior used to control, influence, or affect the well being of an individual at the college. Sexual harassment of any person is inappropriate and unacceptable and is grounds for disciplinary action. It may also, depending on its nature, constitute a violation of federal law. Any student who has a complaint regarding sexual harassment may contact the vice president for Student Affairs for information and assistance relative to the procedure for review of the complaint.

Student Complaints

Students should be aware that, should they have concerns or complaints about their program or their financial aid, Walters State has an established procedure for receiving and responding to complaints from students. Students should voice their complaints in writing to the office of Student Affairs. The vice president for Student Affairs in consultation with vice presidents, deans, and directors will investigate the questioned complaint. Student complaint procedures are on file in the office of Student Affairs.

In the Classroom

The professor in the classroom and in conference should encourage free discussion, inquiry, and expression. Student performance should be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards.

1. Protection of Freedom of Expression

Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.

2. Protection Against Improper Academic Evaluation

Students should have protection through orderly procedures against prejudiced or capricious academic evaluation. At the same time, they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

3. Protection Against Improper Disclosure

Certain information about students is protected from public disclosure by Federal and State laws. Protection against improper disclosure is a serious professional obligation. Judgments of ability and character may be provided under appropriate circumstances.

*Adapted from AAUP Statement of **Rights and Freedoms of Students***

Student Discipline Committee

The Student Discipline Committee is charged with judging the student whose behavior on or off campus is considered undesirable or harmful to the college. It deals with the student who is found to be in violation of the guidelines provided to each student in this Handbook. The committee makes recommendations directly to the President for final approval. The chair of this committee is appointed by the President. An exception to this may be made for cases involving a violation or questioning of an academic standard or practice. In such cases, they would be heard by the Academic Affairs Committee.

Sex Crimes Prevention Act

The federal Campus Sex Crimes Prevention Act and the Tennessee College and University Campus Sex Crimes Prevention Act of 2002 require that whenever a sex offender becomes employed, enrolls as a student or volunteers at an institution of higher education in the state of Tennessee, he or she must complete or update the Tennessee Bureau of Investigation (TBI) sexual offender registration/monitoring form and deliver it to TBI headquarters in Nashville. As defined in section 40-39-102 of the Tennessee Code, a "sexual offender" means a person who is, or has been, convicted in this state of committing a sexual offense or who is, or has been, convicted in another state or another country, or who is or has been convicted in a federal or military court, of committing an act which would have constituted a sexual offense if it had been committed in this state.

A "sexual offense" means the commission of acts including but not limited to aggravated and statutory rape, sexual battery, sexual exploitation of a minor, aggravated prostitution, and kidnapping. Both acts designate certain information concerning a registered sexual offender as public information and therefore amend and supercede the Family Education Rights and Privacy Act (FERPA) and other federal and state laws that previously prohibited the disclosure of such personal information. Since the laws require the publication of information pertaining to sexual offenders employed, enrolled, or volunteering at an educational institution, said publication does not constitute grounds for a grievance or complaint under institutional or Tennessee Board of Regents policies or procedures.

WSCC Policy - Campus Sex Crimes Prevention Act

The "College and University Security and Information Act" as enacted by the State of Tennessee and in conjunction with federal legislation, requires that each college make available certain information within the college's community relative to safety and security matters. In this regard, Walters State Community College is providing the information contained herein to assure that the college's community, students, faculty and staff are appropriately advised and informed relative to college security and safety procedures and applicable crime statistics. In compliance with the federal Campus Sex Crimes Prevention Act and the Tennessee College and University Campus Sex Crimes Prevention Act of 2002, members of the campus community may obtain the most recent information received from the Tennessee Bureau of Investigation (TBI) concerning sex offenders employed, enrolled or volunteering at this institution at the Campus Police Office located in the Information Center. Information is also available on the TBI's website listing of sex offenders located on the internet at http://www.ticic.state.tn.us/SEX_ofndr/search_short.asp. To request a copy of the Campus Security Information, please contact the Campus Police Department:

Walters State Community College
Campus Police Department
500 S. Davy Crockett Parkway
Morristown, Tennessee 37813-6899
423-585-6752

A summary of the Walters State Drug-Free Workplace Policy, the Campus Sex Crimes Prevention Act, and the Campus Crime Statistics may be accessed through the Web at www.ws.edu (click on Admissions, then Campus Policies/Statistics. Statistics are available in the Campus Police office.

PROCEDURES TO REPORT SEXUAL ASSAULT OR RAPE

Walters State Community College will not tolerate sexual assault in any form. A student charged with sexual assault can be prosecuted under Tennessee criminal statutes and disciplined under the campus code of student conduct. Even if the criminal justice authorities choose not to prosecute, the campus can pursue disciplinary action. Procedures for on-campus disciplinary action in cases of alleged sexual assault which shall include a clear statement that the accuser and the accused are entitled to the same opportunities to have others present during a due process hearing; and both the accuser and the accused shall be informed of the outcome of any campus disciplinary proceeding brought alleging sexual assault. This sanction includes the possibility of suspension or dismissal from the college. Individuals are advised to immediately report all such incidents to Campus Police, located at the front entrance of the campus. The telephone number to Campus Police is 585-6752. The Campus Police Department has procedures for responding effectively to these sensitive crisis situations. In the alternative, an individual may report such an incident to the campus nurse who is located in Room 127-CCEN, 585-6820. Individuals who are victims of sexual assault are asked not to engage in any type of personal hygiene before reporting an incident. In order to facilitate a thorough investigation, individuals are also asked not to wash clothing or dispose of any items that may be used as physical evidence. College police staff will provide referrals for counseling, emotional support, legal and medical information, hospital and court accompaniment, and advocacy to sexual assault victims, their families and friends.

A sexual assault crisis center is located in Knoxville and the help line number is 423-522-7273.

Americans With Disabilities Act Grievance Procedure

Purpose

The purpose of this procedure is to provide a clear, orderly and expedient method through which all persons may process bona fide complaints related to Title II of the Americans with Disabilities Act (ADA), which states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination" in programs or activities sponsored by a public entity such as the institution.

Scope

This procedure is available to all persons.

Steps for Filing a Complaint

A complaint should be addressed to the institutional ADA Coordinator. The vice president for Information Technology and Administrative Services has been designated by the president to coordinate ADA compliance efforts. A complaint may be made verbally or in writing, preferably in writing, and must provide the name and address of the person making it and a brief description of the alleged violation of ADA regulations. A complaint must be filed within 10 working days after the complainant becomes aware of the alleged violation.

Investigation

The ADA Coordinator will investigate the complaint. The investigation will include, but not necessarily be limited to, interviews with the complainant and with college personnel in charge of the area in which the alleged violation occurred. All interested parties will be provided an opportunity to submit evidence relevant to the complaint, and the investigation will be conducted in a manner, which protects any due process rights of parties concerned and also insures that the institution complies with the ADA and its implementing regulations. When the investigation is complete, the ADA Coordinator will issue a written determination concerning the validity of the complaint and a description of the resolution, if any. This statement will be provided to the complainant no later than 20 working days following receipt of the complaint.

Steps for Filing an Appeal

The complainant may request a reconsideration of the case in instances where the complainant is dissatisfied with the resolution. Request for reconsideration should be made in writing to the President within 10 working days from receipt of the determination.

Maintenance of Records

The ADA Coordinator will maintain files and records of the institution relating to the complaint.

II. ADMISSION AND PROGRESSION POLICIES

A. GENERAL ADMISSION REQUIREMENTS

Any student desiring to pursue an Associate of Applied Science in Respiratory Care must:

1. Apply, meet admission requirements and be accepted by Walters State Community College.
2. Indicate Respiratory Care as the desired major on the WSCC application form.
3. Follow college policy for advising prior to registration.
4. Complete all required developmental education courses prior to making application for the clinical respiratory care program.
5. Complete BIOL 2010 and 2011, BIOL 2020 and 2021, and INFS 1010 or MGMT 1100 prior to making application for the clinical respiratory care program. A grade of "C" or better must be achieved in all science courses. Biological science courses previously taken must have been completed within the last ten (10) years.
6. Students cannot audit any respiratory care course without the approval of the dean of Health Programs/Program Director of Respiratory Care.

Any exceptions to the above admission policies must be approved by the Respiratory Care Admission Committee.

CLINICAL RESPIRATORY CARE PROGRAM APPLICATION REQUIREMENTS

A student who has completed the above referenced requirements and has maintained an overall 2.5 GPA, excluding developmental education courses, is eligible to apply for admission to the clinical respiratory care program. To apply for admission into the clinical respiratory care program, the student must complete and return to the program director of respiratory care a "Request for Admission into Clinical Respiratory Care" form. This form must be filed prior to April 30 of the year the student elects to participate in the selection process for the Fall Term respiratory care class. The student must attach to the form a current transcript of all college courses taken.

B. SELECTION TO THE RESPIRATORY CARE PROGRAM

1. Selection of each class will be made by the Admission Committee whose membership consists of:

Respiratory Care Program Director
Respiratory Care Director of Clinical Education
Respiratory Care Program Medical Director
Respiratory Care Advisory Committee Member (rotating)
Dean of Health Program (ex officio)
Vice President for Academic Affairs (ex officio)

The Admission Committee will rank each student on the basis of predetermined criteria. The criteria include but are not limited to:

- a. First grades received in the required biology courses (BIOL 2110 and BIOL 2020)
- b. Number of successfully completed courses beyond those required for admission to the clinical respiratory care program
- c. Overall grade point average in required college courses excluding Learning Support grades.
- d. ACT/ACT Residual score of greater than 19 or scores on the pre-admission test above the designated score. All test scores must be less than three years old. *
- e. The committee may also require a personal interview and/or conduct reference checks.
- f. The top ranked applicants will be selected for each class. Decisions made by the committee are final.

Transfer Students – Individuals who have attended other colleges and desire to transfer into the WSCC clinical respiratory care program will be considered on an individual basis. Transfer requests should be directed to the Program Director of Respiratory Care. Transfer students must meet the same standards and criteria as others desiring to pursue an associate degree in respiratory care at WSCC. A student may be required to audit a designated respiratory care course.

Transfer and Returning Students – Credit for respiratory care courses must have been earned within the last five years to be considered, unless a waiver is granted by the Respiratory Care program director. Credit for biology courses must have been earned within the past ten years to be considered.

WSCC and transfer students selected for the fall term class will be notified in writing.

Students notified of admission into the clinical respiratory care program must return the following by the date specified on the form:

1. an acceptance form indicating intent to be included in the fall class;
2. a signed and dated acknowledgement of the Drug/Alcohol Abuse Policy and consent forms;
3. a comprehensive health examination with documentation of required immunizations or titers showing immunity.

Students who do not respond or do not plan to attend will have their positions filled by other applicants selected by the Program Director from the list recommended by the Admission Committee.

Students not selected for admission may reapply for a subsequent class.

Contact the RC Program at the Walters State Greeneville Center, 423-798-7965, 423-798-7941, or 423-798-7964 for additional information.

C. PROGRESSION/RETENTION POLICIES

To remain in good standing once admitted to the RC program, the student must:

1. Adhere to all WSCC, RC department, and clinical agencies policies.
2. Earn a "C" or better in each required RC and biology course and maintain a minimum GPA of 2.0.
3. Satisfactorily complete the didactic, laboratory and clinical requirements in each course. A grade of "D" in any respiratory care course will result in dismissal from the program.
4. Exhibit safe clinical behavior as described in the appropriate course syllabi.
5. Demonstrate professional, ethical and legal conduct.
6. Maintain professional liability insurance.
7. Maintain American Heart Association Basic Life Support for the Healthcare Professional certification.
8. Submit to a drug test if requested by the Program faculty at any time during the program. A positive drug test is grounds for immediate dismissal.
9. Submit to a criminal background check before beginning fall classes in the program. If a clinical affiliate denies your presence in a facility, you will not be able to complete the clinical/practicum experience and you will be withdrawn from the program.
10. Have a comprehensive health exam and submit the required form to the Program Director by the designated date.

D. READMISSION POLICIES

A student who has received a "D" or "F" in a RC course or who has withdrawn from the RC program may be readmitted. The following apply:

1. A student must schedule an appointment with the Program Director and complete the exit interview process. Failure to complete the exit interview may render the student ineligible to pursue readmission. 1420

2. A student must request in writing to the Respiratory Care program director to be considered by the Admission and Progression Committee according to the following schedule:
Apply by April 30 for readmission to the fall semester RC course.
Apply by November 1 for readmission to a spring semester respiratory care course.
Please send letter to: Walters State Community College
Attn. Sara Smith , Respiratory Care Program
221 North College St.
Greeneville, TN 37745
1. A student is eligible to appear before the Admissions and Progression Committee two (2) times. If readmission is not granted after the second application, the student becomes ineligible for readmission.
3. The committee may allow a student to be readmitted without an interview under the following circumstances: obvious physical illness/disability necessitating the student's withdrawal or student physical or psychological problems with physician documentation.
4. Only one readmission to the RC program is permitted.
5. A student with previous unsatisfactory clinical performance must be evaluated and recommended for readmission by the RC Program faculty (evaluation procedure below).
6. A student who has received two grades of "D" or below in RC courses will not be eligible for readmission.
7. A student must have a cumulative 2.0 GPA or higher to be considered for readmission.
8. A student repeating a respiratory care course must repeat all of the classroom, clinical and laboratory components of the co-requisite courses.
9. A student may be readmitted only if space is available.
10. Any exceptions to the above policies must be approved by the Admissions and Progression Committee.

