



**SHELTON STATE**  
**COMMUNITY COLLEGE**

**Respiratory Therapy Program  
Student Handbook  
2018-2019**



**Prepared by faculty, staff, and students  
of the Respiratory Therapy Program  
Revised December 2018  
9<sup>th</sup> Edition**

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.

## Accreditation Statements

Shelton State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award the Associate in Arts, Associate in Science, and Associate in Applied Science degrees. Please contact SACSCOC at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call 404.679.4500 for questions about the accreditation of Shelton State Community College.

Please do not contact the Commission with other questions unless there is evidence that appears to support Shelton State Community College's significant non-compliance with the Commission's accreditation requirements or standards.

Check the College website, [sheltonstate.edu](http://sheltonstate.edu), for addenda.

The Respiratory Therapy Program at Shelton State Community College holds Continuing Accreditation from the Commission on Accreditation for Respiratory Care ([www.coarc.com](http://www.coarc.com)). This status signifies that the Program has demonstrated sufficient compliance with the CoARC Standards. It is recognized by the National Board of Respiratory Care (NBRC) toward eligibility to the Respiratory Care Credentialing Examination(s). Enrolled students completing the Program under Provisional Accreditation are considered graduates of a CoARC accredited program. Comments or complaints may be directed to the following:

Commission on Accreditation for Respiratory Care (CoARC)  
1248 Harwood Road  
Bedford, Texas 76021-4244  
817.283.2835  
[www.coarc.com](http://www.coarc.com)



## Welcome

The choice of Respiratory Therapy as a course of study should be accompanied by a devotion of one's total effort toward sound educational and professional objectives. You have been selected on the basis that you have made such a commitment. The Respiratory Therapy Program (RPT) Handbook consists of the Program's mission, philosophy, goals, policies, and procedures applying to all RPT students, Program faculty, and staff. The Program goals, policies, and procedures will apply to you as a student as you progress toward graduation.

After reading the handbook materials, you are required to sign the Respiratory Therapy Handbook Acknowledgement Form. Please complete and sign the form as indicated, and return the form to the RPT Clerk by the end of the second week of class of the fall semester. In addition to this handbook, you are expected to read and comply with the policies as published in the SSCC College Catalog and Student Handbook. We, the faculty and staff of the Respiratory Therapy Program, are looking forward to your success and your future as a health care professional. We are here to assist you in your learning process. Congratulations on selecting an exciting and rewarding career.

Sincerely,  
*Riva McAlpine*

Riva McAlpine, MAE, RRT  
Respiratory Therapy Program Director

## TABLE OF CONTENTS

Accreditation Statements .....	2
Welcome .....	3
Program Faculty and Staff.....	7
Advisory Committee .....	8-9
<b>I. PROGRAM INFORMATION .....</b>	<b>10-18</b>
Program Mission Statement .....	10
Program Philosophy.....	10
Purpose and Goals .....	11
Educational Outcomes.....	12
Measurable Program Outcomes.....	12
Program Curriculum Requirements .....	13
Admission Requirements .....	14
Program Expenses.....	14-18
Tuition .....	14-15
Course Fees.....	15
Liability Insurance .....	15
Personal Health Insurance .....	15
Professional Organizations .....	15-16
Books and Printed Materials.....	16
Uniforms and Equipment.....	16
Comprehensive Assessment Examinations Policy .....	16-17
Program Activities.....	17
Drug Screen/Background Check .....	17
Overview of Expenses.....	17-18
<b>II. GENERAL INFORMATION/POLICIES.....</b>	<b>18-21</b>
Faculty Expectations .....	18
Commitment.....	18
Attendance.....	18-19
Inclement Weather Policy.....	19-20
Professional Demeanor.....	20
Ethical Concern .....	20
Academic Competency .....	20
Pregnancy Policy .....	20
Employment Policy .....	20
Program Facilities.....	21
Skills/Laboratory .....	21
Campus Computers.....	21
Program Offices .....	21
Telephones.....	21
Name Badge/Student ID .....	21
<b>III. ACADEMIC INFORMATION AND POLICIES .....</b>	<b>21-25</b>
General Academic Policies.....	21
Code of Conduct .....	21
Ethics.....	22
Academic Misconduct.....	22
Class Hours .....	22

Laboratory/Clinical Hours .....	23
Classroom Laboratory Conduct Policy .....	23
Classroom/Laboratory Dress Code .....	23
Physical Requisites for Successful Laboratory Performance .....	23
Use of Laboratory .....	23-24
Grading Policy .....	24
Assignments.....	24
Make-up Exams.....	24
Progression Policies .....	24
Readmission Policy .....	25
Transfer Policy .....	25
Professional and Leadership Development Policy.....	25-26
Academic/Grade Appeals Procedure.....	26
Recordings .....	26
Student Concern/Feedback .....	26
Faculty and Staff Office Hours/Messages.....	26
<b>IV. CLINICAL INFORMATION/POLICIES .....</b>	<b>26-37</b>
Clinical Sites .....	27
Scheduled Clinical Hours.....	27
Clinical Education Plan .....	28-30
Basic Life Support (BLS) Certifications .....	28
Advanced Cardiac Life Support (ACLS) Certification.....	28
Neonatal Resuscitation Program (NRP) Certification .....	28
Seminars and Workshops .....	29
Work Environment Description and Daily Activities.....	29
Essential Function Standards .....	29
Disability Documentation .....	29-30
General Description of Clinical Rotations .....	30
Clinical Conduct.....	30-34
Confidentiality.....	30-31
Definition of Proper Clinical Conduct .....	31
Social Media Policy.....	31-32
Social Networking Policy for Health Programs.....	32
Incidents in Clinical Setting .....	32-33
Student Behavior Policy .....	33
Clinical Grievance Procedure.....	33-34
Attendance Policy .....	34
Religious Observance Accommodation Policy.....	34
Clinical Attendance and Tardiness Policy .....	34-35
Absence and Tardiness Make-up Procedures .....	35
Procedure for Notification of Absences or Lateness.....	35
Clinical Make-up Policy .....	35
Clinical Evaluation .....	36-37
Clinical Grading .....	36
Clinical Appearance Policy .....	36
Uniform and Equipment .....	36-37
<b>V. HEALTH INFORMATION.....</b>	<b>37-42</b>
Student Records Policy .....	37
Background Check Policy .....	37-38

Drug Screen.....	38
Insurance.....	38
Health Policy .....	38
Vaccination Exemption Policy.....	39
Infectious Disease Statement .....	39
Hepatitis B.....	39
Tuberculosis.....	39
HIV Reporting.....	39
Standard Precautions.....	40
Post Exposure Procedure.....	41
Sharps and Biohazard Policy.....	42
<b>VI. STUDENT HONORS AND AWARDS .....</b>	<b>42-44</b>
Honors.....	42
RPT Program Award Descriptions.....	42-43
RPT Pinning Ceremony.....	44
<b>VII. GRADUATION INFORMATION.....</b>	<b>44-46</b>
Requirements for Graduation.....	44
Program Comprehensive Assessment Exams.....	44
Student Records.....	44
Graduation Ceremony .....	44
Becoming a Registered Respiratory Therapist.....	45
State Licensure.....	45-46
<b>VIII. SURVEYS.....</b>	<b>46</b>
Student Opinion Surveys .....	46
Student-Program Resource Survey.....	46
Graduate Survey .....	46
Employer Survey .....	46
<b>APPENDICES .....</b>	<b>47-78</b>
Appendix A-Exit Interview Form .....	47
Appendix B-Comprehensive Assessment Exam Contract.....	48
Appendix C-Readmission Policy .....	49-51
Appendix D-Readmission Checklist.....	52
Appendix E-Request for Readmission.....	53-54
Appendix F-Medical Form .....	55-56
Appendix G-Essential Function Standards .....	57-58
Appendix H-Hepatitis B Information Sheet .....	59
Appendix I-Hepatitis B Vaccination Policy Sheet .....	60-61
Appendix J-Hepatitis B Policy Vaccination Verification Form.....	62-63
Appendix K-Student Drug Screen Policy.....	64-67
Appendix L-Student Drug Screen Participation Form .....	68
Appendix M-Background Screening Policy .....	66-70
Appendix N-Background Screening Policy Participation Form .....	71
Appendix O-Student Exposure Incident Form .....	75-76
Appendix P-Student Behavior Contract .....	75-76
Appendix Q-Concern/Feedback Form .....	77
Appendix R-Respiratory Handbook Acknowledgement Form .....	78

**SHELTON STATE COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM  
FACULTY & SUPPORT STAFF**

**Beth Appling, RPT Clerk..... 205.391.2654**  
Email: [bappling@sheltonstate.edu](mailto:bappling@sheltonstate.edu)  
C.A. Fredd Office Room 520

**Gladys D. Hill, Associate Dean of Health Services..... 205.391.2457**  
Email: [ghill@sheltonstate.edu](mailto:ghill@sheltonstate.edu)  
Martin Office Room 2608-B  
Or Fredd Campus Room 522

**Narayan Krishnamurthy, Medical Director..... 205.343.0004**  
Email: [nkm48@comcast.net](mailto:nkm48@comcast.net)  
Comprehensive Sleep & Breathing Disorders Center, Suite 111

**Riva McAlpine, RPT Program Director..... 205.391.2629**  
Email: [rmcalpine@sheltonstate.edu](mailto:rmcalpine@sheltonstate.edu)  
C.A. Fredd Office Room 526

**Byron Truelove, RPT Clinical Education Coordinator.....205.391.2641**  
Email: [btruelove@sheltonstate.edu](mailto:btruelove@sheltonstate.edu)  
C.A. Fredd Office Room 524

**Disclaimer Clause**

The Respiratory Therapy Program at Shelton State Community College reserves the right to make changes in the regulations and policies announced in this handbook as circumstances arise. If changes in this handbook are required during the academic year, then the student will be given notice of those changes and asked to verify by signature that the required changes were received and understood.

## Advisory Committee

An advisory committee is appointed to assist in Program development and evaluation. The committee will also assist the Program staff in achieving learning outcomes and establishing effective clinical relationships. The advisory committee has representation from each clinical affiliate and at least one non-health care professional who is not associated with the sponsoring institution or any other clinical affiliate who represents the public at large.

### Members

Dr. William J. Ashley, Ph.D.  
President  
Shelton State Community College  
Tuscaloosa, AL

Harlan Stricklin, RRT-NPS, CPFT  
Respiratory Care Team Leader  
DCH Northport Hospital  
Northport, AL

Dr. Narayan Krishnamurthy, M.D., FCCP, FRCP,  
FACP, FAASM  
Medical Director  
Tuscaloosa, AL

Lisa Price, RRT  
Director, Respiratory Care  
DCH Regional Medical Center  
Tuscaloosa, AL

Leslie Albright, RRT  
Director, Respiratory Care  
Baptist Memorial Hospital-Golden Triangle  
Columbus, MS

Timothy Allan Statza  
Director, Clinical Neurophysiology  
DCH Regional Medical Center  
Tuscaloosa, AL

Kellie Pugh, CRT  
Director, Respiratory Care  
Bibb Medical Center  
Centreville, AL

David Miller, RRT  
NICU Therapist  
DCH RMC/NPT  
Tuscaloosa, AL

David Howard, RRT  
Director, Respiratory Care  
Brookwood Baptist Medical Center  
Birmingham, AL

Jennifer Parr-Christmas, RSPGT  
Lead Tech, DCH Sleep Medicine  
DCH-RMC/NPT  
Tuscaloosa, AL

Kayla Hasty, CRT  
Director, Respiratory Care  
Bryan Whitfield Memorial Hospital  
Demopolis, AL

Frances Swanger, RRT  
Director, Respiratory Care  
Fayette Medical Center  
Fayette, AL

Robert Park, RRT  
Director, Respiratory Care  
Children's Hospital of Alabama  
Birmingham, AL

Glenn Phippen, RRT  
Director, Respiratory Care Services &  
Pulmonary/Sleep Labs  
Grandview Medical Center  
Birmingham, AL



Jason McCullough, RRT  
Director, Respiratory Care  
Noland Hospital Tuscaloosa  
Tuscaloosa, AL

Sharon C. Wester, RRT  
Director, Cardiopulmonary  
Pickens County Medical Center  
Carrollton, AL

David Noles, RRT  
Director, Respiratory Care  
Princeton Baptist Medical Center  
Birmingham, AL

Robert Helmke, RRT  
Director, Respiratory Care  
Shelby Baptist Medical Center  
Alabaster, AL

Reed Adair, MBA, RRT  
Administrative Director, Clinical Services  
St. Vincent's Hospital  
Birmingham, AL

JoAnna McCarver, RRT  
Manager, Respiratory Care  
UAB Hospital  
Birmingham, AL

Lisa Montiel, MAE, RRT-NPS, Chairperson  
Director, Cardiopulmonary Services  
UAB Medical West  
Bessemer, AL

Joye Jones, PhD  
Dean of Instruction & Workforce Development  
Shelton State Community College  
Tuscaloosa, AL

Gladys D. Hill, RN, MSN  
Associate Dean of Health Services  
Shelton State Community College  
Tuscaloosa, AL

Riva McAlpine, MAE, RRT  
Respiratory Therapy Program Director  
Shelton State Community College  
Tuscaloosa, AL

Byron Truelove, MBA, RRT-ACCS-NPS-SDS,  
RPFT, AE-C  
Clinical Education Coordinator  
Shelton State Community College  
Tuscaloosa, AL

Stacie Kizziah, RRT  
RPT Program Lab & Clinical Assistant  
Shelton State Community College  
Tuscaloosa, AL

Barry Ragland, RRT  
RPT Program Lab & Clinical Assistant  
Shelton State Community College  
Tuscaloosa, AL

Marvin L. Lucas  
Public Representative to the Advisory  
Committee  
Tuscaloosa City Board of Education – District 6  
Representative  
Assistant Laboratory Supervisory and  
Phlebotomy Instructor at DCH-RMC  
Tuscaloosa, AL

## I. PROGRAM INFORMATION

### Program Mission Statement

The Respiratory Therapy Program's mission and philosophy are consistent with the College's mission and philosophy. The RPT faculty and staff also endorse the following beliefs:

The Shelton State Community College Respiratory Therapy Program will prepare its graduates to be successful, confident, and competent respiratory therapists who demonstrate professionalism while providing excellent care. It will provide the graduates with comprehensive skills to meet the workforce development needs of the West Alabama community. The Program will strengthen, improve, and expand in accordance with the needs of our community, the Respiratory Care profession, and as technological treatment in cardiopulmonary disease continues to advance.

### Program Philosophy

The Respiratory Therapy Program (RPT) is centered on the health care of patients. The health interests of the patients are impacted directly by the **quality** of care given by the graduates of the Program. That philosophy is the driving force behind the Program's primary goal, which is to prepare graduates to practice as competent advanced level respiratory care practitioners. Graduates will demonstrate **excellence** in knowledge, psychomotor skills, and attitudes expected of an advanced level respiratory therapist.

The faculty believe that the focus of respiratory care education should be comprised of a sound, integrated curriculum based on the biological and behavioral sciences with development of interpersonal relationships, critical thinking, effective communication, and problem solving skills incorporated throughout. The subject-centered curriculum is designed from simple to complex and sequenced to address the content necessary to achieve both the Program and educational outcomes.

The respiratory therapist is a part of the health care team, identifying and solving the problems that relate to respiratory diseases and disorders of the cardiopulmonary system. Therefore, the respiratory therapist is an integral part of the health care team.

The faculty believe their role is to be facilitators for student learning. Teaching is an interactive process that enhances learning for the student/learner. The instructor provides the learner with resources, **integrity**, and guidance to facilitate learning. Teaching is most effective when it adapts to the learner's needs. The learner is an active participant in the teaching-learning process and is **accountable** for his or her own learning. Learning is a life-long process.

## **Purpose and Goals**

Congruent with the mission and goals of the College, the Respiratory Therapy Program is specifically designed to offer the new student and the Certified Respiratory Therapist the opportunity to attain the role, responsibilities, and accountability of graduates of the Associate in Applied Science degree. Graduates of the Program are eligible to take the National Board for Respiratory Care's Advanced Practitioner examinations, the Therapist Multiple-Choice (TMC) exam and Clinical Simulation Examination (CSE), leading to designation as a Registered Respiratory Therapist (RRT).

The goals of the SSCC Respiratory Therapy Program are the following:

1. 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).
2. Prepare graduates with the entry-level skills to function as an essential part of the health care team within a variety of health care settings.
3. Prepare graduates with the knowledge needed to demonstrate the competencies of Registered Respiratory Therapists, such as patient assessment skills and use of equipment required to manage cardiopulmonary disorders, including CPR, life-support systems, therapeutic procedures, drugs, and diagnostic tests.
4. Prepare graduates with effective verbal and written communication skills in relaying information to other health care providers.
5. Prepare graduates who demonstrate a commitment to professional growth by engaging in continuous learning and self-development.

