RESPIRATORY CARE PROGRAM HANDBOOK
2019-2020

The Respiratory Care Program Handbook is a supplement to the Naugatuck Valley Community College Catalog and the Student Handbook. Please refer to those sources for additional information about college policies and services.

This handbook outlines policies specific to the Respiratory Care Program. Respiratory Care students are expected to become familiar with its contents and abide by the policies of the program and college.

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SECTION 1: PROGRAM INFORMATION

1.1: Program Faculty

Program Director
Margaret Guerrera MS, RRT

Director of Clinical Education
Susan Anderson, MS, RRT

Medical Director
David Hill, MD

Lab/Clinical Instructors
Lauren Alesio, BS, RRT
Laura Bean, BS, RRT
Stacey Camp, BS, RRT
David Gourley, AS, RRT
Betty Joseph-Jerome, MS, RRT
Kristy Morrone, AS, RRT

1.2: Program Description

The Respiratory Care program at Naugatuck Valley Community College is a two-year associate degree program designed to develop the competencies and knowledge required for entering the field of Respiratory Care. See Appendix I for curriculum.

The Respiratory Care program is accredited by The Commission on Accreditation for Respiratory Care (CoARC). Information regarding CoARC and the accreditation of respiratory care programs is available at www.coarc.com. The CoARC program number is 200460.

1.3: Program Mission Statement and Goal and Outcomes

Mission Statement:
The Respiratory Care Program at Naugatuck Valley Community College is designed to prepare students to enter the field of Respiratory Care with the skills necessary to practice as proficient and competent Respiratory Therapists. Our program is designed to meet the evolving health care needs of our diverse community and our faculty are committed to a student-centered approach to teaching and learning that focuses on the development of evidence-based, ethical, and collaborative practice among our students and graduates.

Program Goal:
To prepare graduates with demonstrated competence in the cognitive, psychomotor, and affective learning domains of respiratory care practice as performed by registered respiratory therapists.

Program Outcomes:
Upon the successful completion of the respiratory care program, the graduate will be able to:

1. Assist physicians/licensed independent practitioners in the diagnosis, management, and treatment of patients affected by cardiopulmonary disorders.
2. Collect and evaluate clinical information relevant to their role as a respiratory therapist.
3. Participate in the inter-disciplinary plan of care.
5. Demonstrate proficiency in all skills and competencies required of a respiratory therapist as described by the Commission on Accreditation for Respiratory Care (CoARC).
6. Promote evidence-based practice by using established clinical practice guidelines and evaluating published research for its relevance to patient care.
7. Collaborate and communicate effectively with all members of the health care team to enhance patient care.
8. Adhere to AARC statement of ethics and professional conduct.
9. Apply principles and practices of patient safety and process improvement in all aspects of respiratory care.

1.4: Description of the Respiratory Care Profession

Respiratory therapists, as members of a team of health care professionals, work to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders in a wide variety of clinical settings. Respiratory therapists should demonstrate behavior and ethics that are consistent with the standards and ethics of all health care professionals. In addition to performing respiratory therapy procedures, respiratory therapists are involved in clinical decision-making (such as patient evaluation, treatment selection, and assessment of treatment efficacy) and patient education. The scope of practice for respiratory therapy includes:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies, such as drawing blood samples, performing blood gas analysis, and pulmonary function testing;
- utilizing 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;
- case management of patients with pulmonary diseases;
- initiating ordered respiratory care, evaluating and monitoring patients’ responses to such care and modifying the prescribed respiratory therapy and cardiopulmonary procedures, and life support endeavors to achieve desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- participating in life support activities as required; and
- promoting evidence-based medicine; research; and clinical practice guidelines.
1.5: Professional Organization

The American Association for Respiratory Care and The Connecticut Society for Respiratory Care are the national and state respiratory care professional organizations. Students are strongly encouraged to join and show support for their future profession. A student membership is available the AARC. Information is available through the program director.

1.6: Code of Conduct

Students in the NVCC Respiratory Care program are expected to conduct themselves in a manner compatible with the high standards of the respiratory care profession and in accordance with the Connecticut State University and College Policy on Student Conduct, the NVCC Student Handbook and the American Association of Respiratory Care Statement of Ethics and Professional Conduct.

Respiratory care students are entering a profession that requires a high level of personal integrity and therefore are expected to adhere to these standards in all program settings and during their everyday life. In addition, respiratory therapists and respiratory care students must be able to cooperate and communicate effectively with individuals from diverse backgrounds and are expected to be respectful and understanding of others including their patients, co-workers, supervisors and instructors.