Respiratory Care Evaluation Assessment:

The re-applicant will satisfactorily complete the following procedure prior to the Program faculty recommending re-admission to the full Re-admission Committee.

Cognitive Evaluation - The re-applicant will sit for a comprehensive examination covering the materials presented in previous courses while enrolled. The examination may consist of multiple-choice, short answer and case studies related to the courses. The re-applicant must receive a score of 75% to receive a satisfactory assessment. A re-applicant receiving less than a score of 75% is not eligible to continue the remainder of the re-evaluation process and will not be readmitted.

Psychomotor Evaluation – Following successful completion of the cognitive evaluation portion, the re-applicant will participate in a psychomotor skills evaluation. The re-applicant must arrive in proper clinical attire as described in the Respiratory Care Program Student Handbook. The re-applicant will be allowed to randomly select three skills to perform from the required skills listed in previous enrolled syllabus. Index cards with the listed skills will be placed face down in front of the re-applicant. The re-applicant will then select three cards from the table. The skills selected will be observed and evaluated by the program faculty and a volunteer clinical faculty member. The skill assessment will utilize the skill performance assessment instruments in the laboratory competency manual, which is a required text in RESP courses. The proper supplies and equipment will be provided by the program for each skill. The re-applicant must meet the satisfactory skill level and time limits listed for each skill. Each skill will be videotaped. The program will provide a practice patient. The re-applicant must receive a satisfactory score on each of the three skills to receive a satisfactory assessment.

Skill Practice: The re-applicant will be provided skill practice time and the requisite supplies necessary for each skill. The re-applicant will be given times available for practice and will provide written confirmation of when the re-applicant intends to practice. Due to liability concerns, presently enrolled students are not

eligible to serve as practice patients. The re-applicant will inform the Program faculty who will serve as a practice patient if the re-applicant desires to have one.

Affective Evaluation - The re-applicant will be asked to provide written comments on the twenty professional behaviors contained within the RESP behavioral rating. These are the twenty essential behaviors of a professional registered respiratory therapist as they relate to clinical performance. The re-applicant will be graded on how well the re-applicant correctly describes his/her understanding of the behaviors required by a registered respiratory therapist. The re-applicant must correctly evaluate the importance of these behaviors in clinical practice as assessed by the Program faculty members and a volunteer clinical faculty member to receive a satisfactory assessment.

Following completion of the three assessment components, the clinical assessment team consisting of all full time Program faculty and the volunteer clinical faculty member will grade and assess the individual components. The Program faculty will then use the results of the overall RC evaluation assessment in preparing a recommendation to the Re-admission Committee. The re-applicant will then be informed of the results of the overall assessment.

E. HEALTH AND PHYSICAL CONSIDERATIONS FOR RC STUDENTS

Because the College seeks to provide in as much as possible a reasonably safe environment for its health care students and their patients, a student may be required, during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

All Tennessee Board of Regents health care programs have adopted the following core performance standards. Admission to and progression in RC program is not based on these standards but should be used to assist the student in determining whether accommodations or modifications are necessary. The standards are:

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to effectively interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual back-grounds.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small places.
5. Gross and fine motor abilities sufficient to provide safe and effective respiratory care.
6. Auditory abilities sufficient to monitor and assess health needs.
7. Visual ability sufficient for observation and assessment necessary in respiratory care.
8. Tactile ability sufficient for physical assessment.

If a student believes that one or more of the standards cannot be met without accommodation or modification, the RC program will determine whether or not accommodations or modification can be reasonably made. A student should contact the Respiratory Care program director for assistance.

F. CURRICULUM

GENERAL EDUCATION REQUIREMENTS

<u>Course No.</u>	<u>Course Title</u>	<u>Credit Hours</u>
BIOL 2010 ²	Human Anatomy and Physiology I.....	3
BIOL 2011 ²	Human Anatomy and Physiology I Lab.....	1
BIOL 2020 ²	Human Anatomy and Physiology II.....	3
BIOL 2021 ²	Human Anatomy and Physiology II Lab.....	1
ENGL 1010	Composition I.....	3

MATH 1530	Probability and Statistics or higher level general education math course.....	3
PSYC 1310	Intro to Psychology.....	3
ELECTIVE	Humanities/Fine Arts ¹	3

¹ General Education Electives in each category must be chosen from approved courses listed in the college catalog/handbook.

² These courses are program pre-requisites and must be completed prior to beginning the program.

RESPIRATORY CARE SPECIALTY COURSES

Course No.	Course Title	Credit Hours
RESP 1410	Fundamentals of Respiratory Care I	4
RESP 1211	Clinical Lab I.....	2
RESP 1225	Cardiopulmonary Pharmacology	2
RESP 1412	Cardiopulmonary Anatomy and Physiology	4
RESP 1420	Fundamentals of Respiratory Care II.....	4
RESP 1121	Clinical Lab II	1
RESP 1220	Introduction to Clinical Practice	2
RESP 1310	Cardiopulmonary Pathophysiology.....	3
RESP 2440	Mechanical Ventilation.....	4
RESP 2341	Clinical Practice II	3
RESP 2442	Cardiopulmonary Diagnostic Testing	4
RESP 2456	Comprehensive Credentialing Preparation	4
RESP 2370	Neonatal Respiratory Care	3
RESP 2171	Neonatal Laboratory Practice.....	1
RESP 2457	Clinical Practice III	4
Total Credit Hours.....		65

Programs with limited enrollment give priority to permanent Tennessee residents eligible for admission.

The applicant must meet WSCC General Education and developmental education requirements. Upon admission to the clinical respiratory courses, the program requires four academic semesters.

All General Education and core requirements must be completed prior to the completion of RESP 2440.

III. GENERAL RESPIRATORY CARE PROGRAM POLICIES AND GUIDELINES

A. All students must:

Maintain a personal file. The file should contain a personal photograph, a copy of health forms, CPR completion, health and liability insurance. This information must be available for each clinical site. Complete the comprehensive health examination prior to beginning the program. Re-applicants must submit a new comprehensive health form following re-admission.

Purchase and maintain professional liability insurance through the designated insurance company. The student will be required to purchase the insurance upon admission to the respiratory care program. Present verification of current CPR completion course (BLS for Healthcare providers) which includes one and two person, infant/child CPR and the choking victim. CPR courses designed for training the lay public are not acceptable. Current CPR completion must be maintained throughout the respiratory care program. CPR completion is to be obtained through the American Heart Association, Basic Life Support for the Health Care Provider.

B. TUITION

Students enrolled in the RC Program pay the same fees as regularly enrolled students. Fees are subject to change by the Tennessee Board of Regents. In addition, there is a health programs fee of \$25/credit hour for lecture, lab and clinical hours. RC students also pay \$5 per year Tennessee Professional Assistance Program fee. Also, each student must purchase equipment for their personal use in lab which is approx. \$100.00 (exact amount will be provided the first class day)

C. BOOKS

A current booklist is included in Appendix A. The approximate costs for books during the 2 years are \$1000.00

D. LIABILITY INSURANCE

Students must obtain liability insurance to participate in clinical training. Personal liability policy applications will be provided by the program. The policy covers up to \$1 million for each occurrence and a total of \$3 million. The policy costs \$37 for one year. You will be given instructions how to apply during orientation. When you receive your policy, bring the cover sheet to the Program office so a copy can be made for your file. Again, always keep a copy of everything required in a personal file that you maintain

E. HEALTH INSURANCE

Students must have health insurance to participate in clinical training. Personal health insurance may be obtained through any company the student chooses. When you receive your health insurance card, bring a copy for your file. Again, always keep a copy of everything required in a personal file that you maintain

F. Early Professional Membership

As a professional student, you are strongly encouraged to become a member of the national Respiratory Care professional organization, the American Association for Respiratory Care (AARC). The Early Professional Membership for students is \$25/year. You also receive discount registration fees for educational programs in the area. You must be a student member of the AARC to participate in the statewide scholarship competition during the spring semester.

G. PHYSICAL EXAMINATION

Your acceptance into the program is conditional based on the results of your physical examination. You must have a yearly physical exam completed and the results turned into the Program office by the established deadline. Failure to do so will result in your acceptance being withdrawn. The cost of a physical exam and the required lab tests varies. **A 2-step TB test must be included**

H. HEPTAVAX IMMUNIZATION

Along with the required physical examination, you must begin the Heptavax immunization series upon acceptance into the program. You must have received the first injection prior to the beginning of clinical training. With recent changes in OSHA regulations, students are required to have the Heptavax series as a condition of clinical training. The cost of the vaccine and its administration varies. You will need to discuss beginning the series when you have your physical examination.

I. CARDIOPULMONARY RESUSCITATION TRAINING

Each student is responsible for obtaining American Heart Association CPR training (Only BLS for health professionals will be accepted) prior to entering clinical training. You must furnish the Program with a current CPR card that does not expire until the end of the academic program.

J. UNIFORM/CLINICAL SUPPLIES

You will need to purchase an approved lab coat and royal blue scrubs that will be part of your clinical attire during the clinical rotations. You will be shown the acceptable type of lab coat and scrubs during orientation. The coat and scrubs will cost approximately \$80. In addition, you will need to have a stethoscope (\$25), a watch with a second hand and a comfortable pair of shoes. The costs of those items vary and many students already have them.

K. CRIMINAL BACKGROUND CHECK

Criminal Background checks are a requirement for training at some affiliated clinical sites. Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at a facility. Additionally, a criminal background may preclude licensure or employment. As a student, you will be responsible for the cost of any required background checks.

The specifications for the background check are at the discretion of the clinical affiliate. Should the affiliate not require a specific vendor for the check, the program director will provide a list of available vendors to purchase the required criminal background check. The cost of the criminal background check will average \$80.00-\$150.00. The exact amount may vary based on the affiliate specifications and individual student differences. As a student you will not be allowed access to a clinical facility for any student experience until the clinical facility has authorized your presence.

L. TRAVEL COSTS

You are responsible for travel to the various hospital sites during clinical rotations. The expense of travel will vary from individual to individual because of mileage from your home to the hospitals.

M. LICENSURE AND CREDENTIALLING

Following graduation, you will need to apply for a license to practice in Tennessee. The license application fee is presently \$170. You will also need to apply to take the NBRC Therapist Multiple Choice exam and Clinical Simulation Exam. The initial application for these examinations is \$190/examination.

N. TOTAL COSTS

Miscellaneous items (paper, copying cost, computer supplies, etc.) will arise during the year. The cost of these items will vary and many students already have them. The approximate expenses for the 2 years (not including travel) are \$11,500.

O. STUDENT ETHICAL AND PROFESSIONAL BEHAVIOR

Student behavior will reflect both professional and ethical practices.

1. Student Code of Ethics

RC students of WSCC are expected to subscribe and conform to the AARC Code of Ethics. In addition, all students are expected to be honest and honorable in all academic and professional endeavors. It is further expected that they will refrain from any activity, which might impair the image of the College or the Respiratory Care profession. Respiratory Care encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the AARC Code and their interpretation provide guidance for conduct and relationships in carrying out Respiratory Care responsibilities consistent with the ethical obligations of the profession and quality in respiratory care. The registered respiratory therapist provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. Honor Code

You are pursuing training as allied health care worker. Personal and professional ethics demand that you conduct yourself honorably in all respects. This, in its simplest form means that you will neither give nor receive unauthorized assistance from any person, paper or object, on any test, paper, examination or project. Completion of any project, paper, and computer-assisted instruction must follow the guidelines within the course syllabus. When paraphrasing statements or using direct quotations, credit should be given to the source. The use of another's person's words or ideas without acknowledgment of the source is plagiarism. Proven plagiarism or unauthorized assistance is grounds for dismissal from the program.

As stated in the Program's Philosophy, we believe that the actions of each person working in Respiratory Care reflect on all of us. Therefore, you have an obligation to maintain the honor of your profession, not only through your own behavior, but also by helping others live up to your profession's standards and ethics. In practice, this means that if you feel a classmate is receiving unauthorized assistance you have an obligation to discuss the situation with him/her in a helping manner. If this is not successful, you should privately contact and discuss the situation with your instructor.

3. Academic Conduct

All students are expected to refrain from acts of academic misconduct including but not limited to plagiarism, the giving or falsifying of academic documents or materials, cheating and the giving or receiving of unauthorized aid in tests, examinations or other assigned school work.

All items under General Regulations of Student Conduct and Disciplinary Sanctions in WSCC catalog apply.

4. Professional Conduct

a. Students assume responsibility and accountability for their individual and professional judgments and actions. It is expected that students will seek consultation and clarification on professional actions in which there is uncertainty and that they will seek to gain competence in practice. Respiratory Care students exercise informed judgment and use individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating respiratory care activities to others.

b. It is expected that students will respect and uphold the rights of individuals by:

- 1). Providing services with respect for human dignity and the uniqueness of the individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- 2). Safeguarding the individual's right to privacy by judiciously protecting confidential information.

c. It is expected that students will protect patients against incompetent, unethical or illegal practice by:

- 1). Participating in the profession's efforts to establish and maintain conditions of practice conducive to high quality of respiratory care.
- 2). Participating in the profession's efforts to implement and improve the standards of respiratory care.
- 3). Participating in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of respiratory care.
- 4). Collaborating with members of the health profession and other citizens in promoting community and national efforts to meet the health needs of the public.