## **Educational Outcomes**

Upon completion of the Associate in Applied Science degree, the graduate will be able to assume the role of a provider of direct client care, manage a group of clients, and participate as a member of the health care team. The graduate will be able to demonstrate appropriate cognitive abilities, as well as use psychomotor and critical thinking skills when performing the following competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies, such as obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- managing the cases of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, managing life support activities, evaluating and monitoring patient responses to such therapy, and modifying the prescribed therapy to achieve the desired pulmonary rehabilitation;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management; and
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

## **Measurable Expected Program Outcomes**

1. Graduate at least 70% of students enrolled (3 year average).
2. Average of 80% of graduates will obtain NBRC CRT credential (3 year average).
3. Average of 50% of graduates will obtain NBRC RRT credential (3 year average).
4. Average of at least 70% of graduates will have job placement within twelve months of graduation (3 year average).

<b>Shelton State Community College</b> <b>RPT Program Curriculum Requirements</b>
--

Prerequisites		Credit Hours
	ORI-100 Orientation to College	1
	ENG-101 English Composition I	3
	MTH-100 Intermediate College Algebra	3
	BIO-201 Human Anatomy & Physiology I	4
	BIO-202 Human Anatomy & Physiology II	4
	RPT-256 Writings and Research for the RCP I	<u>1</u>
	Total	<b>16</b>

**Curriculum Sequence**

<b>Semester I</b>	RPT-210 Clinical Practice I	2
	RPT-211 Intro to Respiratory Care	2
	RPT-212 Fundamentals of Respiratory Care I	4
	RPT-213 Anatomy and Physiology for the RCP	3
	RPT-214 Pharmacology for the RCP	2
	CIS-146 Microcomputer Applications	<u>3</u>
	Total	<b>16</b>

<b>Semester II</b>	RPT-220 Clinical Practice II	2
	RPT-221 Pathology for the RCP I	3
	RPT-222 Fundamentals of Respiratory Care II	4
	RPT-223 Acid Base Regulation and ABG Analysis	2
	RPT-234 Mechanical Ventilation for the RCP	4
	PSY-200 General Psychology	<u>3</u>
	Total	<b>18</b>

<b>Semester III</b>	RPT-230 Clinical Practice III	2
	RPT-232 Diagnostic Procedures for the RCP	2
	RPT-233 Special Procedures for the RCP	2
	RPT-242 Perinatal/Pediatric Respiratory Care	3
	SPH-106 Fundamentals of Oral Communication	<u>3</u>
	Total	<b>12</b>

<b>Semester IV</b>	RPT-240 Clinical Practice IV	4
	RPT-241 Rehabilitation and Home Care for the RCP	2
	RPT-243 Computer Applications for the RCP	2
	RPT-244 Critical Care Considerations for the RCP	2
	RPT-266 Seminar in Respiratory Medicine	1
	RPT-268 Writings and Research for the RCP II	<u>1</u>
	Total	<b>12</b>

**Grand Total: 74**

<p><b>Note: Courses must be taken in the sequence outlined above. Students will not be allowed to progress to the next semester if all academic and respiratory courses are not completed successfully.</b></p>
---

## **Admission Requirements**

### **Minimum Admission Requirements for the RPT Program**

1. June 1 application deadline with selection of students in July each year
2. An official transcript of all college work
3. A copy of current class schedule, if enrolled
4. An overall GPA of 2.0 on a 4.0 scale on all college work completed and a GPA of 2.5 on a 4.0 scale on all prerequisite courses
5. Completion of all prerequisite courses with a grade of C (70) or above: MTH 100, ENG 101, BIO 201, BIO 202 and RPT 256 (with a letter grade of C (75) or above).  
**NOTE: The BIO 202 must be taken within the last 5 years and ELO 100 is a prerequisite for RPT 256.**
6. **Submit a hard copy** of Accuplacer, Compass, OR ACT Reading Scores.  
NOTE: The Next Generation Reading score must be 244 or higher; or the Accuplacer Reading score must be 70 or higher; or the Compass Reading score must be 76 or higher; or the ACT Reading Score must be 17 or higher; and the score submitted for any test must have been taken within the last three (3) years.
7. Attendance to a **Health Services Program Information Session** within the last year prior to making application to the program.

### **Calculation of Points for Students Meeting Minimum Respiratory Therapy Program Admission Standards**

After meeting all minimum requirements, applicants are rank-ordered using a point system based on the following:

1. Points from the following required academic courses for the respiratory therapy program: ENG 101, MTH 100 or higher, BIO 201, BIO 202, RPT 256.  
Points for grades are as follows: A = 3 points, B = 2 points, C = 1 point.
2. An overall GPA of 2.0 on a 4.0 scale on all college work completed. Points for overall GPA are as follows: 4.000-3.500 = 4 points, 3.499-3.000 = 3 points, 2.999-2.500 = 2 points, and 2.499-2.000 = 1 point.
3. Twelve (12) points may be awarded as follows: successful completion of ORI 101; CIS 146; PSY 200; SPH 106, 107, or 116.  
Points for grades are as follows: A = 3 points, B = 2 points, C = 1 point.
4. An additional four (4) points may be awarded for the following: Six (6) months of work experience in a health-related field with direct patient care or the completion of a health-related program

**A total of 35 points is possible with these selection criteria.**

## **Program Expenses**

### **Tuition**

The SSCC Catalog and Schedule of Classes lists the cost of tuition for both in-state and out-of-state students. Tuition/fees are due at the time of registration. If a portion of the registration expenses is to

be paid by some type of financial aid or by a sponsoring agency, then it is the responsibility of the student to provide written evidence of such arrangements to the Financial Aid Office at or before registration. In the event of non-payment of financial obligations, the student's transcript will not be released and/or the student will not be allowed to register again until financial obligations are satisfied.

### **Course Fees**

All laboratory, insurance, testing, and course fees are charged at the time of registration for the course to which the fees are assigned. Regular lab course fees are listed in the College catalog.

### **Liability Insurance**

All students in clinical respiratory courses are required to have liability insurance. The College enrolls students in a school insurance policy for liability and accidents. Insurance fees are attached to specific respiratory courses to facilitate the process. The policy insures students while they are participating in clinical activities that are a requirement of the curriculum. Eligibility for insurance coverage is made through annual and/or interval premiums to the insurance companies.

In addition to the liability insurance, the College requires students to purchase and participate in Student Accident Insurance, which also covers the students for activities while under the care and direction of the College. Fees are assessed at registration each semester. For further information or to file a claim, the student may contact the office of the Dean of Student Services.

A student who is employed as a Respiratory Therapy Student or in any other health care role while a student in the RPT Program is not covered by the College insurance when assuming these roles. A student **must not** identify himself or herself as a SSCC Respiratory Therapy Student when working as an employee in a clinical agency.

### **Personal Health Insurance**

Students are required to have personal medical insurance while enrolled in the Respiratory Therapy Program. The Program has **no** agreement with the clinical affiliates to provide necessary emergency care for the faculty or students assigned to them. Neither the College nor the clinical affiliates are responsible for student injuries, accidents, or exposure to illnesses that may occur while the student is participating in clinical activities. The cost of any health care received while at a clinical site is the responsibility of the student.

### **Professional Organizations**

Professional organizations exist at the local, state, and national level. The **Shelton State Association of Respiratory Care Students (SSARCS)** is the RPT Program's student organization. The membership fee is \$15. Student membership to two professional organizations, the **American Association for Respiratory Care (AARC)** and the **Alabama Society for Respiratory Care (ASRC)**, is also expected. Student membership is \$25 during enrollment in the Respiratory Therapy Program. Students are encouraged to renew their membership at a discounted rate of \$25 before graduation. Membership into the AARC and ASRC include the following services: a professional journal monthly, the availability of a life insurance policy, discount admission rates to AARC and ASRC meetings, and a one-time discount on a NBRC credentialing exam.

The organizations' main goals are to promote the Respiratory Care profession both from outside and within, provide educational and professional growth, disseminate information through scientific and professional journals, and promote within government the interests of Respiratory Care professionals. The contact information for the professional organizations is listed below.

**American Association for Respiratory Care**

9425 N. Mac Arthur Blvd., Suite 100V  
Irving, TX 75063-4706  
972.243.2272  
[www.aarc.org](http://www.aarc.org)

**Alabama Society for Respiratory Care**

2220 Riverwood Drive  
Auburn, AL 36830  
334.312.6602  
[www.alsrc.org](http://www.alsrc.org)

**Books and Printed Materials**

Textbook costs will vary each semester according to the number of courses taken and the materials required. An estimate of textbooks and printed material costs for each semester is between \$150 and \$300 with the price per term decreasing with progression through the Program because several texts are used in subsequent courses. Supplemental course materials may also be required and can be purchased through the bookstore for a minimal cost.

**Uniforms and Equipment**

Student uniforms and equipment are required. More detailed information related to the clinical uniform and requirements will be discussed prior to the first clinical experience. See uniform and equipment descriptions on page 32.

**Comprehensive Assessment Examinations Policy**

In the interest of preparing students for success in obtaining the NBRC CRT and RRT credential, SSCC RPT students are required to take a comprehensive review seminar and a comprehensive two-part assessment exam prior to graduation from the Program. Students are also required to take Therapist Multiple-Choice Examination and Clinical Simulation Self-Assessment Exams (SAE) during the fourth semester in the RPT-243 course and pass with the NBRC's passing score requirement.

Each student will have three attempts to pass the two-part comprehensive assessment exams during the fourth semester. If a student fails all three attempts on the comprehensive assessment exams, then the student will receive an "I" for the RPT-243 course. During the next semester, the student will have an opportunity to complete remedial work and then be allowed one additional attempt to pass the failed self-assessment exam(s). If the student fails a fourth time, then the student will receive a grade of "F" for the RPT-243 course. If this failure was the student's first failure in the Program, then the student may apply for readmission to the Program and retake the failed course. If the student fails the RPT-243 course a second time, then the student must apply for admission to the Program as a new student.

Students are responsible for the costs of the comprehensive review course and credentialing examinations. Every effort is made to keep the costs to a minimum, but the students should plan for approximately \$300.00 for the comprehensive review seminar, \$190.00 for the NBRC Therapist Multiple-Choice Examination (CRT credential), and \$200.00 for the NBRC Clinical Simulation Examination (RRT credential).



Graduates will be eligible to sit for the NBRC Therapist Multiple-Choice Examination immediately after graduation. There will be two established cut scores for the NBRC Therapist Multiple-Choice Examination. If a candidate achieves the lower cut score, then he or she will earn the CRT credential. If a candidate achieves the higher cut score, then he or she will earn the CRT credential **AND** become eligible for the NBRC Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential). After successfully earning eligibility to sit for the Clinical Simulation Examination (CSE), the registration fees for the NBRC CSE will be sent in order for the graduate to earn the RRT credential.

**Note:** The costs of the review course, on-line exam review account, comprehensive assessment exams, and the NBRC examinations are subject to change. Students will be informed of any increase as soon as information becomes available.

### **Program Activities**

All students are highly encouraged to attend seminars and meetings of Program activities as assigned by the faculty. This includes any state and/or regional society meetings. Student fees to attend activities are minimal, and transportation costs are the responsibility of the student. If a student desires to attend other Program-related meetings, then permission may be granted at the discretion of each course instructor.

### **Drug Screen/Background Check**

Students who enroll in the SSCC Respiratory Therapy Program and desire to participate in courses with a clinical component are required to have an initial pre-clinical drug screen. At any point or time during enrollment, students may be subject to a random and/or reasonable suspicion testing. The initial pre-clinical drug screen will be conducted prior to entering the Program, and the student must have negative results to enroll.

Students enrolled in the Respiratory Therapy Program are also required to have a background check completed to participate in clinical. The screen will be conducted prior to orientation. Further details will be provided to the student in the acceptance and admissions documents.

### **Overview of Expenses**

Below is the approximate cost for the Respiratory Therapy Program for **ONE YEAR**. The prices listed below are subject to change.

1 pair of shoes	60.00
4 sets of scrubs (Ceil blue)	200.00
1 lab coat (white, preferably mid-thigh or knee length)	40.00
1 deluxe dual head stethoscope	30.00
1 pocket calculator	5.00
1 watch (with second hand)	40.00
1 ID badge each year	<u>5.00</u>
Subtotal	\$380.00
Tuition, maintenance fees, and instruction fees	6,808.00
Books (estimate)	700.00
Liability insurance	15.00
Accident insurance	7.50
Parking decal	15.00
Compliance tracking fee	20.00
Drug screen	28.60
Background check	17.50
DataArc Access Fee	60.00

Diploma fee	25.00
Physical/Hepatitis B / TB skin test (average)	330.00
CPR certification	35.00
Testing fees (Lindsey Jones University)	150.00
Comprehensive review seminar	300.00
CRT (Therapist Multiple-Choice Exam) registration fee	190.00
RRT (Clinical Simulation Exam) registration fee	<u>200.00</u>
Subtotal	\$8,906.60

Travel arrangements to clinical sites are the responsibility of the student.

OPTIONAL EXPENSES:

NRP certification	29.00
ACLS certification	150.00
Meetings registration	100.00
Hotel accommodations/food	300.00
AARC Student Membership	25.00
SSARCS Student Membership	15.00
Graduation pin	10.00
Graduation photos	<u>50.00</u>
Subtotal	\$679.00
<b>Total</b>	<b>\$9,960.60</b>

## II. GENERAL INFORMATION/POLICIES

### Faculty Expectations

#### Commitment

Students are expected to dedicate the time and energy necessary to complete successfully all academic assignments and projects, to learn what is required to become a competent Respiratory Therapist, and to achieve the goals of the Program.

#### Attendance

Students are required to attend all scheduled Respiratory Therapy classes, laboratories, and clinical sessions. Our purpose is to prepare the students for the workforce. There is a direct correlation among class attendance, productivity, and success on the job after graduation. The student's grade will be affected by attendance. Depending upon the course, attendance and timeliness may be graded.

The faculty are required to keep attendance records, and students must present a valid, documented reason for any absences. Acceptable, documented excused absences include military service, accidents (as evidenced by a police report), court appearances, illness of the student or illness of an immediate family member, or the death of an immediate family member. Work-related excuses, child-care issues, and/or travel will **not** excuse an absence. The student must submit appropriate documentation of extenuating circumstances to the instructor and make arrangements for any make-up work within one week of the last day covered by the excuse.

When students must miss a class, laboratory, or clinical session, they must contact both their instructor and the clinical site prior to the absence. Students are responsible for any information taught during their absence, so they should check with classmates to read or borrow class notes and make a copy of

any handouts. The student should also make an appointment to see the instructor for clarifications and questions or make arrangements to make up missed clinical time. **Any missed material will not be re-taught by the instructor.** IT IS THE RESPONSIBILITY OF THE STUDENT TO KEEP A RECORD OF HIS/HER ABSENCES. The student will be subject to counseling by the instructor due to excessive tardiness or unexcused absences that hinder the student's classroom and/or clinical performance.

Attendance at all scheduled examinations is required. Make-up examinations will **NOT** be administered without *written* documentation of an excused absence. Without this documentation, the student will be assigned a "0" for the missed examination.

### **Inclement Weather Policy**

Purpose: To provide a standardized response to a delayed opening, school closing, or severe weather.

Procedure:

#### I. Delayed Opening/Early Dismissal

In the case of a delayed opening or early dismissal, students are expected to report to any class that would normally be in session at the time the College is open. For example, if a class runs from 9:30 to 10:45 a.m. and the College is opening late at 10:00 a.m., then students will be expected to attend that class for its remaining time, from 10:00 a.m. to 10:45 a.m.

Most clinical sites will not close/delay operation during periods of inclement weather unless conditions are severe enough to endanger employees or patients. Therefore, RPT Program students are expected to attend clinical as scheduled unless the Program faculty/staff notifies the students otherwise. Additionally, students may need to leave the clinical site early to avoid hazardous driving conditions that may occur late in the day.

Because students come from various locations and distances, some of which may be more seriously affected by adverse weather than others, students must always exercise judgment on whether or not it is safe to drive to/from the clinical site. Prudent students should exercise safety because safety is first in all cases.

#### II. College Closing

When the College is closed in celebration of a holiday, classes/clinical will not be held.

When classes at Shelton State Community College are cancelled due to inclement weather, clinical scheduled for that day will proceed as scheduled (See A. below for directions).

- A. The student should call the Clinical Education Coordinator to discuss road conditions. If weather conditions dictate nonattendance to clinical due to hazardous conditions AND the student follows proper procedure, then the student will be charged with an excused absence. Students who do not follow the appropriate procedures will be charged with an unexcused absence. All absences must be made up according to the clinical attendance policy.

- B. Shelton State Community College utilizes a state-of-the-art emergency notification system called CampusCast. This system will allow students to receive instant notification should an emergency occur on campus. The student receives alerts via email, text messaging, land-line, and/or cell phone via CampusCast. Standard charges for incoming calls and text messages apply. (Please check with your provider if you have questions concerning those charges.)