Students are expected to comply with established college, program and clinical site policies and procedures. Violations of any of these policies and procedures may result in disciplinary action up to and including dismissal from the program.

1.7: Continuing Notice of Nondiscrimination:

Naugatuck Valley Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, disability, including but not limited to present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity or expression or genetic information in treatment or employment at the College, in admission or access to the College, or in any other aspect of its programs and activities. In addition, the College does not discriminate in employment on the additional basis of veteran status or criminal record. The College is required by Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act of 1990 (Title II), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 28 C.F.R. Part 35 and 34 C.F.R. Parts 100, 104, 106 and 110, not to discriminate on the basis of race, color, or national origin (Title VI); disability (Section 504/Title II); sex (Title IX); or age (Age Act). Inquiries concerning the application of each of the aforementioned statutes and their implementing regulations to the College may be referred to the U.S. Department of Education, Office for Civil Rights, at (617) 289-0111 or 5 Post Office Square, 8th Floor, Boston, MA 02109-3921, or to the applicable College Coordinators who are located at
SECTION 2: ACADEMIC POLICIES

2.1: Students with Special Needs-ADA

Students who may require academic adjustments on the basis of a disability are encouraged to contact the Counselor for Students with Disabilities. Contact Terry Latella in K519C or call 203-596-8608 in Waterbury and 203-437-9699 in Danbury) at the beginning of each semester.

After providing documentation and completing the disability disclosure process, students are then encouraged to meet with their instructor(s) within the first two weeks of the semester to discuss any adjustments approved by the appropriate disabilities contact and to complete the Adjustments Agreement form. Adjustments are not retroactive. Instructors, in conjunction with appropriate college personnel, will provide assistance and/or adjustments only to those students who have completed the disability disclosure and academic adjustments process.

2.2: Student Records and Grades

Students' records and grades are confidential. The program maintains a file on each student. The file may be viewed by the faculty, and by the student upon their request. Any viewing of the file by another individual requires written release by the student. Any communication, whether verbal or written, requiring information about the student's academic record or progress will not be done without the written consent of the student.

All students must receive a “C” or better in all required (including general education and elective courses) and prerequisite courses to fulfill program and graduation requirements. Grading policies for respiratory care courses are included on the course syllabus.

An explanation of semester hours, academic load, and the college grading system are located in the college catalog which is available on line at http://www.nv.edu/.

Numerical grades will be converted to letter grades as follows in the respiratory courses:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Numerical Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95 – 100</td>
</tr>
<tr>
<td>A-</td>
<td>90-94</td>
</tr>
<tr>
<td>B+</td>
<td>87-88-89</td>
</tr>
<tr>
<td>B</td>
<td>83-84-85-86</td>
</tr>
<tr>
<td>B-</td>
<td>80-81-82</td>
</tr>
</tbody>
</table>
Grades will be rounded at the .5 mark to the next whole number. For example if a student receives an average grade for a course of 72.5%, the grade will be rounded up to 73%. There are no exceptions to this rule.

Students who withdraw from the Respiratory Care courses will receive a grade of "W". Students must withdraw from the course or program by the last day of college-wide student-initiated withdrawal period. Any student who decides to leave the program after this date, will receive a zero for any course work not completed (including the final exam) and the grade for the course will be calculated accordingly.

2.3: Performance Improvement Plan

When a student’s performance does not meet expectations and/or learning outcomes, a Performance Improvement Plan (PIP) is developed by a faculty member, including lab and clinical instructors and the student. The plan is time limited and is designed to promote the student’s successful achievement of the course objectives. The clinical/lab instructor or faculty must document that the student has successfully completed the objectives of the PIP. It is up to discretion of the instructor to determine whether a PIP is necessary for unsatisfactory progress in the classroom.

Plans that are clinical in nature require the student to meet and review the plan with the Director of Clinical Education. Within two days of initiating a PIP, the faculty or DCE must notify the Program Director. The Program Director may request to meet with the student to discuss the PIP.

2.4: Program Probation

A student is placed on program probation when the student fails to meet the requirements of a performance improvement plan (PIP) or commits a serious single violation of program policy such as a patient confidentiality breach or academic dishonesty or a serious patient safety error. See form in Appendix B

2.5: Severance Policy

Students are severed from the respiratory care program when any of the following occur:

1. Failure of any respiratory courses including clinical
2. Student initiated withdrawal  ([See section 2.2 –Student Records and Grades paragraph 7 for further information on withdrawal])

3. Faculty initiated severance for reasons of health, safety, performance or other reasonable cause.

It is the responsibility of the student to contact the Program Director to complete the severance procedure. Students who do not complete the severance procedure are not eligible for readmission into the program. The procedure consists of the following steps:

1. Meet with the Program Director for exit interview.
2. Completion of the NVCC Student Withdrawal Process

The student must complete this procedure within one month of the last day attended and not later than the last day for student initiated withdrawal which is indicated on the college academic calendar. Students who voluntarily leave the program at any point in the semester including the summer session and do not complete the NVCC Student Withdrawal form will receive grades of zero for any remaining course work not completed (up to and including the final exam) and the grade for the course will be calculated accordingly.