5). Assuming responsibility for reporting incompetent, unethical, or illegal practice to the appropriate authority.

d. It is expected that students will respect and uphold the rights of faculty by treating the faculty member as a person of worth and dignity.

5. Student Employment

There is no policy limiting the number of hours a student enrolled in the RC Program may be employed, since the ability to handle combined responsibilities of college, employment and home is individual. However, students are advised not to exceed a total of forty (40) clock hours per week including employment, class and clinical schedules. The student is expected to arrive on time and remain until dismissed by the instructor. Students who fail to meet the established academic standards in the RC Program due to employment will not receive special consideration. Therefore, students who need to work to pay for college expenses should discuss this with their advisor or the Financial Aid Office before they are in academic jeopardy.

6. Use and/or Abuse of Drugs or Alcohol

Tennessee Board of Regents allied health and respiratory care programs must maintain a safe, efficient academic environment for students and must provide for the safe and effective care of patients while students are in a clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of allied health and/or respiratory care students in this setting, poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate. Therefore, the unlawful use, possession, distribution, sale or manufacture, of alcoholic beverages, any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic, drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or "over the counter" drugs or public intoxication on property owned or controlled by the institution; at an institution-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the Walters State Community College Drug-Free Campus/Workplace Policy (see appendix B) or the General Regulations on Student Conduct and Disciplinary Sanctions in the WSCC Student Handbook while engaged in any clinical experience poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate and is strictly prohibited.

One responsibility of students enrolled in postsecondary education is knowledge of and compliance with Walters State Community College Drug-Free Campus/Workplace Policy (see appendix B) as required by the Drug-Free Schools and Communities Act Amendment of 1989. All students are subject to this policy and to applicable federal, state and local laws related to this matter (General Regulations on Student Conduct and Disciplinary Sanctions, WSCC Student Handbook).

Students enrolled in allied health and respiratory care postsecondary educational programs have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs, alcohol or controlled substances. If a student in an allied health and/or respiratory care program appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate representative responsible for that student, using professional judgment, will remove the student, document the circumstances and report the alleged violation immediately to the vice president of Student Affairs.

Due to the safety and security of patients, colleagues, clinical affiliates, students and the sensitive nature of allied health and respiratory care programs, it is not discriminatory to require drug testing. Drug and Alcohol testing may be requested by a clinical affiliate or the Office of Student Affairs may require testing based on reasonable suspicion. Refusal to submit to Drug and Alcohol testing and/or a positive test will subject a student to Disciplinary Sanction (General Regulation on Student Conduct and Disciplinary Sanctions, WSCC Student Handbook).

The drug/alcohol test will be accomplished through a breathalyzer or blood/urine laboratory test, at the option of the institution. The tests will be performed by the Tennessee Professional Assistance Program, a third party administrator or the laboratory used by the clinical affiliate. The list of substances which will be tested will be the current list as required by the Tennessee Professional Assistance Program.

The time required of the student to be away from the clinical rotation in order to undergo required drug/alcohol testing will be considered and evaluated on an individual basis. All clinical absences must be made up before the student can achieve satisfactory for clinical performance. The attendance policy listed in each allied health or respiratory care student handbook will be followed. If three or more days are missed, it may be impossible to receive a passing clinical grade. Written verification of health status permitting the student to return to clinical may be required.

Licensed health related students in violation of the Drug-Free Campus/Workplace Policy will be reported to the state boards. Full reinstatement of licensure will be required for an unrestricted return to the educational program.

All allied health and respiratory care students are required to: 1) sign a Consent to Drug/Alcohol Testing Statement of Acknowledgment and Understanding Release of Liability (see appendix C); and 2) participate in the Tennessee Professional Assistance Program for \$5.00 per year.

IV. RC PROGRAM ACADEMIC POLICIES AND GUIDELINES

A. ACADEMIC ADVISING

Academic advising is coordinated through the WSCC Counseling/Testing Department. All students within the Department of Respiratory Care should meet with a faculty advisor prior to registration each semester and periodically throughout the school year. Students are encouraged to see an advisor to develop semester plans and help insure completion of required courses. An appointment can be made by calling the Respiratory Care Program office at 423-798-7965, 423-798-7941 or 423-798-7964.

Students who are experiencing academic difficulties should contact a faculty advisor for information about resources to promote success. Students, who need to change schedules, add or drop classes or withdraw from the program, should see an advisor about the correct procedure and to discuss the impact on their overall academic program. Referral may be made to the WSCC Counseling/Testing Department at the discretion of the faculty. Students are strongly encouraged to follow up with the Counseling Department when directed.

B. COMMUNICATION OF SPECIAL NEEDS AND PROBLEMS

RC students will use the following communication ladder to obtain assistance with special needs and problems:

Instructor
Director of Clinical Education
Program Director
Dean of Health Programs
Vice President of Academic Affairs
President of WSCC

C. ACADEMIC AND CLASSROOM MISCONDUCT

1. The classroom instructor has the primary responsibility for maintenance of academic integrity and controlling classroom behavior, and can order the temporary removal or exclusion from the classroom of any student engaged in disruptive conduct including violent or other behavior that unreasonably interferes with instructional activities during class sessions or conduct that violates the general rules and regulations of the institution for each class session during which the conduct occurs. Extended or permanent exclusion from the classroom, beyond the session in which the conduct occurred, or further disciplinary action can be effected through the appropriate sanctioning procedures of the institution.

2. Disruptive behavior in the classroom may be defined as, but not limited to, behavior that obstructs or disrupts the learning environment (e.g., offensive language, harassment of students and professors, repeated outbursts from a student which disrupt the flow of instruction or prevent concentration on the subject taught, failure to cooperate in maintaining classroom decorum, etc.), text messaging, and the continued use of any electronic or other noise or light emitting device which disturbs others (e.g., disturbing noises from beepers, cell phones, Palm pilots, I-pads, I-phones or I-pods, tablets or other mobile devices, lap-top computers, games, etc.).

3. Disruptive Behavior in the Classroom - Classroom misconduct as a result of a student's behavior definable under Disciplinary Offenses will follow Disciplinary Procedures.

- a. Disruptive behavior in the classroom will be initially addressed by the faculty member and the student through the Walters State Classroom Misconduct Report which addresses the behavior and expected change in behavior. The report is signed by both the faculty member and the student. A copy of the report is sent to the dean of the faculty member's division, the vice president for Academic Affairs, the vice president for Student Affairs, and the campus police department.
- b. Should the student choose to appeal the misconduct report, or should the disruptive behavior continue, the student and faculty member will meet with the division dean regarding the behavior, who in turn will file a summary of his or her findings to the vice president for Academic Affairs and the vice president for Student Affairs. Action and appeals process will follow the procedures outlined in Disciplinary Procedures 04:18:03
- c. Should the student desire to appeal the actions of the division dean, or should the disruptive behavior continue, the student, faculty member, and division dean will meet with the vice president for Academic Affairs and the vice president for Student Affairs for adjudication.
- d. Should a student choose to appeal the decision of the vice president for Academic Affairs and the vice president for Student Affairs they may elect to have their case heard by the Student Discipline Committee under the same procedures and timeline as described in section 3 under Disciplinary Procedures.

D. ATTENDANCE

Education is a process in which both faculty and students share the responsibility for the learning experience. Punctual attendance is expected for each lecture, campus lab and clinical experience. There may be times when a student will be unable to attend class for reasons beyond his/her control. In such cases it is the student's responsibility to see the appropriate instructor for assistance in obtaining information, handouts, etc. for the missed content.

Students will receive level specific attendance policies during orientation.

Cancellation of Classes Due to Inclement Weather:

In the event of inclement weather, the Department of Respiratory Care will abide by the policy stated in the WSCC Catalog. Notification of cancellation of classes for the WSCC campus due to hazardous weather conditions will be aired over area TV/radio stations. Because of distance and the early time involved, each student is expected to exercise individual judgment regarding the risk of traveling to school.

E. EVALUATION OF CLASS PERFORMANCE

Within each course syllabus you will find the method of evaluation for that course including the percentages assigned to each of the following areas of evaluation.

1. Examinations - these are given during class time on the dates established in the course syllabus. Test items in these examinations are written in the same format as the Therapist Multiple Choice exam

and/or Clinical Simulation Examination you will be taking after graduation, i.e. multiple choice, multiple true-false and clinical application questions. The examinations are timed and must be completed by the time indicated in the instructions.

2. Written Final Examinations - Comprehensive final examinations will be given for each course. These examinations may cover not only new material presented during the period immediately before the final exam, but will also cover material presented throughout the course. They will be in the same format as the course written examinations. Final examinations must be passed with a grade of 70% or better to progress to the next level.

3. Written papers and oral reports - guidelines for these papers and reports are given in the course syllabus.

4. Laboratory and Clinical Skills Check-Offs - you will be required to satisfactorily perform a requisite number of skills. Once the skill is satisfactorily completed, the student must be able to perform that skill satisfactorily thereafter.

5. Summative Examinations

a. Cognitive Level - a final, summative web based or written examination will be given prior to graduation that will cover the entire program's academic work. A student must obtain a specified grade on the examination in order to graduate from the program.

b. Psychomotor Level - a final, summative laboratory/clinical skill performance rating will be given prior to graduation that will cover the entire set of skills obtained during the program. A student must obtain a satisfactory rating for each skill tested in order to graduate from the program.

F. GRADING SCALE/TESTING POLICY

1. Grading Scale:

A 92 - 100

B 83 - 91

C 75 - 82

D 69 - 74

F 69 or below

2. A specific number of unit exams and a comprehensive final will be administered each semester. A score of 75 is considered passing for the course.

3. All students will be required to take a comprehensive exam at the end of the semester.

4. Absences on an Exam Day: If a student is absent on the day of an exam, the faculty member administering the exam must be notified by the student themselves via phone to the Program office (798-7965, 798-7941 or 798-7964) at least 30 minutes prior to testing. **Failure to properly inform the instructor of an absence will also result in deducting 2 percent from the final course average.**

The make-up examination may be of any format determined by the instructor to be given on the next scheduled class day for that particular course.

5. Late on exam day: In the event a student experiences an unavoidable delay on exam day, the student should notify the course instructor at least 30 minutes prior to testing. No student will be allowed to begin testing once the examination has been distributed. In this event, the absence policy will apply.

6. It is the student's responsibility to sit for the missed examination at the first class meeting of the class for which the exam was given at a time designated by the instructor. Failure to take a make-up exam

as scheduled will result in a zero (0) grade for that exam. The format of make-up exams is at the discretion of the instructors.

7. A student may not progress to the next RC course until the minimum semester grade of "C" (75) is achieved for each class.

8. **Failure to complete any laboratory skill check-off by the scheduled due date will result in a point value of zero regardless of the actual skill performance.** Failure to complete the check-off within the time limit assigned will result in a point value of zero for that check-off regardless of the actual skill performance. Failure to complete the skill satisfactorily will require re-evaluation by the other course instructor with the initial grade used in final grade computation. Failure to complete a check-off satisfactorily may result in the student being dismissed from the program. All skills must be practiced and signed off by a peer **PRIOR** to an instructor evaluation. **A student can only repeat two (2) check-offs during a semester and pass the course.**

9. Clinical performance must be rated as satisfactory according to the clinical evaluation tool in order to pass the course.

10. A grade of incomplete will be given only in extenuating circumstances after consulting with and consent of the faculty.

11. Students with academic difficulty are encouraged to seek academic counseling from a faculty member as needed. A student who is at risk for academic failure before the withdrawal deadline will receive academic counseling by a faculty member (see appendix G for student communication form).

12. Students considering withdrawal from a respiratory care course or the program must have an exit interview with one of the course faculty who will assist them in the withdrawal process so as to avoid damage to their college record and grade point average. At the exit interview the faculty member will assist withdrawing students with the readmission process if desired or change the major course of study.

G. GRADE APPEAL PROCEDURE

1. Student appeals concerning a course grade should be resolved by conference between the student and the instructor who assigned the grade within 45 calendar days from the day grades are loaded in Banner as stated in the *Timetable of Classes*. If the concern is not resolved the student may begin the formal grade appeal procedure following the process below.

2. Grounds for Appeal:

- *Errors in calculation:* The student appeals an error made in the mathematical calculations of graded material.
- *Errors in course practices:* The student contends that there is gross disparity between the course syllabus and the manner in which the course is conducted in regards to the treatment of the individual student.

3. Procedures for Appeal:

- Following the initial conference with the instructor, the student has 7 calendar days to complete the Grade Appeal Form, which may be obtained from the division secretary in each division. The student must sign and date the completed form in the presence of the instructor at a mutually agreed upon time.
- The instructor's response must be submitted to the Department Head, if applicable, or the Division Dean within 7 calendar days of the student's signature.
- The response from the Department Head/Division Dean must be submitted to the student within 7 calendar days of the instructor's signature. If the student wishes to appeal further, the Division Dean must submit the Grade Appeal Form to the Vice President of Academic Affairs.
- The response from the Vice President for Academic Affairs must be submitted to the student within 7 calendar days of the Division Dean's signature. If the student wishes to appeal further, the Vice President for Academic Affairs will submit the Grade Appeal Form to the Academic Affairs Committee.