During unforeseen events, such as inclement weather, the College may employ CampusCast to broadcast pertinent information (such as school closures) and appropriate response. Students should keep their contact information up-to-date via the Canvas Student Portal as required by the College each semester.

- C. Students may also check the Shelton State Community College website ([www.sheltonstate.edu](http://www.sheltonstate.edu)) for College closings in the event of inclement weather.

### **Professional Demeanor**

Students are expected to project a professional image, including appearance, confidence, respect, courtesy, self-control, initiative, dependability, reliability, honesty, punctuality, and responsibility.

### **Ethical Concern**

Students are expected to consider foremost the well-being and safety of their patients, obey all pertinent laws and regulations, and abide by the Code of Ethics.

### **Academic Competency**

Students are expected to master each major subject in the curriculum. To assure competency, it is imperative that each Respiratory Therapy student strives to demonstrate a satisfactory level of performance on each examination and on each major project, paper, or other method of evaluation administered by the faculty. See each course syllabus for policies regarding taking make-up exams.

### **Pregnancy Policy**

Pregnant students are required to inform the Program Director and Clinical Education Coordinator of pregnancy. Notification must be in writing and indicate the expected date of hospitalization (delivery). The student is required to have documentation from her physician and/or health care provider clearing the student to attend class and/or clinical rotations each semester. The documentation must be updated at the beginning of each semester. The pregnant student is required to meet all class and course objectives just as the other students in the class.

### **Employment Policy**

Students who are employed while enrolled in the Program may not use work-related excuses as an excuse for not meeting the objectives for the Program. Failure to attend a scheduled class or clinical due to work is considered an unexcused absence. Noncompliance will jeopardize a student's success. Additionally, a student must not identify himself or herself as a SSCC RPT Student when working as an employee in a clinical agency.

## **Program Facilities**

### **Skills/Laboratory**

The Respiratory Therapy Program skills laboratory is located in Room 530 on the C.A. Fredd Campus. The skills laboratory is available to students at any time when laboratory classes are not in session. Students are encouraged to practice in the laboratory.

### **Campus Computers**

The Learning Resource and Career Center (LRC) in Room 117 and the additional computer labs in Rooms 118, 133, and 607 at the C.A. Fredd Campus are the primary locations for computers used by students in the Respiratory Therapy Program. The Student Opportunities for Achievement and Resources (SOAR) Institute, which is located on the Martin Campus (Room 2544), also has computers for students' use. Both the C.A. Fredd and Martin Campuses provide tutors. Computers for students' use are located strategically on both campuses, such as in the C.A. Fredd Campus library, Martin Campus library, and C.A. Fredd Campus Atrium. Students are encouraged to use these facilities whenever available. These computer labs provide students with access to email, the College's web page and information systems, and the Internet. There will also be pertinent clinical education software installed that coincide with current course material.

Two computers are available in the Respiratory Therapy Program Lab for students to access the DataArc software system, which is used to document laboratory attendance and proficiency data.

### **Program Offices**

Faculty in the Respiratory Therapy Program have assigned offices and scheduled Student Hours. The Program Director's office is Room 526, and the Clinical Education Coordinator's office is Room 524. Students are welcome in the Program offices for conferences with faculty and to review academic work. Students are encouraged to make appointments to ensure full attention of the staff.

### **Telephones**

Students are not allowed personal use of the telephones in the Program offices. Cell phones may not be used during classroom or laboratory instruction.

### **Name Badge/Student ID**

All students must obtain a Shelton State Community College picture I.D. and have it available while on campus or at a College function. RPT students must also obtain a picture Respiratory Therapy Student I.D. badge prior to the day of orientation for clinical rotations. Students are required to wear their student I.D. badges while in the clinical facilities. I.D. badges are valid for one year.

## **III. ACADEMIC INFORMATION / POLICIES**

### **General Academic Policies**

#### **Code of Conduct**

The Respiratory Therapy Program adheres to the Code of Conduct specified in the SSCC Student Handbook.

## **Ethics**

The commitment to professional competence in practice is the responsibility of each individual student. Students will assume responsibility and accountability for both individual and professional actions. Students have the responsibility for maintaining a level of competence that will ensure safety in the delivery of health care. A student who is unable to perform clinical and classroom activities as assigned with reasonable skill and safety to patients and co-workers by reason of illness or use of alcohol, drugs, narcotics, chemical(s) or any other type of material, or as a result of any mental or physical condition, may be required to submit to a mental or physical examination.

## **Academic Misconduct**

Academic misconduct includes all acts of dishonesty in any academically-related matter and any knowing or intentional help or attempt to help or conspiracy to help another student commit an act of academic dishonesty. Academic misconduct includes, but is not limited to, each of the following acts when performed in any type of academic or academically-related matter, exercise, or activity.

1. Cheating: The use or attempted use of unauthorized materials, information, study aids, answers of others, or electronic information.
2. Plagiarism: Claiming as one's own the ideas, words, data, computer programs, creative compositions, artwork, etc., done by someone else. This includes improper citation of referenced works, use of commercially available scholarly papers, failure to cite sources, and copying another's ideas.
3. Misrepresentation: The falsifying, altering, or misstating the contents of documents or other materials related to academic matters, including schedules, prerequisites, transcripts, and medical or military excuses.

Whether or not academic misconduct has occurred and what classroom sanctions, if any, are to be applied are matters to be determined by the respective faculty member. A student who opposes the sanction imposed by a faculty member may appeal the matter to the appropriate Associate Dean.

## **Academic Misconduct Guidelines**

The following is a list of potential penalties that may be imposed upon any student found guilty of academic misconduct by the faculty member:

1. Requirement to submit additional work or take additional examination
2. A lower or failing grade on the assignment or examination
3. A lower or failing grade in the course (Must be approved by Associate Dean)
4. Referral to the Associate Dean

## **Class Hours**

The Program utilizes teaching strategies, such as lecture, laboratory practice, observational experiences, clinical experiences, independent study, and seminars. Classes generally meet two to four days a week from 8:00 a.m. until approximately 4:00 p.m. and are arranged on a set schedule and sequence.

### **Laboratory/Clinical Hours**

Laboratory classes meet one to two days a week with morning or afternoon sections available. Clinical classes are arranged in a block schedule either at the end or throughout the semester. Students will rotate through area hospitals on a two-to four-day per week schedule. Day shifts, evening shifts, and night shifts are utilized to achieve the clinical course requirements. Report times and departure times vary by clinical site and patient care area and are noted on the clinical schedule. Specialty clinical experiences may require the student to work a rotation schedule that is different from original assigned rotations during the semester for a one- or two-week period. Students are expected to provide their own transportation to all clinical training sites.

### **Classroom/Laboratory Conduct Policy**

Respiratory therapy classes will be conducted in an orderly and professional manner. Both instructors and students will attend classes, be on time, and be prepared. The instructor facilitates the learning process and determines both the selection of subject matter and learning style. Students are expected to contribute to the discussions in class. When there is a question or concern about subject content, the student may further discuss concerns with the instructor outside of class time. Students are asked to be mindful of the classroom learning objectives for that day and not prolong discussions in class.

### **Classroom/Laboratory Dress Code**

1. For safety purposes, shoes are to be worn in theory and laboratory classes.
2. Midriff shirts or blouses, halters, backless blouses or backless dresses shall not be worn.
3. See-through or mesh garments may be worn only with proper undergarments.
4. Hats or caps shall not be worn in the classroom or laboratory.
5. Sunglasses are not to be worn in the classroom or laboratory unless prescribed by a physician and documentation provided to the instructor prior to class time.
6. Garments that display or suggest sexually themed, vulgar, or drug-related wording or graphics or that provoke or may tend to provoke violence or disruption in the school shall not be worn.
7. Clothes and shoes must be clean and neat.

### **Physical Requisites for Successful Laboratory Performance**

The performance of the tasks related to the Respiratory Care profession includes potentially strenuous practical skills, including heavy lifting and carrying techniques. Health care institutions require respiratory personnel to meet minimal physical requirements for employment. A respiratory care practitioner must possess sufficient physical, motor, intellectual, emotional, and social communication skills to provide for patient care and safety and the utilization of equipment. In compliance with the American Disabilities Act (ADA), the SSCC Essential Function Standards are required for admission and progression in the Respiratory Therapy Program. For further information on the physical requisites, please refer to pages 53-54.

### **Use of Laboratory**

The RPT skills laboratory (Room 530) is available for use outside of the regularly scheduled class/laboratory hours when the campus is open. Prior permission must be secured from the Program Director or the Clinical Education Coordinator. It is preferred that a faculty member be available on campus when RPT students use the skills lab. The C.A. Fredd and Martin Campuses are open from 7:00

a.m. to 9:00 p.m. Monday through Thursday and from 8:00 a.m. to 12:00 p.m. on Friday. The laboratory is not available during the weekend hours or when the campus is closed.

### **Grading Policy**

In the Respiratory Therapy Program, each student is evaluated on a scheduled basis as to comprehension of theoretical concepts, safe performance, and psychomotor skills in clinical areas as well as the ethical and affective behavior expected of the professional practitioner.

- A. **Laboratory Performance:** Grading is pass or fail in the laboratory. Laboratory check-off proficiencies are scenario-based. The students are given two opportunities to complete the required proficiencies before attending the next clinical course. For complete details, refer to the course syllabus.
  
- B. **Theory:** The Respiratory Therapy Program uses the following academic grading system:
  - A = 90 - 100 (Excellent)**
  - B = 80 - 89 (Good)**
  - C = 75 - 79 (Average)**
  - D = 60 - 74 (failing in the RPT Program)**
  - F = 0 - 59 (failing in the RPT Program)**

### **Assignments**

Assignments must be submitted on the assigned date and will not be accepted late. Assignments not submitted on the assigned due date will result in a grade of "0" for that particular assignment. If the student anticipates an absence on the assigned due date, then he or she must make arrangements to have the assignment turned in PRIOR to the due date. If an unexpected excused absence occurs on the assigned due date, then the assignment must be submitted as soon as the student returns to class.

### **Make-up Exams**

See the Shelton State Community College current catalog and standard course policies regarding what constitutes an excused absence. Only students with valid *written* excused absences will be allowed to make-up missed exams. Consult the current course syllabus for specific make-up exam information.

### **Progression Policies**

1. Students **must** achieve a minimum grade of C (75) or above in each RPT course and a grade of 70 or above in every academic course for which they are registered during the semester to continue in the Program.
2. Respiratory curriculum courses are taught sequentially. **(A student must have a minimum grade of C in every course in a given semester's work to proceed to the courses taught in the next semester.)**
3. Students will be tracked and counseled as it relates to academic progress. A plan for success will be developed and placed in the student's file when deficiencies are noted.
4. In the event that a student makes a grade below 75 in any RPT course or below 70 in an academic course, the student must withdraw from the Program immediately.
5. Failure of two or more RPT courses in the same semester **will require** the student to apply as a **new student**.



## Readmission Policies

1. The student may apply for readmission to the Program. Acceptance is conditional upon the following:
  - a. completion of Request for Readmission form (See Appendix E.)
  - b. fulfillment of admission criteria (academic and clinical)
  - c. space availability in the next class and next clinical
  - d. one prior admission
  - e. successful completion of validation requirements in Psychomotor Domain and Cognitive/Knowledge/Academic Content Domain (See Readmission Policy- Appendix C.).
2. After readmission, if the student does not achieve the minimum 75 grade in the second attempt of the same RPT course or fails to achieve the minimum 75 in any other RPT course, then the student will be withdrawn from the Program. The student will **NOT** eligible to apply to the Respiratory Therapy Program as a new student or readmission student because the student has failed a Respiratory Therapy Program course twice.
3. A student absent from the respiratory course sequence for more than three semesters must apply as a **new** student.
4. A student will **not** be **readmitted** to the Program more than once.
5. A student may not be admitted to the Program as a **new** student more than two times. After the second admission as a new student, the student will have to wait a period of **three years** to apply to the SSCC RPT Program.

## Transfer Policy

Students wishing to transfer:

1. Must meet the entry and admission standards for the institution and the Respiratory Therapy Program.
2. Must provide evidence that all required general education and Respiratory Therapy courses taken at another institution were completed with a grade of C or better and maintain a 2.0 overall GPA in all previous college work at the time of transfer.
3. Must be a student in good standing and eligible to return to the previous Respiratory Therapy Program.
4. Refer to the College catalog for additional transfer policies and procedures.

## Professional and Leadership Development Policy

The Respiratory Therapy Program faculty supports the development of student professionalism and leadership development. The faculty believes that these qualities can be developed and enhanced through student participation in professional organizations and extracurricular activities. The faculty endorses the following extra credit criteria to encourage leadership and professional development. Students must obtain the following Professional and Leadership Development (PLD) points and must meet all of the following criteria in order to be eligible to receive extra credit:

1 <sup>st</sup> Semester	3 PLDs
2 <sup>nd</sup> Semester	3-4 PLDs
3 <sup>rd</sup> Semester	3-4 PLDs
4 <sup>th</sup> Semester	3-4 PLDs

The student must be a member of the Shelton State Community College Association for Respiratory Care Students (SSARCS) and participate in sponsored activities. Installment payments for membership are accepted. The student must complete all course assignments and must have a final grade of 75 or above in order to be eligible to be awarded PLD Points.

Recommendations for extra credit include: 1) Two points on the lowest course exam **and/or** 2) One point on the final course grade

Examples of activities for extra credit include but are not limited to the following:

1. Attendance at the annual Alabama Society for Respiratory Care (ASRC) Conference, any other local or state conferences, or any continuing education course = 2 PLDs
2. Participation in community/campus service project(s) or SSARCS projects = 1 PLD

During the 2<sup>nd</sup> semester of the program, students with active AARC Membership will be allowed to use a 4<sup>th</sup> PLD Point to be applied either to a lowest course exam or one point on a final course grade.

All activities must be completed by the last day of class during each semester. A student who has met the above criteria (as approved by the Respiratory Therapy Director or faculty) must receive written documentation from the SSARCS advisor. The advisor will forward this information to the student and faculty member. The above activities must be witnessed by or receive prior approval by the advisor.

### **Recordings**

Recording of lectures is allowed with prior approval of the faculty, except on those days when it is deemed inappropriate by the instructor (i.e. when discussing specific clinical observations and client treatment). Recording guest lectures also requires prior approval.

### **Student Concern/Feedback**

The Respiratory Therapy Program faculty and staff are open to student feedback regarding their educational experiences. Students are encouraged to use the Student Concern/Feedback Form. This form serves as a communication tool for constructive input in the following areas: curriculum, teaching, methodologies, resources, services, and miscellaneous items. The forms are available in the Respiratory Therapy Program Office. The student should complete the form and place it in the designated receptacle. The receptacle will be checked at least once weekly and directed to the appropriate individual or group. (See Appendix Q-Student Concern/Feedback Form.)

### **Faculty and Staff Office Hours/Messages**

Faculty and staff office hours are posted outside of the office each semester. Students are encouraged to make an appointment with the RPT faculty and staff to ensure adequate attention to the situation. Messages may be left via voice mail or email.

## **IV. CLINICAL INFORMATION/POLICIES**

The preparation of competent Respiratory Care practitioners is the most important goal of the Respiratory Therapy Program at Shelton State Community College. One of the necessary ingredients of

competence is the ability of the student to perform an array of clinical procedures in a safe, effective, and efficient manner. Through the clinical experience, students are offered the opportunity to enhance their clinical performance. Students will be scheduled in a clinical setting with maximum of 32 hours per week.

**All clinical and/or class traveling is the responsibility of the student. The College does not provide the student with a travel or lodging allowance.**

### **Clinical Sites**

Currently the following facilities are used by the SSCC Respiratory Therapy Program as clinical sites for student learning experiences, the list may change due program needs:

Baptist Memorial Hospital-Golden Triangle-Columbus, MS  
Bibb Medical Center-Centerville, AL  
Brookwood Medical Center-Birmingham, AL  
Bryan Whitfield Memorial Hospital-Demopolis, AL  
Camp WheezeAway-Wetumpka, AL  
Children's Hospital-Birmingham, AL  
DCH - Northport Hospital-Northport, AL  
DCH - Regional Medical Center-Tuscaloosa, AL  
Fayette Medical Center-Fayette, AL  
Grandview Medical Center-Birmingham, AL  
Noland Hospital Tuscaloosa-Tuscaloosa, AL  
Pickens County Medical Center-Carrollton, AL  
Princeton Baptist Medical Center-Birmingham, AL  
Shelby Baptist Medical Center-Alabaster, AL  
St. Vincent's Health System-Birmingham, AL  
UAB Hospital-Birmingham, AL  
UAB Medical West Hospital-Bessemer, AL

### **Scheduled Clinical Hours**

The clinical day will be 8 or 12 hours in length with a 30-minute lunch break. Clinical hours and rotations will be determined by the Clinical Education Coordinator (CEC). Day shift hours are most often 0630-1500 or 0630-1900. Evening shifts are most often 1430-2300. Night shift hours are most often 1830-0700 or 2230-0700. Students will also be required to perform a limited number of night shifts of 1830-0300. The clinical schedule will vary each semester and will be presented to students in a timely manner to limit personal scheduling conflicts. Clinical rotations are selected based on the availability of the clinical site as well as the ability to meet course objectives. Note: *The Program Director or Clinical Education Coordinator may change clinical rotation start times, dates, and locations to accommodate learning experiences.*

## **Cancellation of Clinical**

- When classes at Shelton State Community College are cancelled due to inclement weather, clinical scheduled for that day may continue depending on the location of the clinical site. Refer to the Inclement Weather Policy on pages 18-19.
- When the College is closed in celebration of a holiday, clinical will not be held.