Permanent severance occurs when a student:

1. Earns a final course grade below a C in any respiratory courses being audited or repeated following readmission.
2. Earns a grade below C in any respiratory courses following readmission into the program.
3. Is found to have committed an act of academic misconduct ([see section 2.10 of this handbook])

2.6: Readmission Policy

- Readmission to the program can only be granted if there are available openings, clinical resources and faculty.
- Students seeking readmission must apply directly to the Program Director within 6 months of severance from the program. The request for readmission must be submitted in writing to the program director.
- Readmission to the program is subject to faculty review, clinical evaluations, current GPA of 2.5 and evidence of interim efforts on the candidate’s part to strengthen areas of weakness.
- A medical clearance is required prior to readmission if the withdrawal was due to health reasons ([See section 3.4 for additional information]).
- If readmission is granted, the student must re-enter the program within a year from his/her point of exit.
- Students will be allowed only one readmission into the program regardless of their reason for leaving the first time.
• Students who are readmitted to the program will be required to complete the program in sequence.
• An academic and clinical plan will be established by the Program Director and the Director of Clinical Education for readmitted students. The plan is individualized according to each readmitting student’s needs. This plan may include auditing respiratory courses that the student had successfully completed in the past or the demonstration of clinical competence prior to enrolling in a clinical course.
• Health requirements, background checks, drug screens and CPR certification must be up-to-date.
• Students who were dismissed from the program due to violations of the BOR Student Code of Conduct may be ineligible for readmission to the Respiratory Care program.

2.7: Academic Appeals Policy

When a withdrawal or exclusion of a Nursing/ Allied Health student from classes and/or clinical is contemplated, there are two jurisdictional authorities:

1. The authority of the divisions faculty to withdraw a student for reasons of health, safety, performance, or other reasonable cause.

2. The right assured to a student by the Board of Regents of the CT State Colleges and Universities’ policy to appeal any decision affecting them (academic appeals, disciplinary withdrawal, or other).

There two types of Academic Appeals at NVCC:

1. General Academic Appeals are for appeals by students in any program or discipline. This process applies to any student who fails the academic aspect of a course.

2. Allied Health/Nursing Clinical Academic Appeals are for those appeals which deal specifically with failure of the clinical portion of a course.

Time of appeals:

Allied Health/Nursing General Academic Appeals and Clinical Academic Appeals require immediate decisions in order for students not to miss either critical classes or the next cycle of classes. Appeals in these categories must be initiated by the student within 48 hours of an unsatisfactory grade.

The Academic Appeals policy is contained in Appendix A. Copies of necessary forms are available from the division secretary located in room F105 or they are available in NVCC Student Handbook.
2.8: Program Attendance Policy

Classroom and Laboratory

- The Faculty expects that each student will exercise personal responsibility regarding class attendance.
- All students are expected to attend every class session of each course for which they are registered.
- Students are responsible for all that transpires in class whether or not they are in attendance, even if absences are the result of late registration or add/drop activity at the beginning of a term as permitted by college policy.
- The Faculty defines excessive absence or lateness as more than the equivalent of one week of class meetings during the semester. Distance Learning courses will use criteria established by the Instructor.
- When presence counts towards a class participation grade, excessive absence or lateness may, at the discretion of the instructor, lower a student’s course grade.
- Specific attendance policies are included in the syllabus for each course.

Clinical Attendance

Students are expected to attend all clinical assignments, arrive on time and remain at the clinical site for the scheduled hours. In the event of illness or other unforeseen circumstance that prevents a student from attending all or part of the clinical day, the student is expected to call the clinical site at least one hour before the start of the clinical shift for an absence and at least 15 minutes before the start of the clinical shift for a tardy. Students are to speak directly to the charge therapist or their clinical instructor when calling in an absence or tardy. The charge therapist can be reached through the hospital operator. Students are to also notify the Director of Clinical Education of their attendance incident. Students are to inform their clinical instructor at the beginning of a shift if they must leave early.

Students who fail to notify the hospital charge therapist of an absence (No show/No call) will be placed on clinical probation. A repeated offence will result in removal from the program and a failing grade for that clinical course.