- The Academic Affairs Committee will hear the appeal at the next regularly scheduled meeting. The Academic Affairs Committee will render a response at the conclusion of the meeting.
- If a student wishes to further pursue the appeal, the Vice President for Academic Affairs will take the appeal to the President. The President will have 7 calendar days to render a decision. The President's decision is final.

The failure of the student to proceed from one level of the appeal procedure to the next level within the prescribed time limits shall be deemed to be an acceptance of the outcome previously rendered. All further considerations and proceedings regarding that particular appeal shall cease at that point

H. CLASSROOM/LABORATORY POLICIES

1. Only students enrolled in the RC Program will be allowed in classroom or lab setting.
2. Children and pets will not be allowed in classroom or lab setting.
3. Cell phones, beepers, and pagers must be turned off during class or lab.
4. Class Attendance Regulations

Students must attend the first day of class or contact the instructor prior to the first class if they intend to remain in the class. If this procedure is not followed, the student may be administratively dropped from the class, and other students will be allowed to take their positions. Students who are withdrawn from classes under this policy will receive a drop form marked "attendance withdrawal." Attendance at classes and other official appointments is required. A student in the RC program is here for the purpose of preparing himself/herself to assume a responsible role in this specialized health career. A sound base of knowledge, competencies, and skills are required for effective quality patient care. A student in this program is required to attend all lectures, labs, clinical and required seminars. The student will be held responsible for making up missed work due to absences. Any missed laboratory and/or clinical session must be made up. A responsible student, by meeting these requirements, should progress to a responsible health care worker.

The RC faculty believes that the habits and work patterns established while an individual is a student will be carried over into the work setting when the transition is made to a practicing health worker. Employers are acutely interested in the reliability demonstrated by a student during clinical. A student's schedule is considered a contract and constitutes a series of obligated appointments. Absences are counted from the first scheduled meeting of the class. Attendance will be taken at the beginning and end of the class period. Attendance and punctuality includes the beginning of the period, return from breaks and staying until class completion. An explanation for the cause of all absences should be given to each instructor. The students should inform their instructor at least 30 minutes prior to the beginning of the scheduled appointment of planned absences. Failure to inform the instructor will result in the following: the final course grade will be lowered by 2%.

A student who misses classroom lectures/laboratories and clinical will have a grade lowering appropriate to the total amount of time missed. Each semester's syllabus will detail the amount the grade will be lowered per absence/tardy. You will be counted absent if you are not in class when role is taken.

The program reserves the right to schedule classes outside of the regular college schedule with sufficient notification.

IMPORTANT:

Nonattendance does not constitute a withdrawal from classes or from the college. Procedures to formally drop a course or to withdraw from the college must be followed. Following these procedures may prevent the student from receiving an undeserved "F" on his/her transcript.

5. Assignments

- a. A list of unit objectives, required reading assignments, and other assignments for each unit of instruction will be available at the beginning of each semester in the course syllabus.
- b. Each student is required to submit assignments on the specified date. All assigned activities are due as scheduled in the course and unit outlines. All assignments are due at the beginning of the class period assigned. Unless otherwise stated by the individual instructor, reading, audiovisual and computer-assisted instruction are to be completed before the class period on the scheduled date. If a student is unable to meet the deadline for submission, **prior** arrangements should be discussed with the appropriate course instructor. Late work will suffer a 50% grade lowering for each day tardy. If the student fails to do so within one week of the date due, the grade will be recorded as a zero. Student should contact classmates rather than the instructors to obtain notes from classes missed. This policy applies to all courses taught by the RC faculty. Special assignments may be required in order to assist the student in reaching or raising his/her competency level.
- c. All written assignments will follow the "written assignment criteria" guidelines distributed during orientation.
- d. Failure to complete any assigned laboratory/clinical skill within the specified time period may result in dismissal from the program. The student is strongly encouraged to utilize the laboratory facility efficiently in order to be prepared for these skill check-offs.

6. Taping of Lectures

Students are to consider the lecture material as an important source of learning in addition to reading and viewing materials assigned and/or suggested by the faculty. Lecture materials are presented by faculty members responsible for the course, or by guest lecturers appointed by responsible faculty member. Students are not to assume the privilege of taping presentations of either guest lecturers or faculty members in the program since there are many legal and ethical considerations to be addressed. Any student admitted to the RC program who has a need for test-taking or note-taking accommodations, should contact the faculty member as early as possible to discuss the need. If questions arise about this policy, the student is to contact the Program Director.

Procedure and Qualifications For Gaining Permission To Tape:

If a student feels he/she has a disability and requires the use of a tape recorder in class, he/she should request permission to tape from the Program Director. The student will be referred to the Director of Placement and Services for Individuals with Disabilities, CCEN 210B. Upon verification of the disability (medical documentation or verification from vocational rehabilitation service is required), an Educational Support Plan will be completed and sent to the Division Chair of Health Programs. Taping may begin only **after** this procedure has been completed. The student may tape lectures for the duration of the disability, but permission is only granted one semester at a time. Lectures may not be taped for a student who is absent. Tapes are exclusively for the use of the permitted student and are not to be copied or shared. Abuse of the permission will result in cancellation of the permission to tape.

I. INSTRUCTIONAL RESOURCES

Instructional resources have been chosen to supplement the basic units of learning. The student should independently refer to current audio-visual materials, respiratory textbooks, and professional journals for additional information or clarification concerning related class and clinical topics.

1. Skills Lab

Throughout the RC program the student is introduced to clinical/technical skills, which will progress from simple to complex. The RC skills lab provides a safe environment for the student to practice these skills prior to performing them in a clinical setting. Skills are taught using a variety of techniques such as demonstrations, return demonstrations, videos, role-playing, and critical thinking activities (Appendix F).

Supervised practice is provided on a regularly scheduled basis with opportunities for independent practice. For safety reasons, students must inform an instructor if they are using the lab during open practice times. You must sign-in and out using the laboratory logbook whenever you use the laboratory outside normal scheduled lab times. These sessions are designed for the student who wishes practice time beyond what has been provided in class. Laboratory reference material, equipment and/or supplies may not be removed from the laboratory. **Only RC Program students are allowed in the laboratory** for safety/liability aspects. The skills lab is located in Room 249 in the Greeneville Center. If campus police is needed to open the laboratory, identification may be necessary.

The classroom/laboratory may be used as a break area between classes and laboratory sessions. At other times, students may use the classroom/laboratory as a break area if they do not interfere with other students practicing skills, studying, etc. No food or drinks are permitted in the classroom/laboratory during demonstrations, skills check-offs or practice sessions. During breaks, students should not disturb other classes that are in session. Loud, boisterous behavior in the hallways is discouraged, especially following examinations.

2. Computer Assisted Instruction

Computer - Assisted Instruction (CAI) programs are frequently assigned as a learning activity for a unit of study to provide additional information and to reinforce content presented in lecture. They may also be used for independent study, as an alternate activity for a clinical lab absence, and as an aide to preparation for the licensing exam after graduation. The Computer Lab for RC is open whenever the Greeneville Center is open. Computers in the computer lab may be used for Internet research once a student account has been obtained. Students may also use them for word processing of class-related papers. Students are required to provide their own paper for the printer.

3. College Library

Current Audio-visual materials, textbooks, and periodicals pertaining to RC are available in the laboratory for student use. Students may be required to view video programs on their own time over the closed-circuit system.

J. CONFERENCES

Individual student conferences will be scheduled with the appropriate faculty as needed. The conferences will include such topics as the general strengths and weaknesses of the student, program and clinical site evaluation and determination of progress towards graduation. Conferences with the student and the clinical faculty will be scheduled as needed for the above purposes. In cases of inadequate progress academically, clinically or in cases of disciplinary action, a student communication form (Appendix G) will be completed by the faculty and reviewed with the student. The student will be given an opportunity to respond to the report and will sign the form. A copy will be given to the student and one will be placed in the Program's files.

K. CLINICAL POLICIES

STUDENT CONFIDENTIALITY/NON-DISCLOSURE ACKNOWLEDGEMENT

Before students can participate in clinical, they must agree to the conditions in the Student Confidentiality/Non-Disclosure Acknowledgement and sign the agreement. A copy of this form may be found in **Appendix I**.

L. CLINICAL PLACEMENT

1. In order to prepare students to practice in the current health care system, students will be assigned a variety of clinical experiences. Your clinical experiences will comprise a major portion of the RC curriculum. You will spend approximately 500 hours working in a Respiratory Care Department under the supervision of a

RC faculty member, clinical facility respiratory therapist or the RC program Medical Director. You will be graded on the basis of clinical evaluations, patient assessments (SOAPs) and written clinical finals.

The Director of Clinical Education will assign you to the clinics. Every attempt will be made to give you the name of your assigned rotation 2 weeks prior to the starting date. You will be provided with pertinent information about the facility prior to your affiliation date.

2. Factors influencing the assignments of clinical sites are:

a. Students will be exposed to a variety of patients and clinics before graduation. Students will have equivalent clinical practice at the program's clinical sites.

b. Availability of patient workloads. Every effort will be made to place students where there are sufficient and meaningful patient care activities. Your assignment may be modified if insufficient workload is present at your site or a meaningful experience is occurring at another site that day.

3. Students are advised that they are in the clinical affiliates to learn and practice the skills needed to achieve competency. They are not there as personnel resources to accomplish a workload for a department. The accreditation body strictly forbids students to be used as "unpaid workers." If problems arise in this area, the Director of Clinical Education should be notified.

4. When you are in clinical, the person appointed as your supervisor is your instructor and you are expected to follow the policies and procedures of that particular clinical site. You must have a current CPR (BLS HCP from AHA) card, malpractice insurance, health insurance and all required immunizations before going to clinics.

5. Students are expected to provide their own transportation to clinical facilities. Although car-pooling is encouraged, it is not possible to arrange student clinical schedules to accommodate established car pool arrangements.

6. Clinical agencies are not liable for injuries a student may sustain, or for the diagnosis or treatment of any illness a student may contract while in the agency for clinical experiences. Neither WSCC nor the clinical agencies are liable for injuries sustained by students or loss of student property. Students must carry health insurance. Students should leave valuables at home, cell phones in their vehicles, and bring only the amount of cash needed. Students are not considered as employees of the clinical agencies during the times assigned for clinical experiences.

7. The program's accreditation agency requires that student be able to rotate through clinical facilities on an equal basis. If a clinical denies your presence in the facility, you will not be able to complete the clinical experience and you will be withdrawn from the program. The faculty will meet with the student and complete the exit interview process and then either have the student voluntarily withdraw from the clinical course and other co-requisite respiratory courses or recommend administrative withdrawal for the student to the Dean of Health Programs.

M. CLINICAL ORIENTATION

Students may be required to complete an orientation of some type for the facilities attended. This orientation may include the expectations of the assigned clinical instructor as well as the clinical facilities. This orientation will typically include infection control, hazardous materials, fire safety, clinical agency guidelines and department of respiratory care policies. To accommodate schedules of our host facilities, it may be necessary for students to attend a clinical orientation outside their assigned clinical schedule. Orientation material may also be assigned to be completed on the student's personal scheduled time. If an on-site orientation is required by a facility, the student must attend the entire orientation program; late arrival or early departure will result in an absence as defined in the attendance policy below.

N. CLINICAL ATTENDANCE POLICY

1. Attendance and punctuality in the clinical setting is required. Attendance and punctuality are taken at the beginning and end of each clinical day using a clinical log form as a time sheet.

2. If a clinical absence and/or tardy occurs, the student **must notify the respiratory care department** one half-hour prior to the scheduled experience. **ALL** clinical absences or tardiness must be reported to the hospital department where that day's clinical is planned. The student **must call at least 30 minutes prior to the start of the scheduled clinical time**. The student should identify themselves as a Walters State RC student, and state the reason for the absence. You should note the time and the person you contact in the department. The student **must contact the Director of Clinical Education by email, - Catherine.Everhart@ws.edu, and call, 423-798-7941 to report an absence**. Three absences during a semester may result in dismissal from the program. Failure to properly report an absence/tardy may result in dismissal from the program. Tardy periods are assessed for:

- a. late arrivals
- b. leaving the clinical site before the designated time

3. All clinical absences or tardiness must be made up promptly. All absences will be made up on a 1:1 ratio at the site where the absence occurred. All make-up assignments must be approved in advance by the Director of Clinical Education. All make-up time must be completed within two weeks of the absence in order to complete the course. Make-up time is not scheduled to interfere with scheduled classes or clinic days. Each clinical absences or tardy will lower your clinical grade by one level per incident, if three or more days are late or missed, it may be impossible to receive a passing clinical grade. The student will be counseled and a disciplinary action will be taken which may include dismissal from the program. Written verification of health status permitting the student to return to clinical may be required.

4. The snow policy for RC classes and clinical will normally follow the Walters State policy. The cancellation of classes will be announced on radio and television. The RC Program may determine cancellation of clinical due to hazardous weather conditions. At all times students are encouraged to use judgment and not travel when they feel conditions are hazardous. However, students must call the clinical facility as outlined for other absences. If WSCC cancels classes it will not be made up by the student. If the student decides not to travel they will be charged with an absence.