It is the students' primary responsibility to gain as much experience as is possible during clinical rotations. Students are expected to participate in all duties assigned to their preceptor in the clinical setting. Students should not hesitate to ask questions of clinical staff and should be willing to seek answers to questions through reading and research. It is only through continued performance of tasks and the desires to seek and apply knowledge that the students will receive the maximum educational benefits from clinical rotations. It is imperative that students arrive to clinical prepared for the experience as outlined in the clinical guidelines.

## **CLINICAL EDUCATION PLAN**

The following section reviews several important aspects of the clinical training portion of the Program.

### **Basic Life Support (BLS) Certification**

The BLS Health Care Provider Course is designed to provide a wide variety of health care professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely, and effective manner. Students must have a current CPR certificate prior to clinical rotations in the health care facilities. The BLS course must be approved for all health care providers (Provider C). It is the student's responsibility to maintain current certification throughout the Program. A photocopy of the certification must be submitted to the Clinical Education Coordinator or RPT Clerk office before clinical rotations begin. BLS certification may be obtained through the American Heart Association, the American Red Cross, and/or other organizations.

### **Advanced Cardiac Life Support (ACLS) Certification**

Through the ACLS course, providers will enhance their skills in the treatment of the adult victim of a cardiac arrest or other cardiopulmonary emergencies. ACLS emphasizes the importance of basic life support CPR to patient survival; the integration of effective basic life support with advanced cardiovascular life support interventions; and the importance of effective team interaction and communication during resuscitation. SSCC RPT students are encouraged to become certified in ACLS. A two-day course may be provided during the last semester of the Program.

### **Neonatal Resuscitation Program (NRP) Certification**

NRP is an educational program introducing the concepts and basic skills of neonatal resuscitation. The causes, prevention, and management of mild to severe neonatal asphyxia are carefully explained, so health professionals may develop optimal knowledge and skill in resuscitation. Completion of the Program does not imply an individual has the competence to perform neonatal resuscitation. Each hospital is responsible for determining the level of competence and qualifications required for someone to assume clinical responsibility for neonatal resuscitation. NRP is essential for individuals working in nurseries and neonatal intensive care units. NRP Certification coursework may be provided during the third semester and coincides with the RPT-242 Perinatal & Pediatric Respiratory Care course.

### **Seminars and Workshops**

Seminars and workshops are incorporated in the RPT Program curriculum. The content presented varies in subject matter, but it builds on the essential knowledge and skills gained through didactic and clinical teachings.

### **Work Environment Description and Daily Activities**

The common work environments for a Respiratory Therapist include the following:

1. Constant contact and communication with patients, the public, and other members of the health care team
2. Making decisions about patient care based on assessment of the patient
3. Moving and manipulating equipment
4. Frequent and timely operation of computers and telephones and other electronic devices
5. Moving patients for such activities as ambulation of a patient, moving a patient in a wheel chair, and assisting in the lifting of patients
6. Exposure to pathogens through bodily secretions, mucous, and blood

### **Essential Function Standards**

Respiratory Care is a physically demanding profession. Most, if not all, health care institutions require their respiratory personnel to meet minimal physical requirements for employment. As part of clinical training, students are required to perform respiratory procedures/tasks in area hospitals. Students are required to have a health care provider complete an Essential Functions verification form that attests the student fully meets the minimum physical requirements criteria (100%) or is unable to fully meet the criteria (less than 100%). If the physician responds less than 100% to any criterion, an explanation and/or additional information will be required.

The student may ask for reasonable accommodations in writing. The Office of Specialized Student Services will determine if the student meets the accommodations. See the Essential Function Standards in Appendix G.

### **Disability Documentation**

Shelton State Community College is committed to the achievement of maximum human potential. In keeping with this, the College fully supports and complies with the Americans with Disabilities Act (ADA). We endeavor to provide students, employees, and the community an opportunity for success with as few deterrents as possible. However, students who request accommodation based on a documented disability are advised to make the request known as soon as possible prior to enrollment to ensure timely service. Failure to do so may result in delayed admission and/or accessibility to College programs and services. Students should contact the Office of Specialized Student Services for specific information. We strive to create a welcoming environment and will work in good faith to meet the needs of all populations.

Students with disabilities are responsible for informing Shelton State about the disability and the need for reasonable accommodation. This should be done prior to or upon enrollment at the College. Students must furnish adequate documentation of their disabilities from medical or other appropriate professionals in order to substantiate the need for services.

Disability accommodations must be properly documented prior to the start of courses in the Respiratory Therapy Program. No accommodations will be made for students in respiratory classes without notification from the Office of Specialized Student Services. ***The student may request disability accommodations in writing to the Office of Specialized Student Services, which is located on the second floor of the Martin campus. Any reasonable accommodations made by the RPT Program must originate from the Office of Specialized Student Services.***

### **General Description of Clinical Rotations**

1. Adult Floor Therapy - includes aerosol therapy, chest physiotherapy, postural drainage, incentive spirometry, IPPB, oxygen therapy, and basic patient monitoring of clinical condition and vital signs.
2. Equipment Room and Infection Control - involves cleaning, sterilizing, repairing, assembling, and storing equipment. Supplies and parts must also be ordered and kept stocked. Oxygen for transport is usually stored and maintained in these areas.
3. Adult Intensive Care - deals with patients in all phases of intensive medical, surgical, and cardiac care. CPR, mechanical ventilation, suctioning and maintenance of airways, ABG's, and patient monitoring are skills that must be developed rapidly. The ability to think on your feet and make decisions become critical with all intensive care and medical emergency patients.
4. Neonatal & Pediatric Floor Therapy - includes aerosol therapy, chest physiotherapy, postural drainage, incentive spirometry, IPPB, and basic patient monitoring of clinical condition and vital signs.
5. Neonatal & Pediatric Intensive Care - deals with neonatal and pediatric patients in all phases of intensive medical, surgical, and cardiac care. CPR, mechanical ventilation, suctioning and maintenance of airways, ABG's, and patient monitoring are skills that must be developed rapidly. The ability to think on your feet and make decisions become critical with all intensive care and medical emergency patients.
6. Pulmonary Function Testing – consists of diagnostic procedures allowing physicians to determine the degree of obstruction or restriction to ventilation; arterial blood gas analysis; administration of bronchodilators; exercise testing; and therapeutic/diagnostic bronchoscopies are other procedures experienced during this rotation.
7. Specialty Rotations - includes Cardiopulmonary Rehabilitation, Home Care, Hyperbaric Oxygenation, Sleep Lab (Polysomnography), and Pulmonary Medicine.

## **CLINICAL CONDUCT**

### **Confidentiality**

The right to privacy of students, faculty, staff, patient, families, and other health professionals should be judiciously protected by those associated with the Respiratory Therapy Program. All such confidential information is now covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is the responsibility of all those who have access to confidential information to see such information is accessible only to those directly concerned with the individual's health care delivery. All information learned by the student about a patient in the course of research and study is considered confidential.

The confidentiality with which the information is to be treated should be established with the patient. Patient information is not to be discussed in public places with people not involved with the student's study or patient's care. Failure to take this into account can be considered as an invasion of the right to privacy and as such, a violation of HIPAA. This action may result in dismissal from clinical activities and/or dismissal from the Program.

### **Definition of Proper Clinical Conduct**

In addition to the Student Conduct Policy in the SSCC catalog, it is important that students maintain an attitude of professionalism while in the clinical setting. The list includes, but is not limited to, behaviors that are necessary and desirable in the role as a Respiratory Therapist.

1. Respiratory Therapists are reliable. Students should report to the clinical site on time. Excessive tardiness or absences are not acceptable.
2. Respiratory Therapists keep patient information confidential. Students will have access to a great deal of patient information, and by law this information must be kept confidential and must only be discussed as necessary for the completion of work.
3. Patient information is not to be discussed outside of the clinical area under any circumstances. This includes the hospital cafeteria, elevators, hallways, and anywhere outside the hospital building.
4. Respiratory Therapists are honest. Stealing, falsifying medical records, or falsifying clinical notebooks are grounds for immediate dismissal from the Program. Reported instances may be grounds for dismissal. Suspected instances will be reported to the appropriate dean and investigated.
5. Respiratory Therapists do not use alcohol or any other intoxicating substances while on duty. Use of such substances while at clinical is grounds for immediate dismissal from the clinical site. Reported instances may be grounds for dismissal from the Program. Suspected instances will be reported to the appropriate dean and investigated.
6. Respiratory Therapists' appearance must be professional. The hospital and school dress code must be strictly adhered to. Perfumes and colognes are not allowed. Good grooming is essential.
7. Respiratory Therapists conduct themselves in a professional manner. Loud, raucous behavior is inappropriate in the hospital. When relating to physicians, nurses, other hospital staff, patients, and visitors, Respiratory Therapists always are amiable and courteous. There is no place for rudeness or short tempers in the hospital. If Respiratory Therapist students have a personality conflict with a preceptor, then please discuss it with that individual and the shift supervisor (following the "Clinical Grievance Procedure").
8. Usage of electronic devices should be kept to a minimum during assigned clinical hours and should not interfere with clinical education. The use of cell phones and/or other electronic devices is strictly prohibited in direct patient care areas. Personal items should always be kept in a secure location during clinical hours. Disciplinary action will be initiated if warranted.
9. Behavior that violates state laws or ASBRT regulations that govern the practice of Respiratory Care are not acceptable.

### **Social Media Policy**

The Shelton State Community College Respiratory Therapy Program embraces the use of social media and other technologies enabling students to communicate and share information in a professional

manner. In addition to the College's Computer Use Policy, the students are required to adhere to the Social Networking Policy for Health Programs.

### **Social Networking Policy for Health Programs**

Definition: As non-limiting examples of social networking sites, this policy is intended to cover Facebook, Instagram, Linked-In, Twitter, and any other site that is normally considered under social networking.

Students are advised to use social media cautiously and to avoid disclosing any information that could be considered confidential patient information. Any disclosure, intentional or unintentional, of information that could lead to the identification of a patient will result in appropriate disciplinary actions up to and including dismissal from the health program. Removal of an individual's name, face, or image is not sufficient to protect identity or confidential information. The use of privacy settings that are available on many social networking sites does not guarantee information will not appear in public and is thus deemed insufficient to protect confidential patient information.

Students are not to make negative, disparaging, or unprofessional remarks about fellow students, instructors, patients, patient visitors, clinical sites, or other health care professionals through social media. Any negative or disparaging remarks, intentional or unintentional, through social media will be considered unprofessional and will be considered a form of misconduct. This type of misconduct will be subject to appropriate disciplinary actions.

The following guidelines are to be adhered to:

- Do not save confidential or sensitive patient information (or information of any sort that could serve as identifying information) on your personal computer or other electronic device.
- E-mail or texting correspondence with faculty should be treated confidentially and should not include patient identifying information.
- Do not transmit any patient-related information or images through social media. Do not take pictures or videos of patients or record discussions with cell phones or other personal devices.
- Limiting access through privacy settings is not deemed sufficient to protect privacy and confidentiality of information. There is no such thing as a "private" social media site.
- Comply with clinical agency regulations regarding the use of computers, cameras, electronic devices, and cell phones while present in the clinical agency.
- Maintain patient privacy and confidentiality at all times.
- Report breaches of confidentiality or privacy to your health program instructor promptly.

A violation of this policy will result in appropriate disciplinary action up to and including dismissal from the health program.

### **Incidents in the Clinical Setting**

An incident that negatively impacts the staff's well-being or the patient's prescribed plan of care will be reported to the clinical site supervisor and SSCC Clinical Education Coordinator immediately. A hospital incident report will then be completed following the policy of that institution, if applicable. A duplicate



of the hospital incident report, as well as an explanation from the clinical instructor and student, will be submitted to the CEC and placed in the student's clinical file. The student will be issued a Student Behavior Contract and placed on **probation immediately!**

Any student who unduly compromises the safety of a patient and/or displays clinical misconduct behaviors during a clinical rotation cannot return to the clinical area.

## **STUDENT BEHAVIOR POLICY**

**Purpose:** To maintain the integrity and professionalism of the Respiratory Therapy Program.

**Policy:**

The Student Code of Conduct found in the Shelton State Community College Student Handbook contains the rules and policies that are followed by the Respiratory Therapy Program with regard to student behavior. In addition to SSCC policies, the Respiratory Therapy Program has behavioral policies that will be enforced. Failure to abide by these policies is grounds for disciplinary action. These policies include, but are not limited to, the following:

- a. Inappropriate dress (Refer to the Uniform and Equipment Policy on page 33.)
- b. Tardiness or absenteeism
- c. Failure to demonstrate safe performance of procedures
- d. Breaching confidentiality (HIPAA)
- e. Unprofessional behavior
- f. Inappropriate use of handheld electronic devices

**Procedure:**

1. When it is deemed a student has violated the student behavior conduct, the following procedures will apply depending on the step appropriate for the situation.
  - a. Oral reprimand by the instructor(s) - **Anecdote will be placed in the student's file.**
  - b. Written reprimand by the instructor(s) - **a Student Behavior Contract will be issued, subsequently placing the student on probation. While on probation, the student may continue clinical, and he or she will be reassessed as indicated in probationary contract.**
  - c. Dismissal from the Respiratory Therapy Program - **Written notification is required.**
2. At any step, except with an oral reprimand, written communication shall state what behavior is inappropriate, the behavior expected, and the consequences of a failure to correct.
3. Any violations of the proper clinical conduct may result in immediate dismissal from the RPT Program without steps 1 or 2 occurring.

Typically, probation will last for at least one full semester. Failure to adhere to Program policies or protocol after receiving probation **will** subject the student to dismissal from the Program. Probation may affect grading in the clinical course.

Refer to Appendix P for further details.

### **Clinical Grievance Procedure**

A grievance by definition is a complaint or resentment against an unjust or unfair act. In the event a student has a grievance occurring in the clinical setting, the student will use the following procedure to reconcile the problem:

1. Confer with the hospital preceptor and shift supervisor. If the issue is not resolved, then proceed to number two below.
2. The student, shift supervisor, and the Program CEC will meet to discuss the problem. If the issue is not resolved, then proceed to number three below.
3. The student and CEC will meet with the Respiratory Therapy Program Director. If the issue is not resolved, then proceed to number four below.
4. The student, CEC, and Program Director will meet with the Associate Dean of Health Services. If the issue is not resolved, then proceed to number five below.
5. The student, CEC, Program Director, and Associate Dean of Health Services will meet with the Dean of Instruction and Workforce Development. If the issue is not resolved, then proceed to number six below.
6. The student, CEC, Program Director, and the Associate Dean of Health Services will meet with the Dean of Student Services. If not resolved at this point, then the student may follow the Complaint and Student Grievance Procedure located in the College's Student Handbook.

### **ATTENDANCE POLICY**

Students will be regular and punctual in attendance for all scheduled classes and clinical. Refer to the specific course syllabus for class and clinical attendance policies.

### **Religious Observance Accommodation Policy**

Students who want religious observance accommodations must notify and submit request (s) to RPT Instructor at the beginning of each term where requested accommodations will occur for consideration. The RPT program will abide by the current College policy related to religious observance accommodation (See SSCC Student Handbook for further information).

### **Clinical Attendance and Tardiness Policy**

Due to limited time in the clinical area, students must attend and perform at an acceptable level in the clinical area. Absences will deny the student opportunities needed to acquire skills necessary to meet minimum safety standards. Therefore, clinical assignments require 100% attendance. If a student finds it unavoidable to be tardy or absent from any assigned clinical experience, then the student must call the scheduled clinical site and the CEC's office with an explanation prior to the start of the assigned clinical shift.

It is the responsibility of the student to keep up with clinical attendance. The CEC is not required to notify a student if he/she is in danger of being excessively absent. The only absences that will be excused are the following:

- The student or immediate family member is ill, and the student has called the facility and coordinator prior to the start of clinical assignment.
- The student is hospitalized or very sick (acutely ill and under a doctor's care). A routine (non-emergency) office visit is not a valid excuse. Please make all routine doctors' appointments on non-clinical days before or after your scheduled shift.
- The student is in court or jail.
- The death of an immediate family member occurs.

In each instance, the excuse must be verified by documentation from a physician, judge, law enforcement official, member of the clergy, or an obituary as is appropriate for the occasion. In addition to the above valid excuses, if there are hazardous road or weather conditions that might prohibit or delay your attendance at clinical, call the CEC and the clinical site before the shift starts. Two instances of failure to notify the CEC and clinical site will result in a letter grade being deducted from the final clinical grade. (See the course syllabi for more information.) More than two instances of failure to call the CEC and/or the clinical site about being absent or tardy from clinical will result in the student being removed from clinical, and the matter will be referred to the Assistant Dean of Health Services.

***\*\*If the student has missed three or more consecutive days due to illness, then the student must obtain a physician's full written release to return to school/clinical.\*\****

### **Absence and Tardiness Make-up Procedures**

All **excused** absence hours are eligible for makeup. **Unexcused** absence hours are not eligible for makeup. Unexcused absences in excess of 10% of the total number of clinical hours assigned will result in an automatic grade of "F."

Unexcused absences can result in the student's inability to continue in clinical. If a student arrives late or leaves early, then the time missed must be made up by the end of the semester.

Tardiness can delay and hamper preceptor-student assignments made for the day. The clinical site reserves the right to allow students who are tardy to attend clinical for that day. If a student is asked to leave the clinical site due to tardiness, then an unexcused absence will be recorded by the CEC.

### **Procedure for Notification of Absence or Tardiness**

1. First, call the clinical site shift supervisor before the assigned clinical shift.
2. Identify self, and tell the shift supervisor of the reason for tardiness or absence.
3. Next, notify the Clinical Education Coordinator using contact information provided in Course Syllabus.
4. The CEC will complete documentation for all excused and unexcused absences in the DataArc software. The student, if tardy, is responsible for clocking in and out at the clinical site where he/she is assigned.

### **Clinical Make-up Policy**

Make-up hours for excused absences must be completed by the last day of class unless extenuating circumstances exist. If a student has not completed the minimum number of clinical hours for the course (scheduled hours less 10%), the student will receive a letter grade of "F" for the clinical course involved and will be dismissed from the Program. All clinical make-up time must be approved by the Clinical Education Coordinator **prior** to any day(s) being made up. Missed clinical time will be made up on a designated day to be scheduled at the discretion of the CEC, at a designated facility that may be different from the assigned site.

Refer to pages 19-20 for the Inclement Weather Policy.

## **CLINICAL EVALUATION**

During the clinical experience, students shall be judged on their ability to integrate theory with practice, performance of skills, attitudes, and appearance. Students shall be responsible for documentation of the clinical time and activities. Students shall also be governed by specific policies and procedures of the individual hospitals. Clinical knowledge and skills build on one another from semester to semester, and students are expected to demonstrate all basic clinical skills.

The student will observe and perform clinical course objectives under immediate supervision of a clinical preceptor. Following this demonstration of clinical ability, the student will further reinforce and develop clinical skills by repeated clinical practice. The designated preceptor will be available in the hospital for supervision and instruction. Clinical evaluations consist of the following:

- Cognitive skills: Focusing on knowledge acquisition and intellectual skills and abilities
- Psychomotor skills: Relating to skills that require varying levels of well-coordinated physical activity and precise manipulative procedures
- Affective skills: Dealing with feelings, emotions, mindsets, and values, including the nurturing of desirable attitudes for personal and professional development
- Daily clinical documentation through DataArc clinical tracking system
  - Documentation must be appropriate and coincide with the course/clinical objectives.

## **Clinical Grading**

Specific grade criteria will be given during each clinical course orientation each semester. Students are assigned a letter grade in all clinical course work based on clearly defined objectives and completed requirements. Please refer to the syllabus for assignments and the competency requirements for each clinical course.

## **Clinical Appearance Policy**

Students in the Shelton State Community College Respiratory Therapy Program represent the College, the Respiratory Care profession, as well as the clinical facility. Professional attire and appearance of all respiratory students are vitally important in our interaction with patients, visitors, and other employees of our clinical affiliates. By the very nature of the work of the respiratory therapist, student uniforms and attire are designed with health and safety in mind. A professional personal appearance assures poise and self-confidence; thus, the following policies have been established for both the clinical and classroom setting:

## **Uniform and Equipment**

The designated SSCC RPT Program uniform for students consists of the following:

- a. Ceil blue scrub uniforms
- b. White or light colored athletic or duty shoes
- c. White lab coat (no short sleeves)
- d. Shelton State picture I.D. badge

Equipment: small note pad, black pen, stethoscope, calculator, and a watch with second hand

**Students who do not present self to the clinical area in the designated uniform will be dismissed from the clinical site and will not be allowed to return until the required uniform is complete. All clinical time missed as a result will be considered unexcused.**

The following guidelines are to be adhered to:

1. Students are required to purchase the designated school uniform. (See required uniform above.)
2. The uniform should be clean, ironed, and in good condition.
3. Hair must be clean, neat, and pulled away from face. Facial hair must also be kept trimmed and neat.
4. Jewelry should be kept to a minimum. Stud or small loop ear rings (less than ½ inch in diameter) and wedding bands are acceptable. Jewelry should not interfere or distract from work being performed. Please note that working in certain areas and facilities may require that jewelry is removed (i.e., MRI, NICU). Other body piercings/ornaments are prohibited.
5. Tattoos are not to be visible when in the clinical/laboratory setting.
6. Fingernails should be kept short, clean, and neatly groomed as not to interfere with work. Pastel or clear polish may be worn. Acrylic nails are prohibited.
7. Excessive or strong smelling perfume, aftershave, lotion, and/or makeup must not be worn. The patients with whom you will be working have respiratory difficulties. Fragrances may contribute to their problems.
8. Eating and drinking is not permitted in patient areas.
9. Smoking is not permitted in any of the clinical sites.
10. Gum chewing is not permitted.
11. When full uniform is not required (i.e., field trips, seminars), remember it is imperative to dress in a professional manner. The following guidelines must be adhered to:
  - a. Khaki or dress slacks
  - b. Collar shirts or blouses
  - c. Dresses, skirts, or shorts length no more than four inches above the knee
  - d. Socks or hosiery
  - e. Lab coats
  - f. Denim jeans, tee shirts, mini-skirts, and shorts are prohibited.

## V. HEALTH INFORMATION

### **Student Records Policy**

Students who are seeking admission and/or are enrolled in a health service program at Shelton State Community College are required to submit an application, academic information, health, medical, and related information to the Program's office. All information submitted to the Program/division office becomes the property of that office and is held confidential. Students and graduates of the Program are encouraged to obtain and maintain copies of the health, medical, or related information submitted for future reference (i.e. medical exam record, TB skin test results, immunization record, CPR records).

**NO HEALTH, MEDICAL, OR RELATED INFORMATION THAT MAY BE IN THE PROGRAM'S OFFICE FILE WILL BE RELEASED TO PERSONS OR AGENCIES FOR EMPLOYMENT OR PERSONAL REASONS.**

### **Background Check Policy**

All students who enroll in SSCC Health Programs are required to submit to a background check. Students may also be required to have a background check if requested by the clinical agency for which the student is assigned for clinical/lab rotations. All students must sign a release form for permission to perform a background check as required by federal law pursuant to the Fair Credit-Reporting Act.

The student must abide by the SSCC Health Programs' background check policy and the policy at the agency to which the student is assigned for clinical practice. (See Appendix M and N for Background Check Policy.) Every effort will be made to provide students with the required clinical experience to meet Program objectives. Any student denied access by a clinical affiliate will be subject to dismissal from the Program.

### **Drug Screen**

Any student who enrolls in the Shelton State Community College Health Programs and desires to participate in courses with a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the Program. The student must abide by the College's Drug Screen Policy and clinical agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening. (See Appendix K for Drug Screening Policy.)

### **Insurance**

For further information or to file a claim, the student may contact the office of the Dean of Student Services for the accident insurance and the Program Director for the liability insurance forms. Students are required to obtain personal medical and hospital insurance while enrolled in the Respiratory Therapy Program. The student is responsible for expenses incurred during clinical.

Students who are employed as a Student Respiratory Therapist (SRT) or in any other health care role while a student in the RPT Program are not covered by the College insurance when assuming these roles. A student must not identify himself or herself as a SSCC RPT student when working as an employee in a clinical agency.

### **Health Policy**

Within eight weeks of acceptance into the Respiratory Program, all students are required to submit a physical examination packet (current within one year), which includes the following:

- A completed SSCC Respiratory Therapy Program Health Form - the student will not be allowed to attend clinical until the form is completed.
- Evidence of having received the first two injections of the Hepatitis B vaccination series - The student must complete all three vaccines.
- Documentation of a TB skin test, varicella immunity (immunization record or titer), and proof of tetanus and influenza vaccination
- A current CPR certification from a "Health Care Provider CPR Course" (BLS/Infant/Child)
- Written proof of current health insurance

**\*\*Health records must be updated annually and on file in the RPT Program office. Any student who has a change in health status due to an injury, infectious disease, hospitalization, or pregnancy must submit a letter from a physician or health care provider stating when the student can return to regular class or clinical activities.\*\***

### **Vaccination Exemption Policy**

Students must submit a letter written to the Program Director requesting to be exempt from vaccination requirements due to religious preferences or medical reasons. Students who are unable to receive vaccinations due to medical reasons must provide medical documentation from their physician stating that they are exempt from receiving vaccinations.

### **Infectious Diseases Statement**

Students performing in the clinical facilities must understand the possibility of being exposed to environmental hazards and infectious diseases, including, but not limited to, Tuberculosis, Hepatitis B, and HIV (AIDS). Concern for the safety of all students and faculty of the Respiratory Therapy Program is the basis for this infectious diseases statement. The information in this statement is based on currently available information and will be updated as new information is forthcoming from the Centers for Disease Control.

### **Hepatitis B**

Students attending clinical rotations in the Shelton State Respiratory Therapy Program must be immunized against Hepatitis B. Immunization for Hepatitis B affords good protection against acquiring the disease. The increased spread of this disease has become a national public health concern.

The vaccine is given in a series of three doses over a six-month period. Students should contact their personal physician, the local county Public Health Department, or other medical facility to find out where and when the series can be completed. Costs may vary, but the approximate range for the three dose series is \$135-\$150.

The vaccine is a prerequisite for attendance in clinical rotations; therefore, the student must receive the first two doses of the Hepatitis B vaccination series prior to attending the first clinical rotations (or have appropriate titer results). Failure to submit all forms (verifying and acknowledging understanding the information about Hepatitis B and documentation of administration of the first dose and second dose) by the identified deadline will result in non-admission to the clinical facility. (See Appendix I.)

### **Tuberculosis**

A PPD skin test for tuberculosis is required upon admission to the Program and yearly thereafter. If the skin test is positive, follow-up with an appropriate health care provider is required. If the student's skin test has previously been positive, documentation of appropriate follow-up, including counseling on INH or administration of INH, must be provided to the College. This documentation will be placed in the student's program file at the College.

### **HIV Reporting**

Students in all health care programs must comply with Public Law 102-141 Section 633 and "The Alabama Infected Health Care Worker Management Act." The law requires that an HIV or HBV infected worker report to the State Health Officer his/her condition within thirty days of the time she/he is aware of his/her infection. An infected health care worker must be aware that any physician providing care to an infected health care worker must notify the State Health Officer of the infectious status within seven days of the diagnosis or provision of care.

## **Standard Precautions**

Students entering a health care field should be aware of the possibility of being exposed to various contagious diseases during the clinical education and career. Precautions and protective procedures are discussed prior to the first clinical course. Additional information may be provided by each clinical facility. Students are required to make use of any protective devices available and to use universal precautions.

There is an increasing prevalence of HIV and Hepatitis B and C that increases the risk for health care workers who may be exposed to blood and body fluids from infected patients. With this in mind, it is necessary to consider ALL patients as potentially infected with blood borne pathogens.

The following precautions apply to all faculty and students of the Shelton State Community College Respiratory Therapy Program.

1. Gloves must be worn when touching the following:
  - a. blood and body fluids
  - b. mucous membranes
  - c. non-intact skin
  - d. items or surfaces soiled with blood or bloody fluids
  - e. performing arterial puncture and other vascular access procedures
2. Gloves should be changed between patients, and hands should be washed thoroughly.
3. Protective eyewear should be worn when suctioning or at any time droplets of blood or other body fluids might contaminate the eyes of the caregiver.
4. Needles are not to be recapped after patient use and must be placed in a sharps (puncture resistant) container immediately after use.
5. Needles should not be purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
6. Disposable syringes and needles, scalpel blades, and other sharp items should be disposed of in the sharps container.
7. Clinical agency policy must be followed by students and faculty.
8. Any break in skin integrity of the caregiver must be covered by an occlusive/protective covering.
9. Gloves that are punctured or torn while in use should be removed as soon as possible. Hands are to be washed thoroughly and new gloves applied before proceeding with the task.
10. Laboratory specimens should be handled with gloves on and labeled appropriately. (Put in plastic bags for transport to the laboratory.)
11. Soiled linens will be put in bags at the bedside and are not to come in contact with the uniform.
12. Gloves should be worn when providing personal care for all patients and while doing any procedure where contact with blood or body fluids may be expected (including all times when patient's skin will be punctured, i.e. arterial puncture).
13. Spills should be removed with gloved hands and papers towels, and then a request that housekeeping clean and disinfect the area should be submitted.
14. Gloves are to be worn for post-delivery care of the umbilical cord and until all blood and amniotic fluids have been cleansed from the infant's skin.
15. Gloves should be worn when assisting the respiratory mother and baby.
16. The same precautions will apply when administering post-mortem care.



## **Post Exposure Procedure**

Exposure to blood borne pathogens is considered to have occurred if blood or other potentially infectious materials, items, or surfaces contaminated with blood or other potentially infectious materials come in contact with a student's eyes, mouth, other mucous membranes, or non-intact skin, or if mucous membranes or skin is pierced by items contaminated by blood or other infectious materials through such events as needle sticks, human bites, cuts, or abrasions.

In the event that a student is exposed to blood borne pathogens, the following procedures should be adhered to:

1. Immediately or as soon as feasible, the skin areas should be washed thoroughly with soap and water and/or the mucous membranes, eyes, and/or mouth should be flushed with water. Any contaminated clothing should be removed. Any emergency care needed will be given by the clinical agency at the student's expense.
2. As soon as possible, the incident should be reported to the Shelton State Clinical Education Coordinator instructor and the therapist/preceptor in charge of the area where the student is assigned for clinical lab.
3. A Shelton State Exposure Incident Report Form should be filled out by the student and signed by the student and the clinical preceptor. This report should be submitted as soon as possible to the Clinical Education Coordinator. A copy will be given to the student, and one will be placed in the student's file in the RPT Program office.
4. The policies and procedures of the agency in which the student is assigned for clinical should be followed by the student with the assistance of the therapist in charge and the clinical preceptor.
5. The therapist in charge will make arrangements to gain consent and test for the source individual's blood if the source is known. The student may be responsible for the expense of the blood testing. The student should see the Respiratory Therapy Program Director to initiate and file accident insurance claims if applicable.
6. Results of the source individual's blood testing will be made available to the exposed student. The student will be informed that law prohibits him or her from disclosing the identity of the source individual.
7. The exposed student must see a private physician for follow-up care at the student's expense. The student will be provided with the following information for the physician by the Respiratory Therapy Program Director.
  - A. Information on the student's HBV vaccination status
  - B. A copy of the OSHA regulations pertaining to blood borne pathogens
  - C. A copy of the Shelton State Exposure Incident Report that includes documentation of the route(s) of exposure and circumstances under which exposure occurred
  - D. A description of the student's duties as it relates to the exposure incident
  - E. A copy of the student's completed Student Health Examination Form
  - F. Results of the source individual's blood testing if available
8. Verification that follow up care has been done must be provided to the Respiratory Therapy Program Director by the student.
9. Documentation of the follow-up of care will be noted on the student's Exposure Incident Report. (See Appendix O for Student Exposure Incident Report.)

### **Sharps and Biohazard Policy**

Students will be taught correct techniques to be used when dealing with bio-hazardous materials and/or sharps. If the student is injured by any of these items while at the clinical site, then the student must immediately report to the clinical instructor and/or preceptor and the CEC on the same day of the event and complete a Student Exposure Incident Report per policy of the clinical facility and the school. The student must then obtain care for the injury in the occupational Health Department or Emergency Room at his/her own expense. A copy of the Student Exposure Incident Report must be submitted to the CEC for placement in the student's permanent file. (See Appendix O.)

## **VI. Student Honors and Awards**

Recognition for outstanding academic performance is granted to full-time students each semester. Respiratory Therapy students may qualify for, but are not limited to, the following honors.

### **Honors**

#### **President's List:**

The President's List is comprised of students who have maintained a semester grade point average of 4.0 and have completed a minimum of twelve hours of college-level work.

#### **Dean's List:**

The Dean's List is comprised of students who have maintained a semester grade point average of 3.5 or above and have completed a minimum of twelve hours of college-level work. In addition to the President's and Dean's List, students in the RPT Program who are outstanding in academics, clinical performance, leadership, personal qualities, and classmate support are recognized and honored during the RPT Pinning Ceremony.