O. CLINICAL GUIDELINES

1. Students are **not allowed to smoke while at clinics**. Failure to abide by this rule will result in the student being sent home and being given an absence for that day. The clinical site may recommend that the student not be allowed to continue the rotation. In that case, it would be impossible for the student to complete the clinical rotation and thus would not be able to receive a passing grade for the clinical practice course.

Students are not to carry any smoking materials on their person during clinical assignments. If a student is found to have cigarettes, matches, lighters, or tobacco of any kind during clinical, that student will be sent home and an absence will be charged for the day.

If a student smells of smoke during the clinical day, the appearance grade on the clinical behavioral rating will be reduced. Also the "patient rapport and consideration" grade will be reduced because it is considered a "lack of consideration" when a student enters a room smelling of smoke when they are caring for a patient who cannot smoke due to the non-smoking policy.

This will serve as a formal notice that following graduation there are sites that prohibit employees from smoking and do screen for the presence of nicotine prior to making a final hiring decision.

2. Students must be prepared to show evidence of all immunizations, current CPR certification, liability insurance coverage, and general health status to any clinical faculty upon request.
3. Each student is required to be in assigned department at the appropriate time in full uniform with advanced preparation completed. To be defined as: In proper location, ready for attendance to be taken, with clean/pressed lab coat on, all personal items placed in designated area, and with proper paper work to start the day.
4. One instructor will be assigned to each student group. All papers, assignments, etc. will be handed in to this instructor. All written assignments will be submitted by the scheduled date.
5. Students must demonstrate safe technique in performing technical skills before being permitted to function with minimal supervision in the hospital setting.
6. Standard Precautions will be used at all times in clinical facilities (see **Appendix J**).
7. Students must demonstrate safe technique in performing certain technical skills before being permitted to function in the hospital setting.
8. Students must not complete clinical coursework while in an employee status at a clinical affiliate.

P. PROFESSIONAL DRESS REQUIREMENTS

A professional image must be conveyed through appropriate dress and behavior. Students must wear the appropriate attire and follow department guidelines when in the clinical area. Additional guidelines will be dependent on specific clinical areas. Any time that a student is inappropriately dressed, she/he will be asked by the faculty to leave the clinical area. This will result in an absence.

1. Hygiene
 - a. Good hygiene is essential.
 - b. No perfumes/colognes are allowed.
 - c. Nails must be short and clean with neutral (no chips) or no nail polish. No artificial nails are allowed. Artificial nails are defined as substances or devices applied to the natural nail to augment or enhance the nails. They include, but are not limited to bonding, tips, wrapping and tapes.
 - d. Hair must be neat, clean, worn off the collar, and styled to convey a professional image. Long hair must be secured back so that it does not interfere with procedures and patient/student safety.
 - e. Sideburns, beards, and mustaches must be clean and short-trimmed.
 - f. Make-up should be neat and not excessive.
 - g. Elaborate jewelry may harbor microorganisms and be a safety hazard. Therefore, jewelry worn with the uniform should be limited to a wedding ring and one pair of inconspicuous stud earrings.
2. Uniform
 - a. The student uniform is worn only while functioning in the role of WSCC student.
 - b. Uniforms must be neat, clean, well pressed and of appropriate fit.
 - c. Royal blue scrubs (v-neck top and pants with stitched creases and elastic waist) should be worn with a white, long-sleeved with collar and fingertip length, lab coat (solid white tee-shirt or turtle neck may be worn under scrub top). Students are to wear the WSCC patch on the left shoulder and properly displayed nametag at all times.
 - d. Clean and polished solid white professional nurse's shoes or leather athletic shoes. No tennis or running-type shoes or opened back or toed shoes are allowed. Socks or stockings must be worn.

- e. No cell phones are allowed in the clinical facilities, unless previously approved by the Director of Clinical Education for purposes of family emergencies etc.

3. WSCC RC ID pin and insignia
 - a. The WSCC identification badge must always be visible on uniform, lab coat in upper left chest area. Badges will be made prior to students starting clinical rotations. If identification badges are lost or if there is a name change, it is the student's responsibility to obtain a new badge as soon as possible.
 - b. The WSCC insignia patch must always be visible on the lab coat centered on the left sleeve 3" down from the top shoulder. Patches are only available from the Bookstore.
4. Equipment
 - a. Watch with second hand or seconds indicator
 - b. Black ballpoint pen
 - c. Small note pad
 - d. Bandage scissors
 - e. Stethoscope
 - f. Goggles
 - g. Clinical log form

Q. CLINICAL EVALUATIONS

You will be evaluated on your reasoning ability, work performance, interpersonal skills, and personal characteristics as outlined in the behavioral rating scale (see appendix H). You will be assigned a clinical supervisor who will be a RC faculty member, Medical Director or volunteer staff member at the clinical site.

Each supervisor is an individual with definite ideas on how the clinic session should proceed. You will see and experience a variance on how procedures are accomplished. You should remain cognizant that while there exists minimum safety requirements for each procedure, each procedure can be done in many different ways, with all of them being correct. The Program faculty expects you to perform the procedure according to the procedure checklist you have been given. If there are conflicts between departmental policy and procedures and the procedure checklist, the Director of Clinical Education should be notified.

You will be given a workload each clinical day that can be accomplished in a manner that you will not only learn from those experiences but you will become more efficient and productive each day. You will be working with many respiratory therapists. Each one of these can serve as a valuable learning resource in terms of their experience, educational background and professional behavior.

1. Clinical performance must be rated as satisfactory according to the clinical evaluation tool (APPENDIX H) in order to pass the course regardless of the grades in other courses. A student who performs at an unsatisfactory level during clinical will be notified as soon as possible. All unsatisfactory performances will be documented either on the Behavioral Rating form or Student Counseling Form. A blatant demonstration of unsafe or unprofessional behavior toward a patient or staff will result in removal of the student from the clinical facility. If removed from a clinical rotation, the student will be unable to continue in the program since students must be able to rotate to all clinical sites due to accreditation requirements.
2. The instructor will notify a student in danger of a clinically unsatisfactory evaluation so that performance can be improved to a satisfactory level by the end of the semester. If the student's performance is not subsequently raised to a satisfactory level, the student will receive a failing grade for the clinical course.
3. The Program Director will be given a copy of Student Counseling Report indicating unsatisfactory clinical performance.
4. Students must demonstrate competency in technical skills in the clinical area. If there are deficiencies, which can be corrected in the skills lab, the student will be required to do remedial lab work.

5. The Director of Clinical Education will schedule clinical evaluation conferences at the end of a rotation or when otherwise indicated. Students have the option to request an evaluation conference at any time during the semester. A student must sign his/her clinical evaluation form from each rotation.

6. To achieve a satisfactory evaluation for the clinical lab course and progress to the next RC course, a student must achieve a satisfactory rating in each of 20 behavioral rating areas. Unsatisfactory performance on any item will result in an unsatisfactory evaluation for the clinical course and the student will not be allowed to progress in the program

7. A grade of Incomplete will be given only in extenuating circumstances after consultation with and consent of the faculty and/or the Program Director.

R. CLINICAL CONFIDENTIALTY

During clinical rotations, students will be working with medical records and confidential information for patients at various healthcare facilities (see appendix I). When patient information must be discussed with other health care practitioners' discretion must be used that such conversations cannot be overheard by others who are not involved in the patient's care.

Students must treat confidential all information relating to the personal, financial, and business affairs of the healthcare facility and its employees.

Students must not discuss the contents of any patient's medical record or any confidential information. Students must abide by the Health Insurance Portability and Accountability Act (HIPAA) guidelines in effect at the individual healthcare facility.

Violation of confidentiality may be grounds for dismissal from the Respiratory Care Program and violation of the regulation of the Health Insurance Portability and Accountability Act of 1996 as effective April 14, 2003.

During clinical rotations, students will be performing patient assessments and writing case studies on these patients. All patient information must be DE-IDENTIFIED. Health information will be considered not being individually identifiable in the following circumstances:

1. A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, alone or with other reasonably available information, to identify the individual who is the subject of the information.

2. The following identifiers of the individual (and relatives, employers or household members) are removed: names; information relating to the individual's geographic subdivision if it contains fewer than 20,000 people; and all ages and elements of dates that indicate age for individuals over 89, unless aggregated into a single category of age 90 and older; telephone numbers; fax numbers; email addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account number; certificate or license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers; full face photographic images; and any other unique identifying number, characteristic or code.

S. CLINICAL SITES

Listed are the clinical sites you will be attending with the phone numbers in which to call in case of an absence or tardiness.

Baptist Hospital of Cocke County(Tennova)	423-625-2219 or Main 1-423-625-2200
East Tennessee Childrens Hospital	865-541-8176
Fort Sanders Regional Hospital	865-541-1420 or Department 1-865-541-1137
Ballad Health-Holston Valley Medical Center	423-224-6430
Jefferson Memorial Hospital (Tennova)	865-471-2331
Ballad Health-Johnson City Medical Center	423-431-6706
Ballad Health-Laughlin Memorial Hospital	423-787-5115
LeConte Medical Center	865-216-2308
Morristown-Hamblen Hospital	423-585-4436
University of Tennessee Medical Center	865-305-9245

VI. GRADUATION ACTIVITIES

When you have successfully fulfilled all of the course and credit hour requirements for the RC program curriculum, you will be prepared to apply for graduation for an associate degree of applied science. You must submit a graduation evaluation request in January by the deadline indicated in the college schedule. Failure to submit this request will result in your not obtaining your degree in time to apply for the Therapist Multiple Choice exam and/or Clinical Simulation Examination. Other requirements, which must be in before you are eligible for graduation, are listed in your College Catalog. The catalog also describes the method to determine your grade point average, the requirements for the honor roll, Dean's list, and graduation honors, academic regulations, and other areas of concern for you. Please read this section carefully. Your faculty advisor is prepared to assist you in understanding these policies and procedures. Although you will be reminded of this closer to graduation, note that it is your responsibility to file an application for graduation.

A. HONORS DAY

Awards Day is held each spring. During this college-wide ceremony, outstanding students are recognized. An Outstanding RC Student Award is given to the graduating student who has shown outstanding achievement in both academic and clinical work. The recipient of this award and two runners-up are chosen by faculty vote.

B. GRADUATION

RC students participate in WSCC college-wide graduation ceremony at the end of spring semester. For additional information concerning degree requirements, forms and fees pertaining to graduation, refer to the WSCC Catalog and the Student Handbook.

C. JOB PLACEMENT AS A GRADUATE REGISTERED RESPIRATORY THERAPIST

The College is not responsible for job placement after graduation from the RC program. Once you have graduated and become a Registered Respiratory Care Therapist, you hope to find employment where you can utilize your educational training. The RC faculty may be used as references during the job application process. Please discuss this with the faculty member before listing them as a reference.

Employment prospects for the licensed Registered Respiratory Therapist are good in this country. The RRT can work in general or specialized hospitals, respiratory care homes, outpatient facilities, home health agencies and durable medical equipment suppliers. We anticipate employment opportunities in East Tennessee but realize that these opportunities will be limited as the number of RCP's in this area increase. Therefore, we urge you, early in your educational process to consider the possibility of relocating to gain better employment prospects and a wider variety of experiences as an option.

During the program, there will be opportunities for prospective employers to conduct open houses and job recruitment activities. You will be informed of these in advance.

D. STATE LICENSURE

To practice as a Registered Respiratory Care Therapist in Tennessee, you must be licensed by the State of Tennessee. At the present time, to obtain a temporary license you will need to apply following graduation to the Council on Respiratory Care. To obtain a renewable license you must pass the NBRC Therapist Multiple Choice exam and/or Clinical Simulation Examination within one year of graduation from an approved program. You may obtain a licensure application from the address listed below.

If you plan to work in another state following graduation, you will be bound by the licensing requirements of that state. If that state requires licensure, you may take the examination in that state or receive Tennessee licensure and apply for licensure by endorsement in the other state.

1. To obtain information or licensure application apply online:

State of Tennessee
Division of Health Related Respiratory Care Board
Nashville, TN 37219-5407
615-367-6393

APPENDIX A**PROGRAM BOOKLIST****FALL SEMESTER**

Course Number	Course/Book Title	Publisher	Edition
RESP 1410	FUNDAMENTALS OF RESPIRATORY CARE I		
	Equipment Theory for Respiratory Care, Cengage Learning	Delmar	5 th
	Egan's Fundamentals of Respiratory Care		
RESP 1211	Clinical Lab I		
	Basic Clinical Lab Competencies for Respiratory Care: An Intergrated Approach, Cengage Learning	Delmar	5 th
	Practical Math for Respiratory Care, Sibberson ISBN# 0815180012	Mosby	1 st
	Oakes' Clinical Practitioner's Pocket Guide To Respiratory Care Respiratorybooks.com	Oakes	9 th
RESP 1412	CardioPulmonary Anatomy and Physiology		
	Cardiopulmonary Anatomy and Physiology	Des Jardins	6 th
RESP 1225	Cardiopulmonary Pharmacology		
	Integrated Cardiopulmonary Pharmacology/ Colbert & Gonzalez III ISBN# 978-15178-0507-4	BVT	5 th

SPRING SEMESTER

Course Number	Course/Book Title	Publisher	Edition
RESP 1420	Fundamentals of Respiratory Care II Mechanical Ventilation, Pilbeam	Elsevier	6th
RESP 1121	Clinical Lab II		
RESP 1310	Cardiopulmonary Pathophysiology Clinical Manifestations & Assessment of Respiratory Disease, Des Jardins	Elsevier	7th

FALL SEMESTER

Course Number	Course/Book Title	Publisher	Edition
RESP 2440	Mechanical Ventilation		
RESP 2341	Clinical Practice II		
RESP 2442	Cardiopulmonary Diagnostic Testing		

SPRING SEMESTER

Course Number	Course/Book Title	Publisher	Edition
RESP 2456	Comprehensive Credentialing Preparation Respiratory Care Exam Review, Persing	Elsevier	5th
RESP 2370	Neonatal Respiratory Care		
RESP 2171	Neonatal Laboratory Practice		
RESP 2457	Clinical Practice III		

APPENDIX B

**WALTERS STATE COMMUNITY COLLEGE
DIVISION OF HEALTH PROGRAMS
IMMUNIZATION VERIFICATION**

Due to your potential risk for exposure to blood or other potentially infectious materials, you may be at risk of acquiring Hepatitis B Virus (HBV) infection, measles, mumps, rubella, or varicella (chicken pox). Health Programs students must provide documentation of complete vaccinations or titers from their healthcare provider. For varicella, students with disease history may have their healthcare provider document date of disease.

A student may be exempt from this requirement under one of the following circumstances:

- 1) The vaccine is contraindicated for the individual based on guidelines established by manufacturer or Center for Disease Control
 - 2) Physician judgment based on the individual's medical condition and history – (risk of harm outweighs benefit)
 - 3) Religious belief or practice – (individual must provide written statement affirmed under penalty of perjury).
- Indicate one choice of action to each vaccination listed below.

I. Hepatitis B (HBV):

- _____ Documentation of three (3) shot dates.
- _____ Titer showing immunity status to Hepatitis B.*
- _____ Documentation from my health care provider stating reason for contraindication.**
- _____ Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.**

II. MMR (Measles, Mumps, Rubella):

- _____ Documentation of two (2) shot dates.
- _____ Titers showing immunity status to rubella, rubeola and mumps.*
- _____ Documentation from my health care provider stating reason for contraindication.**
- _____ Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.**

III. Varicella (Chicken Pox):

- _____ Documentation of two (2) shot dates.
- _____ Titer showing immunity status to varicella.*
- _____ History of disease with date documented by health care provider.
- _____ Documentation from my health care provider stating reason for contraindication.**
- _____ Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.**

I have read and understand this information. I have made a selection for each vaccination.

STUDENT SIGNATURE

DATE

**Students who provide titers with laboratory values inconsistent with immunity are encouraged to get the vaccinations.*

***Student must submit documentation for medical or religious contraindications.*

APPENDIX C

**WALTERS STATE COMMUNITY COLLEGE
DIVISION OF HEALTH PROGRAMS
HEALTH INSURANCE CONSENT FORM**

I, _____ am enrolled in Health Programs at Walters State Community College (WSCC).

Place initials beside each section.

- ____ I. Clinical Affiliates may require students carry health insurance. I must adhere to the requirements of the Clinical Affiliates I am assigned to as a Walters State Clinical Student.
- ____ II. I must be able to show proof of personal health insurance coverage should a Clinical Affiliate request to see it.
- ____ III. I am responsible for all costs incurred related to health insurance, health problems, or accidents that may occur while functioning in the role of a student.
- ____ IV. If I cannot meet the requirements of Clinical Affiliates to participate in the clinical portion of the course(s) in which I am currently enrolled, I will not be able to continue in the course(s).
- ____ V. I understand that should my insurance status change for any reason, I will notify the Health Programs Division immediately.

I hereby acknowledge by my signature below that I accept and understand the policies with which I must comply throughout my enrollment in WSCC Health Programs. I further acknowledge that I will comply with all policies outlined in this document and policies that are made known to me in other WSCC or clinical affiliate site documentation, including handbooks and syllabi. I acknowledge that I affirmatively agree to each of the provisions of this document as indicated by my initials beside each section of this Consent Form.

This in no way negates or limits policies and procedures in program specific material.

Student Signature

Date

Student Name (Print)

APPENDIX D

**WALTERS STATE COMMUNITY COLLEGE
DEPARTMENT OF RESPIRATORY CARE
CONSENT FORM**

- I. I hereby give permission for the WSCC Department of Respiratory Care to release information regarding my malpractice insurance policy and CPR certification to the clinical agency where I am assigned.

STUDENT NAME _____

DATE _____

- II. I have received a copy of the Student Handbook for the WSCC Respiratory Care Program. I agree by my signature to abide by the contents within. Failure to abide with the requirements stated herein will result in appropriate action by the Respiratory Care faculty.

STUDENT NAME _____

DATE _____

- III. **Permission to Photocopy**
I hereby give my permission for photocopying of my written work. I understand that this material is to be utilized by the faculty for curriculum evaluation and development. I understand that my name will not appear on the copy.

STUDENT NAME _____

DATE _____

- IV. I hereby give permission for the WSCC Department of Respiratory Care to release my name, address and phone number for professional and recruiting purposes, i.e. employment.

STUDENT NAME _____

DATE _____

- V. I hereby give permission for the WSCC Department of Respiratory Care to post my grade by an assigned confidential (secret) number.

STUDENT NAME _____

DATE _____

- VI. I have read the Standard Precautions Procedure. I agree by my signature to abide by the contents within.

STUDENT NAME _____

DATE _____

- VII. I authorize educational instructors to answer all questions asked concerning my ability, character, reputation and previous employment/educational record. I release all such persons from any liability or damages on account of having furnished such information.

STUDENT NAME _____

DATE _____

- VIII. In accordance with the Clinical affiliation Agreement between Walters State Community College and the Contracted Clinical Facilities, Section II, Number 9, I (print your name) _____ give

permission for a copy of my current Health History and Physical which was submitted to the Respiratory Care Program as an entrance requirement and/or for continued clinical practice to be released to the Office of Respiratory Care Administration at the contracted facility(s) where I am assigned. I understand that this information will be released only by request of the clinical facility(s).

STUDENT NAME _____

DATE _____

- IX. I understand that WSCC strongly recommends every student to carry health insurance and that I am responsible for all costs incurred related to health problems or accidents should these occur while functioning in the role of a student.

STUDENT NAME _____

DATE _____

- X. I hereby give my permission for the Walters State Community College Respiratory Care Program to use (and/or reproduce) my image (photograph, video, etc.) for educational purposes only. The images that I allow relate directly to activities of the Respiratory Care Program and will be used only to enhance my learning, the learning of other students, assessment by faculty, curriculum evaluation and development, and publicity.

STUDENT NAME _____

DATE _____

These images will be retained by Walters State Respiratory Care Program.

Failure of the student to sign the consent forms may not permit the review of the applications for admission to Respiratory Care or retention in the program.

Signature will indicate acceptance/understanding/compliance of policies throughout enrollment in the WSCC Respiratory Care Program.

**SUMMARY OF
DRUG-FREE CAMPUS/WORKPLACE POLICY
WALTERS STATE COMMUNITY COLLEGE**

The following summary of Walters State Community College's policy and penalties relative to controlled substances (illicit drugs) and alcohol, as required by the Drug-Free Schools and Communities Act Amendments of 1989, is being provided to each student enrolled at the college. As a student of Walters State, you are required to be knowledgeable of and comply with WSCC Policy No. 06:40:00 Drug-Free Campus/Workplace Policy, the applicable provisions of which are summarized below:

STANDARDS OF CONDUCT: Walters State Community College employees and students are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, use or being under the influence of illegal drugs or alcohol on the college campus, at off-campus facilities owned or controlled by the college or as a part of college sponsored activities. All categories of employees and students are subject to this policy and to applicable federal, state and local laws related to this matter.

LEGAL SANCTIONS UNDER LOCAL, STATE, AND FEDERAL LAW: Various federal, state and local statutes make it unlawful to manufacture, distribute, dispense, deliver, sell or possess with intent to manufacture, distribute, dispense, deliver or sell, controlled substances. The penalty imposed depends upon many factors which include the type and amount of controlled substance involved, the number of prior offenses, if any, whether death or serious bodily injury resulted from the use of such substance, and whether any other crimes were committed in connection with the use of the controlled substance. Possible maximum penalties for a first-time violation include imprisonment for any period of time up to a term of life imprisonment, a fine of up to \$4,000,000 if an individual, supervised release, any combination of the above, or all three. These sanctions are doubled when the offense involves either: 1.) distribution or possession at or near a school or college campus, or 2.) distribution to persons under 21 years of age. Repeat offenders may be punished to a greater extent as provided by statute. Further, a civil penalty of up to \$10,000 may be assessed for simple possession of "personal use amounts" of certain specified substances under federal law. Under state law, the offense of possession or casual exchange is punishable as a Class A misdemeanor; if there is an exchange between a minor and an adult at least two years the minor's senior, and the adult knew that the person was a minor, the offense is classified a felony as provided in T.C.A. S39-17-417. (21 U.S.C. S801, et. seq.: T.C.A. S39-17--117)

It is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of his employment), or consume alcoholic beverages, wine, or beer, such offenses being classified Class A misdemeanors punishable by imprisonment for not more than 11 months, 29 days, or a fine of not more than \$2,500, or both. (T.C.A. SS 1-3-113, 57-5-301) It is further an offense to provide alcoholic beverages to any person under the age of twenty-one (21), such offense being classified a Class A misdemeanor. (T.C.A. S39-15-404) The offense of public intoxication is a Class C misdemeanor punishable by imprisonment of not more than 30 days or a fine of not more than \$50, or both. (T.C.A. S39-17-310)

HEALTH RISKS ASSOCIATED WITH THE USE OF ILLICIT DRUGS AND/OR ABUSE OF ALCOHOL:

Every drug, including alcohol, is a potential poison which may cause disability and death if it is taken incorrectly into the body, consumed in wrong amounts or mixed indiscriminately with other drugs. Drugs cause physical and emotional dependence. Drugs and their harmful side effects can remain in the body long after use has stopped. The extent to which a drug is retained in the body depends on the drug's chemical composition, that is whether or not it is fat-soluble. Fat-soluble drugs such as marijuana, phencyclidine (PCP), and lyseric acid (LSD) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain and reproductive system. Such accumulations of drugs and their slow release over time may cause delayed effects weeks, months, and even years after drug use has stopped.

There are many health risks associated with the use of illicit drugs and the abuse of alcohol including organic damage; impairment of brain activity, digestion, and blood circulation; impairment of physiological processes and mental functioning; and, physical and psychological dependence. Such use during pregnancy may cause spontaneous abortion, various birth defects or fetal alcohol syndrome. Additionally, the illicit use of drugs increases the risk of contracting hepatitis, AIDS and other infections. If used excessively, the use of alcohol or drugs singly or in certain combinations may cause death.

DRUG AND ALCOHOL COUNSELING, TREATMENT AND REHABILITATION PROGRAMS:

COLLEGE HEALTH CLINIC: The Campus Nurse provides confidential counseling to students and employees on drug and alcohol related problems. This service is furnished at no cost to students or employees. Referral services are also provided for professional counseling, treatment and rehabilitation programs that are available in the local community. The cost of these professional services is normally the responsibility of the individual concerned or the individual's insurance carrier. The campus nurse also coordinates the administration of the college Drug-Free Awareness Program.

PENALTIES AND SANCTIONS: Appropriate action shall be taken in all cases in which faculty members, students or staff employees are determined to be in violation of the Drug-Free Schools and Communities Act Amendments of 1989 as implemented by this policy. Any alleged violation of the Act by a student of the college shall be reported to the vice president for Student Affairs. The circumstances surrounding the offense and the facts as determined by appropriate investigation will be fully reviewed prior to a decision on the action to be taken. Possible disciplinary sanctions for failure to comply with the provisions of this policy may include one or a combination of the following:

1. Probation
2. Mandatory participation in, and satisfactory completion of a drug/alcohol abuse program, or rehabilitation program;
3. Suspension;
4. Referrals for prosecution;
5. Expulsion;
6. Other appropriate disciplinary action.

QUESTIONS: If you have questions or desire additional information concerning the provisions of this policy, please contact the vice president of Student Affairs.

APPENDIX E

**Consent to Drug/Alcohol Testing
Statement of Acknowledgment and Understanding
Release of Liability**

I, _____ am enrolled in the Allied Health and/or Respiratory Care program at Walters State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the Walters State Community College Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff; and property. Accordingly, I understand that prior to participation in the clinical experience; I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from Walters State Community College.

If I am a licensed health profession, I understand that the state licensing agency will be contacted if I refuse to submit to testing or if my test result is positive. Full reinstatement of my license would be required for unrestricted return to the Walters State Community College Allied Health and/or Respiratory Care Program.

My signature below indicates that:

- 1.) I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs.
- 2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Director of the Allied Health and/or Respiratory Care Program, and others deemed to have a need to know.
- 3.) I understand that I am subject to the terms of the general regulation on student conduct and disciplinary sanctions of Walters State Community College, and the Drug-Free Campus/Workplace Policy of Walters State Community College, as well as, federal, state and local laws regarding drugs and alcohol.
- 4.) I hereby release and agree to hold harmless Walters State Community College and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicated that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the Allied Health and/or Respiratory Care Program at Walters State Community College.