#### **Phi Theta Kappa:**

Phi Theta Kappa is the international two-year college honorary society for students who have a grade point average of 3.5 or above and have completed a minimum of twelve hours of college-level work. Information regarding the Alpha Epsilon Iota Chapter at SSCC is available at 205.391.2469.

The RPT Program honors and awards its students by recognizing outstanding achievement in academics, clinical excellence, and service.

### **RPT Program Award Descriptions**

#### **Academic Excellence Award:**

This award recognizes the student with the highest cumulative GPA upon completion of the RPT Program. The award recipient must meet the following criteria:

- Must exhibit academic excellence in the classroom and laboratory
- Must have successfully completed four consecutive semesters in the SSCC RPT Program
- Must possess the highest cumulative grade point average as calculated by the Admissions and Records Office
- Must be selected by the RPT faculty and staff

**Clinical Excellence Award:**

This award recognizes the student showing superior performance throughout the clinical phase of the RPT Program. The award recipient must meet the following criteria:

- Demonstrate the ability to work collaboratively with other health care team disciplines
- Model the exemplary practice of Respiratory Therapy through critical thinking, inquiry, and evaluation
- Model Respiratory Care practice and team behaviors that acknowledge and respect the diversity of others
- Demonstrate strong professionalism and values with patients and families
- Be selected by clinical preceptors

**Leadership Excellence Award:**

This award recognizes the student who best demonstrates qualities of leadership and professionalism throughout the classroom, laboratory, and clinical setting. The award recipient must meet the following criteria:

- Candidates must show mature and effective professional skills and leadership ability.
- Consistently act with integrity, as seen through honesty, trustworthiness and open communication.
- Demonstrate leadership through participation and support of scheduled events.
- Through his/her exemplary leadership, contribute to the RPT Program's success in pursuing its mission.
- This award recipient will be selected by the RPT faculty and staff.

**Peer Excellence Award:**

This award recognizes the student demonstrating humanitarian traits, qualities of unselfishness, and helpfulness to others. The award recipient must meet the following criteria:

- Trust, support, and have genuine concern for classmates and others
- Function as an active participant in and out of the classroom
- Always willingly cooperate and pitch in to help others
- Treat others in a respectful and supportive manner
- This award recipient will be voted upon by the senior class of students.

**SSARCS Outstanding Service Award:**

This award recognizes the student exemplifying outstanding commitment and dedication in the community through enthusiasm and involvement in the student organization. The award recipient must meet the following criteria:

- An active participant of the SSARCS organization
- Regular attendance at SSARCS organizational meetings
- Generously donate his/her time to the efforts of the SSARCS organization
- Must have participated in at least two SSARCS sponsored service events per calendar year
- This award recipient will be voted upon by the student members of the SSARCS.

### **RPT Pinning Ceremony**

The RPT Pinning Ceremony is a symbolic event that serves as a transitional step signaling the end of the training period as a student and the beginning of a career as a professional. Graduating students will have the option of participating in the RPT Pinning Ceremony, and they will be awarded the SSCC designated Respiratory Therapy pin for their hard work and dedication. The designated SSCC RPT pins may be purchased through the Respiratory Therapy Program. Prices are subject to change. The procedure for obtaining pins is explained to students during the last semester of the Program. The designated SSCC RPT pin purchase is required to participate in the ceremony.

## **VII. GRADUATION INFORMATION**

### **Requirements to Graduate**

Students must meet the following requirements to graduate from the RPT Program:

1. Completion of all required academic and Respiratory curriculum courses
2. Achieve a grade of C (75) or better in all respiratory care courses
3. Achieve a grade of C (70) or better in all academic courses
4. Completion of all clinical competencies
5. Successful completion of the comprehensive review course and comprehensive assessment examinations

See the SSCC College Catalog for further College graduation requirements.

### **Program Comprehensive Assessment Examinations**

See pages 16-17 for further details.

### **Student Records**

Students who are seeking admission and/or are enrolled in an Allied Health Program at Shelton State Community College are required to submit an application, academic information, health, medical, and related information to the Allied Health Program's office. All information submitted to the Program/division office becomes the property of that office and is held confidential. Students and graduates of the Program are encouraged to obtain and maintain copies of their health, medical, or related information submitted for future reference (i.e. medical exam record, TB skin test results, immunization record, CPR records, etc.). **NO HEALTH, MEDICAL, OR RELATED INFORMATION THAT MAY BE IN THE PROGRAM'S OFFICE FILE WILL BE RELEASED TO PERSONS OR AGENCIES FOR EMPLOYMENT OR PERSONAL REASONS.** All student records, including class related records, will be kept on file within the Respiratory Therapy Program offices for a minimum of five years.

It is the responsibility of the student to maintain an accurate address with the College even after leaving the Program. Program graduates should check College records within four weeks following graduation to be assured the records show completion of all graduation requirements, and the degree has been conferred.

### **Graduation Ceremony**

Refer to the College catalog for information pertaining to the graduation ceremony. Graduation commencement exercises are held at the end of each semester (i.e. fall semester, December; spring semester, May; and summer semester, August).

## **Becoming a Registered Respiratory Therapist**

To be eligible to become a Registered Respiratory Therapist, the candidate must graduate from a minimum Associate Degree Program accredited by the Committee on Accreditation for Respiratory Care and must take the National Board for Respiratory Care Therapist Multiple-Choice Examination and Clinical Simulation Examination. There will be two established cut scores for the Therapist Multiple-Choice Examination. If a candidate achieves the lower cut score, then he or she will earn the CRT credential. If a candidate achieves the higher cut score, then he or she will earn the CRT credential **AND** become eligible for the Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential). If any of the tests are failed, then the candidate must reapply to retake the failed exam(s) after paying a reapplication fee.

## **STATE LICENSURE**

The following addresses and contact information may be used to answer questions about eligibility criterion and/or obtain an application for state licensure to practice respiratory therapy in Alabama and its neighboring states. In order to receive a license in the state of Alabama, proof of citizenship is required. Information for additional states may be obtained at the following: [www.nbrc.org](http://www.nbrc.org).

### **Alabama**

Alabama State Board of Respiratory Therapy  
P.O. Box 241386  
Montgomery, AL 36124-1386  
Phone: 334.396.2332  
FAX: 334.396.2384  
[www.asbrt.alabama.gov](http://www.asbrt.alabama.gov)

### **Florida**

Florida Board of Respiratory Care  
4052 Bald Cypress Way, Bin # C05  
Tallahassee, FL 32399-3255  
Phone: 850.245.4373  
<http://floridasrespiratorycare.gov/>

### **Georgia**

Georgia Composite State Board of Medical Examiners  
2 Peachtree St. NW, 6th Floor  
Atlanta, GA 30303-3465  
Phone: 404.656.3913  
[www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

### **Mississippi**

Professional Licensure - Respiratory Care  
Mississippi State Department of Health  
P.O. Box 1700  
Jackson, Mississippi 39215-1700  
Phone: 601.576.7300  
[www.msdh.ms.gov](http://www.msdh.ms.gov)

## **Tennessee**

State of Tennessee Department of Health  
Health Related Boards  
Board of Respiratory Care  
First Floor, Cordell Hull Building  
425 5th Avenue North  
Nashville, TN 37247-1010  
Phone: 615.532.3202 or 1.888. 310.4650  
[www.state.tn.us/health](http://www.state.tn.us/health)

## **VIII. SURVEYS**

Survey data compiled will aid the RPT Program in an ongoing process of Program improvement and quality. Data from individual surveys will be held in strict confidence.

### **Student Opinion Surveys**

The SSCC Student Opinion Surveys are administered each fall semester and designed to help the students voice their opinions about the College, the faculty, and the educational programs at Shelton State Community College. These surveys are important to institutional effectiveness, which assists each instructor in enhancing course curriculum and instruction.

### **Student-Program Resource Surveys**

This assessment will be completed annually by the students to provide feedback regarding their clinical and non-clinical experience with the Medical Director in the areas of physician interaction, physician contact, student exposure to physicians, and communication with physicians. This information will also aid in the on-going process of Program improvement.

### **Graduate Surveys**

Graduate follow-up surveys are administered to RPT graduates employed in the field of respiratory care approximately 6-12 months after graduation from the Program. Each graduate will be contacted and asked to complete a survey of the Program via email. Completion of this survey is required as part of outcomes assessment by the Program's accreditation body (CoARC). The purpose of this survey is to help faculty and staff evaluate the Program's success in preparing graduates to function as competent Respiratory Therapists.

### **Employer Surveys**

Employer surveys are administered to employers of graduates approximately 6-12 months after graduation from the Program. Each employer will be contacted and asked to complete a survey of the Program conducted via email. Completion of this survey is required as part of outcomes assessment by the Program's accreditation body (CoARC). The purpose of this survey is to help faculty and staff evaluate the Program's success in preparing graduates to function as competent Respiratory Therapists. The CoARC requests this survey be administered by the graduate's immediate supervisor.

**SHELTON STATE COMMUNITY COLLEGE**

**Respiratory Therapy Program**

**Exit Interview Form**

(Please Print.)

Name: \_\_\_\_\_ Exit Date: \_\_\_\_\_

Course Name & Number: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Reason(s) for Exit from Program	
<input type="checkbox"/>	Poor attendance
<input type="checkbox"/>	Poor study habits
<input type="checkbox"/>	Excessive work hours/week
<input type="checkbox"/>	Did not meet with faculty
<input type="checkbox"/>	Did not attend tutoring
<input type="checkbox"/>	Did not meet clinical course requirements
<input type="checkbox"/>	Unsafe clinical practice
<input type="checkbox"/>	Other:

Recommendation(s) for Remediation (if appropriate)	
<input type="checkbox"/>	Review all previously taken course work.
<input type="checkbox"/>	Reduce number of work hours/week.
<input type="checkbox"/>	Complete all general education course(s) required for the Program, which includes:
<input type="checkbox"/>	Seek readmission into the Program by: <input type="checkbox"/> April 1 <sup>st</sup> <input type="checkbox"/> October 1 <sup>st</sup> <input type="checkbox"/> March 1 <sup>st</sup> <input type="checkbox"/> June 1 <sup>st</sup> for the _____ (semester/year)
<input type="checkbox"/>	Other:

- The Readmission Policy from the Respiratory Therapy Program Handbook has been reviewed with the student (if appropriate).
- The student is not eligible to apply to the Respiratory Therapy Program as a **new** student until **after a period of 3 years** due to two prior admissions.
- The student is eligible for readmission one time.
- The student is **NOT** eligible to apply to the Respiratory Therapy Program as a new student or readmission student because the student has failed a Respiratory Therapy Program course twice.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Instructor/Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Shelton State Community College**  
 Respiratory Therapy Program  
 Comprehensive Assessment Exam Contract

As a student enrolled in the Respiratory Therapy Program at Shelton State Community College, I am required to pass a two-part comprehensive assessment exam in order to graduate. These exams include a Therapist Multiple-Choice SAE and a Clinical Simulation SAE. In order to attain this goal, I am to comply with the guidelines and policies stated on the RPT-243 course syllabus and this contract. I understand that I must comply with the following guidelines/policies and expectations in order to successfully pass the fourth and final attempt to the \_\_\_\_\_ SAE(s):

- I will be responsible for studying to prepare for my fourth attempt to the \_\_\_\_\_ SAE(s).
- I will be responsible for scheduling a tutoring session(s) with the RPT Staff to address areas of weakness before my scheduled fourth attempt to the SAE(s).
- I will be responsible for scheduling my fourth attempt to the \_\_\_\_\_ SAE(s) within a month after the next semester begins to complete my remedial work to successfully pass the RPT-243 course.

I understand, for the current semester, I will receive a grade of “I” (Incomplete) for the RPT-243 course until all remedial work has been completed successfully. If I fail to abide by these guidelines and/or I am not successful in completing my remedial work, then I understand that I will receive a grade of “F” (Fail) for the RPT-243 course. I understand the fees to take the National Board of Respiratory Care Therapist Multiple-Choice Exam and Clinical Simulation Exam will not be submitted until all remedial work has been completed successfully. I further understand I will receive a copy of this contract, and it will be placed in my student file in the Program Director’s office.

\_\_\_\_\_  
 Student’s Name (Print)

\_\_\_\_\_  
 Program Director’s Signature

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



## Shelton State Community College Respiratory Therapy Program

### Readmission Policy

The very nature of the profession requires that the respiratory student must have a firm grasp of previously learned and updated materials. This includes both theory and skills for safe and competent respiratory practice and successful course completion. The College acknowledges that there are academic and personal reasons why a student may not be able to complete the Respiratory Therapy Program within the scheduled sequence of time.

Therefore, the following guidelines have been established to meet the needs/desires of the returning student and to enhance the student's opportunity to succeed in the respiratory courses.

- I. Any student who has been absent from the Respiratory Therapy Program for more than three semesters must apply for readmission to the Respiratory Therapy Program as a **new student**.
- II. For any student who has failed to make passing scores for a class, the following policy will apply:
  - A. The student must participate in an exit interview with the Program Director.
  - B. No respiratory class can be repeated more than one time.
  - C. Readmission will be at the discretion of the Respiratory Therapy Program Director and the Associate Dean of Health Services.
  - D. A student desiring to be readmitted to a course or courses in the Respiratory Therapy Program must register the intent with the respiratory department by submitting a Request for Readmission Form (Appendix E) and complete the appropriate readmission checklist. This checklist must be completed prior to registration. Failure to follow this procedure may result in denial of readmission to the Program.
  - E. Students dismissed from the previous program for disciplinary reasons, academic dishonesty, and/or unsafe/unsatisfactory client care in the clinical area **will not** be allowed readmission to the Respiratory Therapy Program.
  - F. All students readmitted under this policy are required to conform to the current respiratory department requirements and are subject to all rules and regulations regarding attendance, grades, discipline, health status, physical limitations, etc.
  - G. All students readmitted to the Respiratory Therapy Program must register for the required clinical practice course scheduled during the semester of the student's return.
  - H. Selection of students requesting readmission to the Program will be based on, but not limited to, the following:
    1. Fulfillment of admission criteria (academic and laboratory)
    2. Student/teacher ratio (class and clinical)
    3. One prior admission
    4. Space availability of course(s) and clinical(s). (Students in regular progression have enrollment priorities.)

5. Minimum overall grade point average of 2.0 from courses completed
6. Successful completion of validation requirements for previously completed courses
7. No more than three semesters lapsing since the student was enrolled in the RPT Program

III. Validation (Cognitive/Knowledge/Academic Content)

- A. Cognitive/knowledge/academic content validation must be successfully validated for each course previously taken. Written validation exam(s) of the content will be administered. The exam(s) will consist of comprehensive final exam(s) for courses previously taken. Content will reflect the currently required texts in use for the course(s). The student must score at least 75% on each written exam. Failure to score at least 75% on each exam will demonstrate failure to validate knowledge and therefore preclude the student from re-entering the Respiratory Therapy Program course sequence. The student will have **only one attempt** on each cognitive written exam.

IV. Validation (Psychomotor)

- A. Those students who have been out of the clinical setting for more than two semesters will be required to validate at least six (6) of the following fundamental health assessment skills:
1. hand washing
  2. vital signs assessment
  3. pulse oximeter set-up
  4. breath sounds (chest assessment)
  5. small volume nebulizer therapy
  6. MDI administration
  7. oxygen therapy devices (nasal cannula, simple mask, air entrainment, partial rebreather, non-rebreather)
  8. oxygen transport
  9. aerosol administration (aerosol mask, OTFM, and tracheostomy collar)
  10. IPPB administration
  11. manual ventilation during transport
  12. arterial blood gas sampling, arterial line sampling, and arterial blood gas analysis (required for entry into the 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> semester)
  13. airway management (intubation, securing the artificial airway, cuff management, tracheostomy care, endotracheal tube suctioning, and extubation) (required for entry into the 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> semester)
  14. mechanical ventilation set-up/routine vent check/parameter change (required for entry into the 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> semester)
- B. Satisfactory performance of these skills must be achieved before the student will be given permission to register for the next required semester. The student will be allowed **only two attempts** on each skill to successfully pass the skill check-offs. It will be the student's responsibility to practice on his or her own. The student will be encouraged to videotape his/her skills practice. The student is responsible for setting up for all validation (psychomotor) check-offs. If a partner is needed in the skills check-off, then the student must bring a partner to the check-off. If the student will need the use of the

lab for practice, then the student must check with the faculty to make sure the lab is available for practice. The student who anticipates the need for faculty assistance must contact faculty at least five working days in advance to schedule an appointment for assistance. Students' request for lab and faculty assistance does not supersede currently enrolled students or faculty obligations. When using the lab for practice, the student must check in with the respiratory faculty.

- V. Students are encouraged to submit their application for readmission by the following dates to ensure adequate time to complete the readmission requirements before reenrollment.