Student's Signature

Date

Appendix F

**WALTERS STATE COMMUNITY COLLEGE
AUTHORIZATION FOR RELEASE OF
STUDENT INFORMATION AND ACKNOWLEDGEMENT**

I, _____ hereby authorize Walters State Community College, (“Institution”) including all employees, agents, and other persons professionally affiliated with Institution having information related to the results of my background check and credential check(s) as these terms are generically used by background check agencies, hospitals, clinics and similar medical treatment facilities, to disclose the same to such facilities and the appropriate institutional administrators and faculty providing clinical instruction at such facilities, waiving all legal rights to confidentiality and privacy.

I expressly authorize disclosure of this information, and expressly release Institution, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning the same.

I understand that a hospital, clinic, or similar medical treatment facility may exclude me from clinical placement on the basis of a background check. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation. I release Institution and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

Any hospital, clinic or similar medical treatment facility to which I am assigned may be required by the Joint Commission on Accreditation of Healthcare Organizations’ policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agree that, upon request from a hospital, clinic or similar medial treatment facility to which I am assigned, I will provide the results of my background check to be used for audit purposes only.

_____ **Student Signature**

_____ **Print Name**

_____ **Date**

APPENDIX G



AGREEMENT FOR STUDENTS IN THE HEALTH PROGRAMS AT WSCC REGARDING STUDENT CONDUCT

The WSCC Health Program student agrees to conduct himself or herself in a professional, honorable, and ethical manner.

- III. Professional Behaviors
 - A. Actively participates and accepts responsibility for learning
 - B. Effectively communicates
 - C. Demonstrates dependability
 - D. Demonstrates appropriate adaptability
 - E. Appropriately utilizes resources
 - F. Maintains acceptable level of personal appearance

- IV. Honorable and Ethical Behaviors
 - A. Demonstrates accountability for all actions
 - B. Demonstrates respect in all situations
 - C. Demonstrates ethical behavior in all situations

By accepting admission to the health programs as WSCC you are voluntarily agreeing to abide by the Student Conduct Agreement.

This in no way negates or limits policies and procedures in program specific material.

Signature of student _____ **Date** _____

APPENDIX H

**WALTERS STATE COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM**

Student Confidentiality/Non-Disclosure Acknowledgement (HIPPA)

Student _____

As a student in the Respiratory Care Program, I understand that I will be working with medical records and confidential information for patients at various healthcare facilities.

I understand that healthcare facilities remind their employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue.

The healthcare facility/facilities that I may be assigned to have a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at any healthcare facility that is an Affiliate of Walters State Community College, I may come into possession of confidential patient information.

Medical records are confidential, legal, personal documents. The contents of individual patient's medical records are to be kept strictly confidential. As a condition of my assignment, I hereby agree that, unless directed by my instructor, I will not at any time during or after my assignment with the Affiliate healthcare facility disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my assignment. When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient's care.

Respiratory Care students must also treat as confidential all information relating to the personal, financial, and business affairs of the healthcare facility and its employees.

I pledge not to discuss the contents of any patient's medical record or any confidential information which comes to my knowledge except when such discussion is relative to the learning experience. I further agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) guidelines in effect at the individual healthcare facility to which I am assigned. I understand that a violation of confidentiality in any of the above-described areas may be grounds for dismissal from the Respiratory Care Program. I also understand that I may be in violation of the regulations of the Health Insurance Portability and Accountability Act of 1996 as effective April 14, 2003.

Student's signature

Date

APPENDIX I

**Walters State Community College
Health Programs Division
Respiratory Care Program**

I understand that as part of the laboratory/clinical experience in Respiratory Care Program courses, I will be required to participate as the role of “patient”.

As the “patient”, I will be required to act as a human subject by: allowing instructors/fellow students to demonstrate/practice examination/assessment on me; demonstrate/practice therapeutic skills with me; apply various therapeutic modalities on me; and instruct me in various therapeutic exercises. I understand that I will be given equal opportunity to practice the same techniques on fellow students as they participate in the role of “patient”.

In conjunction with my above role as “patient”, I hereby certify that it is my responsibility to disclose any medical or physical condition that would prohibit me from participating in the above role of patient, including any or all indications, precautions, or contraindications to any modality, exercise, or activity. I understand that I will be informed of these indications, precautions, and contraindications during the curriculum prior to assuming the role of “patient” for any modality, exercise, or activity. If I am diagnosed with any medical or physical condition or become pregnant during the course of the curriculum, I will notify my instructor(s) immediately that I should not participate in a particular activity. I understand that all medical information will be kept confidential.

Student Name _____
(please print)

Date _____

Student’s Signature _____

Date _____

APPENDIX J



Division of Health Programs
STUDENT COMMUNICATION FORM

Student Name _____ Date _____

Faculty _____

- I. List the purpose of this meeting/discussion:

- II. List the specific topics addressed during meeting/discussion:

- III. List conclusions of meeting/discussion:

- IV. List actions, if any, to be taken by student or instructor as a result of meeting/discussion:

- V. List any follow-up measures needed to reassess the situation:

Signature indicates that the above was discussed with me and I have received a copy.

Student Date

Faculty Date

APPENDIX K

Behavioral Rating Scale

Student: _____

Dates: _____

Student Signature: _____

Faculty/Evaluator: _____

Faculty/Evaluator: _____

Rating Areas

- Knowledge/Comprehension _____
- Ability to Learn _____
- Ability to Collaborate _____
- Theory Integration _____
- Comprehension/Judgment _____
- Organization/Efficiency _____
- Thoroughness/safety _____
- Observation/Assessment _____
- Charting _____
- Care/Use of Equipment _____
- Workload Efficiency _____
- Verbal Communication _____
- General Demeanor _____
- Patient Rapport _____
- Dependability _____
- Cooperativeness _____
- Personal Appearance _____
- Integrity _____
- Initiative _____

- Attendance/Punctuality _____

- Reasoning Ability _____

- Work Performance _____

- Interpersonal Skills _____

- Personal Characteristics _____

- Overall Total _____

I. REASONING ABILITY

KNOWLEDGE AND COMPREHENSION

- 4 Demonstrates superior comprehension and knowledge of the overall practice of respiratory care that exceed the required competency level.
- 3 Demonstrates an above average comprehension and knowledge of the practice of respiratory care that is beyond the required competency level.
- 2 Meets the required competency level of knowledge and comprehension of the practice of respiratory care.
- 1 Has a limited understanding of the basic concepts of the practice of respiratory care; is unsure of the essentials required to practice.
- 0 Displays an inadequate comprehension of even the most basic principles of the practice of respiratory care

ABILITY TO LEARN DURING CLINICAL ROTATIONS

- 4 Learns and applies new experiences in clinical quickly; can adjust rapidly to new situations and conditions.
- 3 Can learn quicker than the average student; accommodates changes during the clinical day without much apprehension or confusion.
- 2 Can learn adequately from new experiences and adjust to change within the clinical day when given a satisfactory time interval.
- 1 Is slow in learning new tasks and has some degree of difficulty accommodating to changing conditions during the clinical day.
- 0 Is unable to learn from or apply new experiences and cannot adjust to changes during the normal clinical day.

ABILITY TO COLLABORATE WITH FACULTY

- 4 Consistently works with faculty and other health-care workers to maximize the clinical learning opportunities and deliver optimum patient care.
- 3 Reacts positively toward guidance and suggestions; applies faculty recommendations to improve knowledge, skills and/or attitudes.
- 2 Willingly accepts supervision and guidance from faculty and other health-care workers; most often applies faculty recommendations and accepts feedback in a professional manner.
- 1 Sometimes reacts negatively towards faculty supervision; often rejects guidance or fails to implement recommendations; has difficulty accepting feedback in a positive manner.
- 0 Openly resents faculty supervision and rejects guidance and suggestions; reacts defensively or abusively when approached with recommendations from faculty or other health-care workers; fails to alter behavior when notified of the unacceptable nature of their response.

INTEGRATION OF RESPIRATORY CARE THEORY INTO CLINICAL TRAINING

- 4 Readily transfers theoretical knowledge to all clinical situations.
- 3 Can apply and relate theory to the practice of respiratory care in most clinical situations.
- 2 Can usually demonstrate how essential aspects of respiratory care theory relate to specific clinical situations.
- 1 Only demonstrates a superficial understanding of the application of theory in most clinical situations or can only demonstrate a recall level of understanding; fails to be able to apply theory to clinical practice.
- 0 Most often is unaware of and cannot integrate theory into a practical clinical application.

COMPREHENSION AND JUDGMENT

- 4 Grasps directions quickly and accurately; displays an outstanding use of proper, clinical judgment.
- 3 Readily uses instructions/procedures and makes decisions upon sound, clinical problem-solving skills.
- 2 Rarely requires repetition of explanations or referral to instructions; demonstrates good clinical judgment in most clinical situations.
- 1 Requires needless re-explanations; has difficulty making decisions during clinical situations.
- 0 Unable to follow even simple-directions; cannot be depended upon to make sound judgments.

II. WORK PERFORMANCE

ORGANIZATION AND EFFICIENCY

- 4 Always plans and organizes workload/assignment so as to achieve optimum and efficient patient care.
- 3 Plans and organizes workload/assignment well; fails to complete assignment only when unexpected circumstances occur.
- 2 Usually establishes appropriate priorities and plans workload/assignment; most of workload/assignment completed.
- 1 Makes inadequate attempt at setting goals/priorities; majority of workload/assignment not completed or appropriate priorities not assigned.
- 0 Exhibits poor planning or priority setting; is very disorganized and requires constant faculty feedback to know what to do next.

THOROUGHNESS AND SAFETY

- 4 Consistently demonstrates thoroughness, accuracy and attention to detail; clinical performance exceeds safety expectations; clinical practice is essentially error-free.
- 3 Most often exhibits thoroughness; clinical work seldom needs to be rechecked by student or faculty; demonstrates high levels of safety and clinical practice errors are few.
- 2 Demonstrates an acceptable level of performance with occasional (though not critical) errors; safety considerations are rarely overlooked.
- 1 Is frequently careless or negligent, does not pay attention to many details; errors occur frequently and some safety considerations are often overlooked; requires close faculty supervision.
- 0 Exhibits obvious carelessness and consistently poor quality of performance; makes critical errors that have a potential of danger to the patient; is considered unsafe.

OBSERVATION, ASSESSMENT, REPORTING OF PATIENT'S STATUS/NEEDS

- 4 Consistently correct and thorough in the observation, assessment and reporting of the patient's status to other health-care workers.
- 3 Is usually alert to most changes in the patient's clinical condition; correctly assesses all aspects of the patient's condition; gives satisfactory report to other health-care workers.
- 2 Provides adequate observation and assessment of the patient's status and needs; reports these changes with few exceptions to other members of the health care team.
- 1 Is careless or inaccurate in performing patient assessments; cannot use theoretical basis in understanding a patient assessment; often gives poor or incomplete report to other health-care workers.
- 0 Almost always has difficulty in performing patient assessment properly; cannot use assessment skills properly; fail to recognize changes in patient condition and fails to report those changes to appropriate personnel.

CHARTING/RECORD KEEPING

- 4 Always maintains exceptionally complete, accurate, and concise records in accordance with hospital and program policies and procedures.
- 3 Insures that records are kept complete and concise; recognizes and appropriately corrects any errors or omissions.
- 2 Usually maintains satisfactory charting or records; occasionally makes minor errors or fails to chart completely.
- 1 Is frequently careless in completing proper records; commits many errors or entries or records are incomplete or inaccurate.
- 0 Consistently fails to provide adequate documentation.

CARE AND USE OF EQUIPMENT/SUPPLIES

- 4 Takes exceptional care of equipment used during the clinical day; returns equipment to proper storage after use; uses supplies in a cost-saving manner.
- 3 Efficiently uses available equipment and supplies; properly cares for equipment and performs appropriate maintenance as needed.
- 2 Satisfactorily cares for and uses assigned equipment. Does not waste supplies or abuse equipment.
- 1 Is often incorrect when selecting appropriate piece of equipment; cannot care for or adequately troubleshoot minor equipment problems; often wasteful of supplies.
- 0 Is negligent or abusive to equipment. Consistently uses supplies inappropriately or in a wasteful manner.

WORKLOAD EFFICIENCY

- 4 Works consistently during the clinical day and has excellent efficiency and productivity while adhering to proper procedures.
- 3 Has an above average workload output; always completes clinical assignments in the appropriate time interval within context of policies/procedures.
- 2 Has satisfactory workload efficiency; is usually able to complete the assigned workload within the time period assigned.
- 1 Is frequently unable to complete assignment without effecting accuracy or violating policies/procedures.
- 0 Has a clearly low or unacceptable workload output; is slow and inefficient.

III. INTERPERSONAL SKILLS

VERBAL COMMUNICATION

- 4 Consistently uses appropriate technical, goal-directed communication that is always definite, unambiguous and clear in meaning and intent to patients and other health-care workers.
- 3 Usually uses appropriate technical, goal-directed communication that is definite, unambiguous and clear in meaning to patients and other health-care workers.
- 2 Most often initiates adequate communication with infrequent errors of ambiguity or unclearness. Seldom uses misleading words or exhibits confusion.
- 1 Often has difficulty in communicating appropriately in either meaning or intent; is frequently ambiguous or unclear; often has difficulty using appropriate technical terminology.
- 0 Is consistently ambiguous and unclear; inappropriate or inaccurate technical terms are used resulting in a lack of clarity in intent and meaning which preclude effective communication to patients and other health-care workers.