<b>1<sup>st</sup> Semester</b>	<b>April 1<sup>st</sup></b>
<b>2<sup>nd</sup> Semester</b>	<b>October 1<sup>st</sup></b>
<b>3<sup>rd</sup> Semester</b>	<b>March 1<sup>st</sup></b>
<b>4<sup>th</sup> Semester</b>	<b>June 1<sup>st</sup></b>

- VI. The student will be informed in writing of the decision.

READMISSION CHECKLIST

<u>Things to be done</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Signature (Faculty/Staff)</u>
Student has repeated and passed previously failed general academic courses	_____	_____	_____	_____
Student has completed individual plan for success	_____	_____	_____	_____
Student has current required health documents on file with the RPT Program (i.e., physical, CPR certification, Hepatitis B vaccine, or current Hepatitis Titer, evidence of drug screen, Vocational/Tech form)	_____	_____	_____	_____
Student has paid premium for liability and accident insurance	_____	_____	_____	_____
Student has validated psychomotor skills (if applicable)	_____	_____	_____	_____
Student has validated cognitive content (if applicable)	_____	_____	_____	_____
Student has received and/or has access to current Program Handbook/Policies	_____	_____	_____	_____
Signed readmission contract/conditions of readmission (if applicable)	_____	_____	_____	_____

**Official Use Only:**  
**Readmission Granted:**  
Yes \_\_\_\_\_ No: \_\_\_\_\_

Date: \_\_\_\_\_

**SHELTON STATE COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM**

**REQUEST FOR READMISSION**

Name: \_\_\_\_\_ Social Security / Student # \_\_\_\_\_

Address:

\_\_\_\_\_  
(Route, House Number, Box Number) City State Zip

E-mail Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, hereby apply to re-enter the Respiratory Therapy Program at Shelton State Community College for the \_\_\_\_\_.  
(Semester) (Year)

I understand this form and a copy of my current transcript(s) must be received in the RPT Director's office at least six (6) weeks prior to the semester in which I plan to seek readmission. I further understand a current medical exam/physical, TB Skin test, Hepatitis B Vaccine series or titer, Influenza vaccine, and CPR training for health care providers must be completed (within the last six months of admission date). Failure to follow this procedure may result in being denied readmission/clearance to re-enter the Respiratory Therapy Program. (Please see readmission policies in the Respiratory Therapy Student Handbook for details.)

If I am accepted for readmission and decline or fail to return, then I realize that I must complete another application for readmission or seek application as a new student.

I was enrolled last in the Respiratory Therapy Program during \_\_\_\_\_  
(Semester) (Year)

My reason(s) for leaving the Respiratory Therapy Program included the following:

\_\_\_\_\_  
\_\_\_\_\_

I request readmission for the following reason(s):

---

---

---

---

---

Student Signature

Date

\*\*\*\*\*

Return form to the following:  
Respiratory Therapy Program Director  
Shelton State Community College  
3401 Martin Luther King, Jr. Blvd  
Tuscaloosa, AL 35401

\*\*\*\*\*

**Comments: Office Use Only**

---

---

---

---

---

It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

SHELTON STATE COMMUNITY COLLEGE
Respiratory Therapy Program
C.A. Fredd Campus
3401 Martin Luther King, Jr. Blvd.
Tuscaloosa, Alabama 35401

Medical Form

Name \_\_\_\_\_
Last First MI

Address \_\_\_\_\_
Street

City State Zip

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ B/P \_\_\_\_\_

Physical Examination

Table with 4 columns: Examination Area, Normal, Abnormal, Comments. Rows include Head and Neck, Nose and Throat, Lungs and Chest, Breasts, Heart, Eyes, Ears, Skin, Abdomen, Musculoskeletal System, Neurological System.

Laboratory Findings: These tests and immunizations are required prior to participation in the required clinical courses.

Tetanus: \_\_\_\_\_ Influenza (most current): \_\_\_\_\_

MMR: \_\_\_\_\_ (measles, mumps, rubella immunization required for any student born after 1957)
Mantoux (2-Step TB Skin): \_\_\_\_\_ & \_\_\_\_\_ (Test results / Dates) (Must be done annually)

Has student had Chicken Pox? \_\_\_\_\_

If not sure, student must have titer drawn. Titer results \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ Phone # \_\_\_\_\_

List serious illnesses, operations, or injuries. \_\_\_\_\_

**History**

Does the student have or has the student had any of the following conditions?

	No	Yes
Hypertension		
Heart Disease		
Asthma/Emphysema		
Cancer		
Epilepsy/seizures		
Diabetes or Hypoglycemia		
Drug/Food/Latex Allergies		
Gynecological or Urological Disorders		
Pregnant? If "Yes," Due Date _____		
Ulcers or Gastrointestinal Disease		
Emotional or Nervous Disorders		
Back Surgery		
Physical Disabilities		
Does the student have any chronic or medical condition requiring continuing treatment and/or alteration of lifestyle?		
Is there or has there been any physical or emotional problem likely to interfere with the student's adjustment or activities within the Respiratory Therapy Program?		

If the answer is "Yes" to any of the above, then please attach an explanation to this form.

Do you believe this person is physically/emotionally fit for a career as a Respiratory Therapist? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No," then why not? \_\_\_\_\_

There are no contraindications for this student to enter clinical rotation courses for any health facility (e.g. the applicant meets the "Essential Function Standards" listed on subsequent pages and is also free of communicable diseases.)

Physician's/Health Care Provider's Signature	Date
Print Physician's/Health Care Provider's Name	Physician's/Health Care Provider's Office Phone #
Office Street Address	City
	State
	Zip

Revised July 2016



**Shelton State Community College  
Respiratory Therapy Program  
Essential Function Standards**

The Alabama College System and Shelton State endorse the Americans with Disabilities Act. In accordance with College policy when requested, reasonable accommodations may be provided for individuals with disabilities.

In order to be admitted and to progress in the Respiratory Therapy Program, one must possess a functional level of ability to perform the duties required of a Respiratory Therapist. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations. The Respiratory Therapy Program reserves the right to amend the essential functions as deemed necessary. The respiratory faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions.

The essential functions delineated below are necessary for Respiratory Therapy Program admission, progression, and graduation as well as for the provisions of safe and effective respiratory care. The essential functions include but are not limited to the ability to perform the following:

**1. Lifting and Carrying:**

- Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs

**2. Coordination:**

- Ability to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed
- Ability to make a movement response quickly and accurately
- Ability to move the fingers and manipulate small objects with the fingers rapidly and/or accurately
- Ability to move the hands easily and skillfully
- Ability to work with the hands in placing and turning motions

**3. Climbing and/or Balancing:**

- Ascending or descending ladders, stairs, ramps and the like, using the feet and legs and/or hands and arms
- Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces

**4. Stooping, Kneeling, Crouching, and/or Crawling:**

- Stooping: Bending the body downward and forward by bending the spine at the waist
- Kneeling: Bending the legs at the knees to come to rest on the knee or knees
- Crouching: Bending the body downward and forward by bending the legs and spine
- Crawling: Moving about on the hands and knees or hands and feet

**5. Reaching, Handling, Fingering, and/or Feeling:**

- Reaching: Extending the hands and arms in any direction
- Handling: Seizing, holding, grasping, turning, or otherwise working with the hand or hands
- Fingering: Picking, pinching, or otherwise working primarily with the fingers
- Feeling: Perceiving such attributes of objects and materials as size, shape, temperature, or texture, by means of receptors in the skin, particularly those of the fingertips

**6. Talking, Hearing, Seeing, and Smelling:**

- Talking: Expressing or exchanging ideas by means of the spoken word
- Hearing: Perceiving the nature of sounds by the ear in order to communicate
- Seeing: Use of vision or corrected vision to determine characteristics of objects
- Smelling: Ability to smell body and environmental odors, such as bodily secretions or electrical equipment burning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals

will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the Program or reasonable accommodations inflicting an undue burden on the College. In order to be admitted, one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning so that the essential functions cannot be met with or without reasonable accommodations, then the student will be withdrawn from the Respiratory Therapy Program. The respiratory faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions.

Requests for reasonable accommodations should be directed to the following: **Office of Disability Services**

Student Name: \_\_\_\_\_ Student Social Security #: \_\_\_\_\_

(Check One)

\_\_\_\_\_ I have read and understand these essential functions, and I certify, to the best of my knowledge, that I have the ability to perform these functions.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_ I have read and understand these essential functions, and, to the best of my knowledge, I will be **unable** to perform function # \_\_\_\_\_ due to a disability. I understand that I need to provide documentation of my disability and recommendations for accommodations of my disability from my physician. I am requesting the following reasonable accommodation(s): \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

.....  
**(To be completed by physician)**

(Check One)

\_\_\_\_\_ I believe the **student is able** to perform the physical functions that have been listed on the previous page.

\_\_\_\_\_ I believe the **student is not able** to perform the physical functions that have been listed on the previous page.

\_\_\_\_\_  
Physician's/Health Care Provider's Signature

\_\_\_\_\_  
Date

**COMMENTS:**

**HEPATITIS B INFORMATION SHEET**

Hepatitis B is a serious infection producing not only a short-term illness but also the probability of chronic active hepatitis. It is an inflammation of the liver, viral in origin, usually transmitted by blood or blood products, through an exchange of bodily fluids (usually through sexual contact), through the sharing of IV drug needles, or from birthing mother to child.

Hepatitis B is caused by a virus (HBV) and is an unpredictable disease with a variety of presentations and outcomes. Approximately 60-70% of the people who are infected do not become ill. In this circumstance, prior infection can only be detected by the presence of an antibody in the blood. On the other hand, acute symptomatic Hepatitis B infection may result in serious liver injury incapacitating a person for weeks to months with approximately 5-10% of the people with hepatitis becoming chronic carriers of the virus. Death occurs in 1-2% of the infected patients either as a result of acute liver failure or chronic liver disease (cirrhosis). There is no effective treatment for individuals who have contracted the Hepatitis B disease.

**Hepatitis B Vaccine**

The Hepatitis B vaccine is a non-infectious, inactivated vaccine that affords good protection against symptomatic infection, acute Hepatitis B, and chronic active hepatitis, cirrhosis, and some forms of liver cancer. This vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A, non-A, non-B Hepatitis viruses or other viruses known to infect the liver. Full immunization requires three doses of vaccination over a six-month period although 4-15% of those immunized may not develop protective immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. The duration of immunity is unknown at this time, and booster doses may be necessary at intervals of five or more years.

**Who is required to take the vaccine?**

Students in health care professions where there is some risk of becoming exposed accidentally to the disease and to the subsequent potential liability of spreading the disease are required to take the vaccine.

**Who should probably NOT take the vaccine?**

The Hepatitis B vaccine is contraindicated for pregnant or nursing mothers, children below the age of three months, and individuals with severely compromised cardiopulmonary status (because of risk of immediate hypersensitivity reaction).

**What are possible vaccine side effects?**

Side effects of the Hepatitis B vaccine have been rare. Mild temporary soreness at the injection site occurs in about 10-15% of those vaccinated. No serious immediate long-term adverse reactions have been reported.

***NOTE: Please make sure you have read and understand the information on Hepatitis B and the benefits and risks of the Hepatitis B vaccine. As a condition of enrollment in RPT-210 and attendance in clinical rotations in the Respiratory Therapy Program, you must submit proof to the Program Clerk that the vaccination series is in progress (i.e. the second dose has been administered) no later than October 5<sup>th</sup>. You must submit further proof of the third dose when it is completed. As with any medical treatment, there is no guarantee you will acquire immunity or not experience side effects from the vaccine.***

Reviewed July 2016

**SHELTON STATE COMMUNITY COLLEGE**  
**Respiratory Therapy Program**

**HEPATITIS B VACCINATION POLICY SHEET**

The Centers for Disease Control (CDC) recommend that students in health professions be vaccinated with the Hepatitis-B vaccine. Respiratory Therapy students at the College should be aware of the risks involved in exposure to Hepatitis-B and the benefits of the Hepatitis-B vaccine. The following consent to receive the Hepatitis-B vaccine must be submitted within two weeks after enrollment in the Respiratory Therapy Program. You must complete and submit the attached validation forms at the appropriate times and within six months following enrollment in the first respiratory class. Vaccination can be arranged through your personal physician or the County Health Department at an approximate cost of \$150.

The following information on Hepatitis-B is extracted from the "Morbidity and Mortality Weekly Report," June 23, 1992, published by the U.S. Department of Health and Human Services/Public Health Service.

- Hepatitis-B virus (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma in the U.S. and worldwide. Hepatitis-B is the most commonly reported type of hepatitis in the U.S.
- A safe and effective vaccine for prevention of Hepatitis-B is available. It is given in a series of three doses over a six month period or the equivalent.
- Health care workers having blood and/or blood products contact (such as accidental needle-stick exposures) are identified as persons for whom the Hepatitis-B vaccine is recommended.
- In vaccinated persons who experience percutaneous or needle exposure, serologic testing to assess immune status is recommended unless testing within the previous twelve months has indicated adequate levels of antibody. In other words, once you have developed antibodies, no further action is required for approximately seven years.

**Please keep in mind the following items:**

1. When an incident occurs involving accidental exposure to blood or blood products, the situation demands immediate attention because of the potential effects it can have on the health of the student.
2. Students are responsible for reporting immediately to their preceptor (and family members) any incident that involves accidental exposure to blood or blood products.
3. Students assume responsibility for adhering to established policies and procedures of the clinical agency when situations of accidental exposure to blood or blood products occur.

4. Students have an accident policy through Shelton State to cover the cost of emergency room fees and laboratory tests should an accidental exposure to blood or blood products occur. However, the cost of prophylaxis will be the student's financial responsibility.

Your signature below indicates that you have read and understand the information printed in this policy. Please note you have seen two of these forms. One is for you to keep; the other is to be signed and returned to the school.

I consent to receive the Hepatitis-B vaccine and understand it is my responsibility to arrange and pay for vaccinations. I agree to receive the complete series of immunizations according to the following schedule:

**1st dose** of vaccine during the last week in August at the latest

**2nd dose** of vaccine one month later and before October 1st

**3rd dose** of vaccine six months after the initial dose

**Failure to complete the vaccine series will result in dismissal from the Respiratory Therapy Program.**

I agree to hold SSCC and any and all of its agents, officials, or employees harmless for injury, complication, or side effect(s) caused to me by the administration of said vaccine.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Student #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Students who have had the series completed more than two (2) years prior to admission must have a titer drawn. A titer less than ten (10) requires that the entire series be repeated.**

**SHELTON STATE COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM  
Verification of #1 HBV Vaccination  
(Please Print.)**

\_\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Date

has received the first (#1) in a series of three (3) vaccinations for Hepatitis B on this date: \_\_\_\_\_.

The next vaccination in the series is due on \_\_\_\_\_.

\_\_\_\_\_ Physician/Health Care Provider Name (print) \_\_\_\_\_ Street Address

\_\_\_\_\_ Physician/Health Care Provider Signature \_\_\_\_\_ City, State, Zip

\*\*\*\*\*

**Verification of #2 HBV Vaccination  
(Please Print.)**

\_\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Date

has received the second (#2) in a series of three (3) vaccinations for Hepatitis B on this date: \_\_\_\_\_.

The next vaccination in the series is due on \_\_\_\_\_.

\_\_\_\_\_ Physician/Health Care Provider Name (print) \_\_\_\_\_ Street Address

\_\_\_\_\_ Physician/Health Care Provider Signature \_\_\_\_\_ City, State, Zip

\*\*\*\*\*

**Verification of #3 HBV Vaccination  
(Please Print.)**

\_\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Date

has received the third (#3) in a series of three (3) vaccinations for Hepatitis B on this date: \_\_\_\_\_.

The next vaccination in the series is due on \_\_\_\_\_.

\_\_\_\_\_ Physician Name/Health Care Provider (print) \_\_\_\_\_ Street Address

\_\_\_\_\_ Physician/Health Care Provider Signature \_\_\_\_\_ City, State, Zip

**Verification of Titer**

\_\_\_\_\_ Student Name \_\_\_\_\_ Student # \_\_\_\_\_ Date

Hepatitis-B Titer results \_\_\_\_\_ Date \_\_\_\_\_ Hepatitis B booster (is less than 10) Date: \_\_\_\_\_

\_\_\_\_\_ Physician/Health Care Provider Name (print) \_\_\_\_\_ Street Address

\_\_\_\_\_ Physician/Health Care Provider Signature \_\_\_\_\_ City, State Zip

\*\*\*\*\*

**SHELTON STATE COMMUNITY COLLEGE  
RESPIRATORY THERAPY PROGRAM  
STUDENT DRUG SCREEN POLICY**

Any student who enrolls in the Shelton State Community College Health programs and desires to participate in courses that have a clinical component is required to have an initial pre-clinical drug screening. The initial pre-clinical drug screen will be conducted prior to entering the Respiratory Therapy Program. The student must abide by the College's Drug Screen Policy and any agency policy for which the student is assigned clinical practice. This policy includes random drug screening and reasonable suspicion screening.

**I. PRE-CLINICAL SCREENING**

- A. All students will receive notice of drug screening guidelines prior to admission to the Respiratory Therapy Program.
- B. The Respiratory Therapy Program will maintain on file a signed consent to drug screening from each student. Students have the right to refuse to consent to drug testing under this Program; however, students who decline participation in the drug-screening program will not be permitted to participate in courses with a clinical lab component.
- C. Drug screening will be scheduled and conducted by Behavioral Health Systems Inc. at the cost of \$28.60 per student. The fee for testing is to be paid by the student prior to time of specimen collections.
- D. Any student failing to report for screening at the designated time and place (Laboratory Corporation of America) must complete testing within 24 hours of that date and/or provide documentation of extenuating circumstances.
- E. Failure to complete drug screening with a negative test result on the ten classes of drugs as required by the College and/or clinical agency will prohibit the student from completing the clinical component of required respiratory courses.
- F. The Medical Review Officer will confirm positive drug screens. No sample is reported as positive before it has been tested at least three times.
- G. Results will be sent to the Respiratory Therapy Program Director at Shelton State Community College.
- H. A student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the Respiratory Therapy Program. The student will be considered for readmission according to the criteria in Section VI of this document.

**II. RANDOM DRUG SCREENING**

At any point or time in a student's enrollment, a student may be subject to a random drug screen. The Respiratory Therapy Director will establish the number of the random screening sample. The selection will be made from all currently enrolled respiratory students using a statistically random procedure. After being notified of their selection, students will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (2-13) outlined in Section IV of the Student Drug Screen Procedure will be used except that there is no cost to the student for a random screen (step #1 Section IV).



### **III. REASONABLE SUSPICION SCREENING**

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the College and/or clinical agency while participating in clinical experiences.

Reasonable suspicion is defined as but not limited to the following behaviors:

- A. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug;
- B. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness, or deterioration in performance;
- C. Evidence of tampering with a drug test;
- D. Information that the individual has caused or contributed to an incident in the clinical agency; and/or
- E. Evidence of involvement in the use, possession, sale, solicitation, or transfer of drugs while enrolled in the Respiratory Therapy Program.

At any point or time in a student's enrollment, the student may be subject to a reasonable suspicion drug screen. After a student's behavior is noted as suspicious, the student will report to Laboratory Corporation of America at the designated time and place. The same procedural steps (1-13) outlined in Section IV Student Drug Screen Procedure will be used.

### **IV. STUDENT DRUG SCREEN PROCEDURE**

- A. Students must pay the \$28.60 screening fee prior to the time of specimen collection to Employment Screening Services.
- B. Students must submit a photo ID and social security number at the time of specimen collection.
- C. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
- D. Students must remove unnecessary outer garments, such as coats, sweaters, and bags and remove items from pockets when entering the collection site.
- E. The collector will ask the student if he or she is currently taking any medications. It is important that the student bring all prescription medication at the time of testing.
- F. The collector will collect a monitored urine specimen.
- G. In the presence of the student, the collector will seal the urine specimen with a tamper proof security seal and affix an identification label with code number.
- H. The student will verify the information on the identification label, initial the security seal, and read and sign the Chain of Custody Form.
- I. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
- J. The collector will forward the sealed urine specimen and Chain of Custody Form to the designated certified testing center/laboratory for testing.

K. Specimens will be screened for ten (10) classes of drugs:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cannabinoids or THC
5. Cocaine
6. Methadone
7. Methaqualone
8. Opiates
9. Phencyclidine
10. Propoxyphene

L. Positive screens will be confirmed by the Medical Review Officer.

M. Students will be informed of the screening results by the Respiratory Program's screening services company within seven working days of testing.

#### **V. CONFIDENTIALITY**

The Respiratory Therapy Program Director will receive all test results. Confidentiality of the test results will be maintained. Only the Program Director and the student will have access to the results; exceptions may be made if any legal action occurs that requires external access to test results.

#### **VI. APPEALS PROCESS FOR POSITIVE SCREENS**

- A. If a student's drug screen is positive for drugs, the student will contact the Program Director and/or Chair.
- B. The student will then contact the Medical Review Officer and follow the procedure for split specimen testing as stipulated by the lab.
- C. The student is responsible for any costs associated with the split specimen testing procedure.
- D. Once the student obtains the results of the split specimen testing, the student should contact the Program Director and/or Chair. If the student remains unsatisfied, the student should explain in writing his or her complaint. The Program Director and/or Chair will have seven working days to respond.
- E. If the student cannot reach an agreement with the Program Director and/or Chair, then the student's next step is to present documentation to the Associate Dean of Health Services. The Associate Dean will have seven working days to respond.
- F. If the student does not reach a satisfactory conclusion with the Associate Dean, then the student should make an appointment with the Dean of Students.

**VII. READMISSION**

To be considered for readmission, students who withdraw from the Respiratory Therapy Program due to positive drug screen must complete the following:

- A. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program approved by the Respiratory Therapy Program and Regulatory Board of the Program.
- B. Submit to an unannounced drug screen at the student’s expense prior to readmission. A positive screen will result in ineligibility for readmission.

Drug screening policies/programs suggested or required by the Regulatory Board of Respiratory Therapy, Shelton State Community College, and/or various institutions with which the College contracts may vary from time to time in any or all of their aspects. Students will be required to comply with the screening that satisfies the Program or requirement established by the College and/or any clinical agency with whom the College contracts for clinical experience, whether it is pre-clinical drug screening, random drug screening, or reasonable suspicion screening.

Some of the nine classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the nine classes of drugs, which are legally prescribed by a health care practitioner, does not necessarily, in and of itself, excuse the student from the effect of this policy. The Medical Review Officer will follow up and give recommendation(s).

**I have read, understand, and agree to the above drug screen guidelines.**

**I hereby release Behavior Health Systems, Laboratory Corporation of America, the Medical Review Officer, Shelton State Community College, and the respiratory faculty from any claim in connection with the Drug Screen Policy.**

**I understand that should any legal action be taken as a result of the Drug Screen Policy, confidentiality can no longer be maintained.**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness’s Signature

\_\_\_\_\_  
Date

**SHELTON STATE COMMUNITY COLLEGE  
HEALTH PROGRAMS**

**Student Drug Screen Policy Participation Form**

I understand that any student who enrolls in the Shelton State Community College Health Programs and desires to participate in courses that have a clinical component is required to have an initial pre-clinical drug screening. I certify that I have received a copy of the Shelton State Community College Drug Screen Policy, read, and understand the requirement of the policy and guidelines. I further understand that if I fail to provide a certified negative drug screen result, then I will be unable to participate in the clinical component of the Program.

BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE REQUIREMENT TO HAVE A DRUG SCREEN AND TO PROVIDE A CERTIFIED NEGATIVE DRUG RESULT PRIOR TO PARTICIPATION IN THE CLINICAL COMPONENT OF THE RESPIRATORY THERAPY PROGRAM.

A COPY OF THIS SIGNED AND DATED DOCUMENT WILL CONSTITUTE MY CONSENT FOR THE CERTIFIED LABORATORY PERFORMING THE DRUG SCREEN TO RELEASE THE ORIGINAL RESULTS OF ANY DRUG SCREEN TO THE SHELTON STATE COMMUNITY COLLEGE RESPIRATORY THERAPY PROGRAM.

I further understand that my continued participation in the Shelton State Community College Respiratory Therapy Program is conditional upon satisfactory completion of the requirements of the clinical agencies providing clinical rotations for the Respiratory Therapy Program.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Witness's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

It is the policy of the Alabama Community College System, including all postsecondary institutions under the control of the Alabama Community College Board of Trustees, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Reviewed July 2016

**SHELTON STATE COMMUNITY COLLEGE  
HEALTH RELATED PROGRAMS**

**Background Screening Policy**

Students must abide by the policies established by the health care (clinical) agencies with which Shelton State Community College Health Programs (Respiratory Therapy) contracts for clinical experiences. This may include a pre-clinical background screening. The student must pay fees for all background screening.

1. All students will receive notice of the background screening requirement prior to admission and will receive a copy of the policy upon admission to the Program.
2. Background screening will be scheduled and conducted by the assigned clinical agency and/or by Employment Screening Services (ESS).
3. Failure to pay appropriate fees or to consent to the background screening by the published deadline will prohibit the student from completing the clinical component of the required respiratory courses.
4. A student who is denied acceptance at a clinical facility due to a questionable/suspect background screen may be assigned to an alternative clinical facility for the required clinical experience. In the event that the alternative-clinical facility denies acceptance due to the questionable/suspect background screen, the student will not be able to complete the required course(s) to complete the Program. (See Progression and Readmission criteria for further information.)

**Procedure:**

1. Students must pay \$17.50 (or fee in effect at the time of screening) to cover the cost for the background screening to Employment Screening Services.
2. Students must sign appropriate consents prior to the screening. Consent will be kept on file in the office of the program clerk.
3. Background screening may include the following:  
Skip Trace: Checks for other names used, other states lived in, or addresses used by the individual for linking of cases  
  
Criminal History: Reveals felony and misdemeanor convictions, and pending cases usually include date, nature of offense, sentencing date, disposition, and current status

Nurse Aide Registry: Reports whether a Certified Nurse Aide is in good standing or if the individual has been involved in an abuse case

Social Security Number Trace: Verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased

Office of Inspector General: Identifies those individuals who may no longer be capable of being provided with Medicare benefits

4. The Program Director will notify the student of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. The clinical facility will determine if the student will be accepted for clinical experience. If a clinical facility denies a student's placement, the Clinical Education Coordinator will seek placement in a similar clinical facility for which the program has a contract using the same procedure of notification as described above. If a student is unable to meet the student learning outcomes of the RPT Program with a limited number of clinical facilities willing to accept them, they will not be able to successfully complete the program.

5. Background screens rendering a student ineligible for placement include, but are not limited to, certain convictions or criminal charges that could jeopardize the health and safety of patients and sanctions or debarment.

**Confidentiality:**

1. The Program Director will receive all screening results through the Employment Screening Services website. Follow a security plan to protect the confidentiality and integrity of users' information. Confidentiality of test results will be maintained with the program staff and the student having access to the results with the exception of legal actions that require access to test results.
2. Students must sign consent prior to disclosure of the screening results to the Director of Human Resources or other designated person at the clinical facility.

I acknowledge and have read and understand the policies and procedures set forth above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SHELTON STATE COMMUNITY COLLEGE  
HEALTH PROGRAMS**

**Student Background Screen Policy Participation Form**

I understand that as part of clinical agency requirements any student who enrolls in the Shelton State Community College Health Programs and desires to participate in courses that have a clinical component is required to have a pre-clinical background screen. I certify that I have received a copy of the Shelton State Community College Background Screen Policy, read, and understand the requirement of the policy and guidelines.

I further understand that the information contained in these reports may be used to deny placement in clinical agencies. Questionable/suspect findings on the background screening will be reported to the Director of Human Resources or other designated person at the appropriate clinical facility. I understand that the Program Director will notify me of questionable/suspect findings prior to notification of the clinical facilities for a determination regarding student acceptance for clinical experience.

By signing this document, I am indicating that I have read, understand, and voluntarily agree to the required background screen to participate in the clinical component of the health program. I further hereby authorize Shelton State Community College, by and through an independent contractor, to complete a background screen prior to clinical assignments and to release the original results of the screen to Shelton State Community College.

I further give my permission for Shelton State Community College to release, if deemed necessary, the results of the background screen to other authorized agents. I understand that these results are confidential and will not be otherwise released without my authorization. I hereby release Shelton State Community College and its affiliates from any and all liability, claims, and/or demands of whatever kind related to my completed background screen.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Reviewed July 2016

**SHELTON STATE COMMUNITY COLLEGE  
Respiratory Therapy Program**

**Student Exposure Incident Report**  
(Please Print.)

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Course Name & Number: \_\_\_\_\_

Location of Incident (Specify clinical agency and area.):  
\_\_\_\_\_  
\_\_\_\_\_

Potentially Infectious Materials Involved: BLOOD: \_\_\_\_\_ OTHER: \_\_\_\_\_

Type of Exposure: Needle Stick: \_\_\_\_\_ To Which Body Part: \_\_\_\_\_

Contact of Bare Skin with Blood/Other (Describe the part of the body exposed, the condition of the skin, amount of potentially infectious material.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact of Mucous Membranes, Eyes, and/or Mouth with Blood/Other (Describe the part of the body exposed, the condition of the skin, amount of potentially infectious material.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any Injuries Suffered in the Event:  
\_\_\_\_\_  
\_\_\_\_\_

Name Other Persons Exposed or Injured:  
\_\_\_\_\_  
\_\_\_\_\_



Personal Protective Equipment Being Used at the Time of the Exposure:

---

---

Witnesses to Exposure Incident:

---

---

BRIEFLY DESCRIBE EXPOSURE INCIDENT (work being performed, how incident was caused, estimation of duration of exposure):

---

---

---

ACTIONS TAKEN (persons involved, decontamination, clean-up, reporting, etc.):

---

---

RECOMMENDATIONS FOR AVOIDING REPETITION:

---

---

SOURCE OF EXPOSURE KNOWN: YES \_\_\_\_\_ NO \_\_\_\_\_

WAS BLOOD TESTING DONE ON EXPOSURE SOURCE: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, THEN WHY NOT?

---

NAME AND ADDRESS OF PHYSICIAN I PLAN TO SEE FOR FOLLOW-UP:

---

---

WERE YOU TOLD TO KEEP THE NAME OF THE SOURCE CONFIDENTIAL BY YOUR CLINICAL LAB INSTRUCTOR: YES \_\_\_\_\_ NO \_\_\_\_\_

---

Student's Signature

---

Date

---

Signature of Clinical Lab Instructor

---

Date

Follow-up care of the above incident:

---

---

---

---

Signature of person filling out report

---

Date

**Shelton State Community College**  
Respiratory Therapy Program  
Student Behavior Contract

As a student enrolled in the Respiratory Therapy Program at Shelton State Community College, I am entitled to receive the best clinical experience possible. In order to attain this goal and privilege, I am to comply with the guidelines and policies stated in the RPT Handbook. Failure to adhere to these guidelines and policies will result in dismissal from the Respiratory Therapy Program despite academic standing. I understand that I must comply with the following guidelines/policies and expectations:

- I will be responsible for doing all things required by my clinical preceptors, host clinical sites, and the Shelton State Community College Respiratory Therapy Program. This includes adhering to all policies and procedures of host clinical sites. I will always do my best to do this task without being asked or reminded. Failure to do so will result in my dismissal from the Shelton State Community College Respiratory Therapy Program.
- I will present myself in a professional manner as required by my clinical preceptors, host clinical sites, and the Shelton State Community College Respiratory Therapy Program. I also must respect patients' and families' rights under the guidelines stated by HIPPA. Failure to do so will result in my dismissal from the Shelton State Community College Respiratory Therapy Program.
- I will communicate effectively with all members of the clinical agency staff as required by my clinical preceptors, host clinical sites, and the Shelton State Community College Respiratory Therapy Program. I will accept all instruction and advice given to me by the clinical preceptors, and I will not display a negative response towards my preceptors or other clinical agency staff member.

I understand that failure to abide by behaviors listed above and by Program policies will result in my dismissal from the RPT Program. I further understand that this contract is based on my prior clinical experiences as well as evaluations submitted to the Clinical Education Coordinator.

---

Student's Signature

Date

---

Clinical Coordinator's Signature

Date

**Shelton State Community College**  
 Respiratory Therapy Program  
 Student Behavior Contract

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

<b>Infraction</b>			
Date		Time	
Location			
<b>Description</b>			
<b>Disciplinary Action Taken</b>			

Student \_\_\_\_\_ Date \_\_\_\_\_  
 Instructor \_\_\_\_\_ Date \_\_\_\_\_

Reviewed July 2016

# SHELTON STATE COMMUNITY COLLEGE HEALTH PROGRAMS

## Concern/Feedback Form

What are you thinking? This form serves as a communication tool for constructive input in the following areas for the health programs: curriculum, teaching methodologies, resources, services, and miscellaneous items. You are encouraged to share your ideas and place the completed form in the designated receptacle, or submit it to your curriculum representative, and it will be forwarded to the appropriate individual.

Date: \_\_\_\_\_

Concern/Feedback(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestion(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

**If more space is needed, then you may write on the back of this form.**

**RESPIRATORY THERAPY HANDBOOK ACKNOWLEDGMENT FORM**

I, \_\_\_\_\_, have received a copy of the Shelton State Community College Respiratory Therapy Program Student Handbook/Policy Manual and assume responsibility for being knowledgeable of the content. My signature below constitutes my acceptance and agreement to be governed by the policies and procedures described within the handbook. I am aware that guidance is available by the RPT Program staff to assist me with understanding the RPT Program policies and practices.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM MUST BE TURNED IN TO THE RESPIRATORY THERAPY PROGRAM CLERK BY THE END OF THE SECOND WEEK OF YOUR FIRST SEMESTER.

Reviewed July 2014