GENERAL Demeanor

- 4 Is always pleasant, courteous, friendly and tactful to faculty, patients and other health-care workers. Is a positive role model to others; has a positive effect on others.
- 3 Is generally pleasant and courteous to others; is accepting and tactful most of the time.
- 2 Usually courteous and pleasant; is tactless or abrupt in certain stressful situations.
- 1 Is abrupt, anxious or unresponsive many times during the rotation. Has been reminded to be tactful and/or courteous. Is pleasant only to a person's face. Gossips about others regularly.
- 0 Rude, domineering; has a condescending attitude; requires constant counseling regarding their attitude.

PATIENT Rapport AND CONSIDERATION

- 4 Readily communicates with all manner of patients; always attentive to and sensitive of their emotions, needs, rights and comfort. Has an excellent bedside manner with all patients.
- 3 Has a good rapport with patients; recognizes their rights and attempts to accommodate their needs; is respectful and courteous.
- 2 Is usually courteous and respectful of the patient; communicates adequately in order to gain the patient's confidence and trust.
- 1 Often inattentive to patient's rights and comforts; is often insincere or detached from the patient.
- 0 Is unaware of or uncaring for the patient's rights, needs and comforts; is detached and often comments in derogatory terms about patients.

IV. PERSONAL CHARACTERISTICS

DEPENDABILITY AND SELF-DIRECTION

- 4 Assumes full responsibility for actions and exhibits self-direction in all activities; demonstrates an exceptional level of initiative; rarely requires direct supervision.
- 3 Generally able to assume responsibility for actions; usually has satisfactory level of initiative; requires minimal supervision.
- 2 Is dependable and displays proper initiative on most clinical days; is aware of personal limitations and seeks supervision when necessary.
- 1 Reluctant to assume self-direction or to independently initiate appropriate actions; requires close supervision in most activities.
- 0 Cannot assume responsibility for actions; lacks direction and requires constant supervision and observation.

COOPERATIVENESS AND RECEPTIVENESS

- 4 Exceptionally cooperative and receptive to suggestions and new ideas.
- 3 Very responsive and cooperative; generally receptive to suggestions and new ideas.
- 2 Usually cooperates; does not resist new ideas; seldom fails to take suggestions.
- 1 Often fails to cooperate with faculty and other health-care workers; resists new ideas or positive change; fails to carry out faculty suggestions.
- 0 Is very uncooperative and unreceptive; resents or rejects suggestions and new ideas.

PERSONAL APPEARANCE

- 4 Always presents a clean and well-groomed appearance that exceeds the basic dress code requirements.
- 3 Consistently neat and well-groomed in accord with basic dress code requirements.
- 2 Usually conforms to basic dress code requirements; may require occasional counseling from faculty; occasional occurrences of inappropriate dress.
- 1 Often forgetful of standards of appearance or grooming; has been dismissed from clinical for inappropriate attire or grooming.
- 0 Habitually negligent of appearance; has been dismissed from clinical more than once for violations of the basic dress code.

INTERGRITY

- 4 Consistently exhibits concern for the dignity and welfare of patients and ensures confidence of privileged information; always acknowledges limitations of practice and responsibility/authority granted by the physician; maintains forthright and honest behavior at all times.
- 3 Generally displays concern for the dignity and welfare of patients and ensures confidence of privileged information; generally recognizes limitations of practice and responsibility/authority granted by the physician; generally displays forthright and honest behavior.
- 2 Seldom fails to recognize the importance of the patient's dignity and welfare and responsibility of privileged communication; seldom recognizes limitation of practice and responsibility/authority granted by the physician; fails at times to be forthright and honest.
- 1 Often disregards patient's dignity or welfare and right to privileged communication; is sometimes negligent in acknowledging limitations of practice and responsibility/authority granted by the physician; fails at times to be forthright and honest.
- 0 Is negligent or abusive of patient's dignity and consistently fails to maintain confidentiality of privileged communications; fails to recognize limitations to practice and is abusive of responsibility/authority granted by physician; is often dishonest.

INITIATIVE

- 4 Exhibits enthusiasm and initiative in performing assigned tasks; continually seeks out new learning experiences beyond those scheduled or planned.
- 3 Accepts assigned activities and constructively exploits their learning potential; generally seeks out new or additional learning experiences.
- 2 Keeps pace with regular work assignments and occasionally seeks out new activities.
- 1 Requires occasional prodding to keep up with delegated tasks, rarely uses time constructively.
- 0 Must be continuously prodded to meet responsibilities; completes assigned activities only because they are required; does not seek out new learning experiences.

ATTENDANCE AND PUNCTUALITY

- 4 Never absent and always arrives as scheduled for all rotations and activities.
- 3 Absent one time or tardy one time with proper notification and time made up within two weeks.
- 2 Absent two times or tardy two times for scheduled activities; properly notifies appropriate personnel in advance; makes up lost time.
- 1 Absent or tardy more than two times; fails to give notification to appropriate personnel; avoids efforts to reschedule time.
- 0 Shows disdain for attendance and punctuality requirements; habitually neglects to give notification; rejects efforts to reschedule lost time.

CLINICAL GRADE DETERMINATION:

You must receive at least a rating of "2" in each category. This is the competency cut-score for clinical evaluations. If you receive less than a competent rating, you may receive an "F" for clinical and maybe dismissed from the program.

You will receive behavioral rating assessments during the Fall and Spring semesters. The point value for each evaluation will be explained in the 1112, 1132, 2112 and 2122 syllabus.

_ APPENDIX L

BEHAVIORAL RATING SCALE

STUDENT _____ | **HOSPITAL** _____
DATES of CLINICAL ROTATION _____ **INSTRUCTIONS:** The following is the clinical instructor's opinion

of the student's performance during the clinical rotation. **Ratings:** 4 = Exceptional Performance
3 = Performance Above Class Average 2 = Meets Expected Performance 1 = Below Expectations

The Student:

- | | | | | |
|--|---|---|---|---|
| 1. Displays knowledge and comprehension of the practice of respiratory care. | 4 | 3 | 2 | 1 |
| 2. Grasps new experiences and readily adjusts to changing conditions. | 4 | 3 | 2 | 1 |
| 3. Accepts and applies supervisory guidance and constructive criticism. | 4 | 3 | 2 | 1 |
| 4. Demonstrates the relation between theory and clinical practice. | 4 | 3 | 2 | 1 |
| 5. Readily follows directions and exhibits sound clinical judgement. | 4 | 3 | 2 | 1 |
| 6. Establishes priorities and efficiently plans activities/assignments. | 4 | 3 | 2 | 1 |
| 7. Demonstrates thoroughness and attention to safety requirements. | 4 | 3 | 2 | 1 |
| 8. Reports on patient's status/needs by observation and assessment. | 4 | 3 | 2 | 1 |
| 9. Maintains concise and accurate records. | 4 | 3 | 2 | 1 |
| 10. Provides for adequate care and maintenance of equipment and supplies. | 4 | 3 | 2 | 1 |
| 11. Completes delegated tasks and assignments on schedule. | 4 | 3 | 2 | 1 |
| 12. Initiates clear and goal-directed communication to patients and other health care workers | 4 | 3 | 2 | 1 |
| 13. Exhibits a courteous and pleasant demeanor. | 4 | 3 | 2 | 1 |
| 14. Demonstrates consideration for the patient's needs/rights; applies principle of confidentiality. | 4 | 3 | 2 | 1 |
| 15. Exhibits self-direction and responsibility for actions. | 4 | 3 | 2 | 1 |
| 16. Displays cooperativeness and receptivity to suggestions and new ideas. | 4 | 3 | 2 | 1 |
| 17. Presents a well-groomed and tidy personal appearance. | 4 | 3 | 2 | 1 |
| 18. Displays forthrightness and integrity in dealing with patients and peers. | 4 | 3 | 2 | 1 |
| 19. Seeks out new or additional learning experiences on own initiative. | 4 | 3 | 2 | 1 |
| 20. Displays punctuality and dependable adherence to time schedule. | 4 | 3 | 2 | 1 |

EVALUATION MUST BE SIGNED:

Evaluator's Signature: _____

Date: _____

Appendix M

STANDARD PRECAUTIONS

Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of blood borne pathogens) and BSI (29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection state. Standard Precautions apply to (a) blood; (b) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; (c) non-intact skin; and, (d) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Transmission- Based Precautions

Transmission - Based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. There are three types of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. They may be combined for diseases that have multiple routes of transmission. Hospitals may implement different variations of these three types of isolation based on facility needs. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Airborne Precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5 μ m or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission. Airborne Precautions apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (larger than 5 μ m in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganisms. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

Contact Precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct- contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn patients, bathe patients, or perform other patient- care activities that require physical contact. Direct- contact transmission also can occur between two patients (e.g., by hand contact), with one serving as the source of infectious microorganisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment. Contact Precautions apply to specified patients known or suspected to be infected or colonized (presence of microorganism in or on patient but without clinical signs and symptoms of infection) with epidemiologically important microorganisms that can be transmitted by direct or indirect contact.

A synopsis of the types of precautions and the patients requiring the precautions is listed in Table 1.

Table 1. Synopsis of types of precautions and patients requiring the precautions

Standard Precautions

Use Standard Precautions for the care of all patients

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illness transmitted by airborne droplet nuclei. Examples of such illnesses include:

- Measles
- Varicella (including disseminated zoster)+
- Tuberculosis++

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

- Invasive Haemophilus influenzae type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Invasive Neisseria meningococcal disease, including meningitis, pneumonia, and sepsis
- Other serious bacterial respiratory infections spread by droplet transmission, including:
 - Diphtheria (pharyngeal)
 - Mycoplasma pneumonia
 - Pertussis
 - Pneumonic plague
 - Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
- Serious viral infections spread by droplet transmission including:
 - Adenovirus
 - Influenza
 - Mumps
 - Parvovirus B19
 - Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include:

- Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state regional, or national recommendations, to be of special clinical and epidemiologic significance.
- Enteric infections with a low infectious dose or prolonged environmental survival, including:
 - Clostridium difficile
 - For diapered or incontinent patients: enterohemorrhagic Escherichia coli O157:117, Shigella, hepatitis A, or rotavirus
- Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children
- Skin infections that are highly contagious or that may occur on dry skin, including:
 - Diphtheria (cutaneous)
 - Herpes simplex virus (neonatal or mucocutaneous)
 - Impetigo
 - Major (noncontained) abscesses, cellulitis, or decubiti
 - Pediculosis
 - Scabies
 - Staphylococcal furunculosis in infants and young children
 - Zoster (disseminated or in the immunocompromised host)+
 - Viral/hemorrhagic conjunctivitis
 - Viral hemorrhagic infections (Ebola, Lassa, Or Marburg)*

- +Certain infections require more than one type of precaution
- ++See CDC "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities" (23).

EMPIRIC USE OF AIRBORNE, DROPLET, OR CONTACT PRECAUTIONS

In many instances, the risk of nosocomial transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all patients should reduce greatly this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the empiric addition of enhanced precautions while a more definitive diagnosis is pursued. A listing of such conditions and the recommended precautions beyond Standard Precautions is presented in Table 2.

Table 2. Clinical syndromes or conditions warranting additional empiric precautions to prevent transmission of epidemiologically important pathogens pending confirmation of diagnosis

<u>Clinical Syndrome or Condition*</u>	<u>Potential Pathogens++</u>	<u>Empiric Precautions</u>
Diarrhea		
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric Pathogens(&)	Contact
Diarrhea in an adult with a history of recent antibiotic use	Clotridium difficile	Contact
Meningitis	Neisseria meningitidis	Droplet
Rash or exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	Neisseria meningitidis	Droplet
Vesicular	Varicella	Airborne/Contact
Maculopapular w/ coryza and fever	Rubeola (measles)	Airborne
Respiratory infections		
Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	Mycobacterium tuberculosis	Airborne
Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection (23)	Mycobacterium tuberculosis	Airborne
Paroxysmal or severe persistent cough during periods of pertussis activity	Bordetella pertussis	Droplet
Respiratory infections, particularly bronchiolitis and croup, in infants and young children	Respiratory syncytial or parainfluenza virus	Contact
Risk or multidrug-resistant microorganisms		
History of infection or colonization with multidrug resistant organisms	Resistant bacteria	Contact
Skin, wound, or urinary tract infection in a patient with a recent hospital or respiratory care home stay in a facility where multidrug resistant organisms are prevalent	Resistant bacteria	Contact

Skin or Wound Infection

Abscess or draining wound that cannot be covered

Staphylococcus aureus
Group A streptococcus

Contact

* Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission care.

+ Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g., pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

++ The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

& These pathogens include enterohemorrhagic *Escherichia coli* (EHEC) O157:H7, *Shigella*, hepatitis A, and rotavirus.

Resistant bacteria judged by the infection control program, based on current state, regional or national recommendations, to be of special clinical or epidemiological significance.

The organisms listed under the column "Potential Pathogens" are not intended to represent the complete or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out. Infection control professionals are encouraged to modify or adapt this Table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.