Students are allowed one excused clinical absence and one excused late or early dismal (less than 90 minutes) without receiving a deduction in their clinical grade for the semester. Any additional absence or late/early dismal incident will result in a 6-percentage point decrease per occurrence in the final clinical grade.
Students may be sent home from clinical if, in the opinion of the clinical instructor, the student poses a health hazard to their patients. This will count as an excused clinical attendance incident.

2.9: CPR Certification

Students must be CPR certified with the American Heart Association or the American Red Cross, Basic Life Support (BLS) for health care providers. CPR certification is not part of the respiratory care curriculum. Students are expected to have a current CPR card (BLS for health care providers) and upload it to Castlebranch before beginning the clinical component of the program. Students are to assume full responsibility for maintaining current CPR certification while in the respiratory care program. Students are not allowed to attend clinical with an expired CPR card. Clinical days missed for this reason will be counted as absences. (See section 2.6 - Clinical Attendance Policy)

2.10: NVCC Academic Misconduct Statement

At NVCC we expect the highest standards of academic honesty. Academic misconduct is prohibited in accordance with the Board of Regents Student Code of Conduct (Part D. Prohibited Conduct, 1. academic misconduct). This policy prohibits cheating on examinations (see Appendix H: Testing Guidelines), unauthorized collaboration on assignments, unauthorized access to examinations or course materials, plagiarism, and other proscribed activities. Academic misconduct extends to any student who aids in another's student's cheating. Plagiarism is defined as the use of another's idea(s) or phrase(s) and representing that/those idea(s) as your own, either intentionally or unintentionally.

The first offense of academic misconduct may result in a grade of “F” or “0” for the assignment and/or failure in the course at the discretion of the instructor. (Please see the Student Handbook on the College website link for more information: https://nv.edu/portals/0/documents/studentservices/studenthandbook.pdf.) Any subsequent instances of academic misconduct will require the student to meet with the Dean of Academic Affairs. The Dean, in collaboration with the instructor, will determine the consequence for the subsequent instances of academic misconduct.

A student may not obtain a transcript notation of “W” in a course if there exists substantial reason to believe the student has engaged in academic misconduct in the course. A transcript notation of “W” will only be permitted for such students when the final resolution results in finding the student did not commit academic misconduct in the course.

ACADEMIC INTEGRITY & PLAGIARISM
Allied Health and Nursing students are entering professions that require academic, professional, and personal integrity. Students are expected to conduct themselves in a manner consistent with the standards of that profession and the program in which they are enrolled. Any violation of appropriate conduct will be dealt with according to the policies
outlined in the program handbook, the NVCC College Student Handbook and the Connecticut Community Colleges Board of Regents’ Policy on Student Conduct. Academic integrity is demonstrated by not engaging in conduct that has as its intent or effects the false representation of a student’s academic performance, including but not limited to:

- cheating on an examination,
- collaborating with others in work to be presented, contrary to the stated rules of the course,
- plagiarizing, including the submission of others’ ideas or papers (whether purchased, borrowed or otherwise obtained) as one’s own,
- stealing or having unauthorized access to examinations or course materials,
- falsifying records or laboratory or other data,
- submitting, if contrary to the rules of a course, work previously presented in another course, and
- knowingly assisting another student, in any of the above, including an arrangement whereby any work, classroom performance, examination, or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.

False representation of a student’s academic performance also includes knowingly giving or accepting assistance in the clinical area contrary to the stated rules of the course.

PLAGIARISM is the intentional copying of another’s idea(s) or phrases(s) and representing that/those idea(s) as your own, either intentionally or unintentionally. This includes copying a friend’s paper as well as a published work. Penalties for plagiarism are as follows:

First incident: The first incident of plagiarism will be documented as unintentional plagiarism and as such will be treated as follows – Conference with instructor followed by the mandatory resubmission of the work with all materials correctly documented as stated in the course syllabus.

Second incident: The second incident of plagiarism will be documented as intentional. There will be no opportunity to re-submit the paper and the grade for that paper will be recorded as an “F” and will result in a grade of “F” for the course. See above Academic Misconduct Statement for further information regarding subsequent incidents of misconduct.

Selected portions of the curriculum are taught, reinforced or reviewed through the use of educational software/instructional media such as audiovisual tools, computer simulations, and/or online learning activities. Students are required to adhere to all copyright polices.
2.11: Expected Graduation Date

It is the expectation of the program faculty that students complete the program within two years from the year the student was admitted into the program. Students readmitted to the program are expected to complete the program no more than three years from their original admission date.

2.12: Respiratory Care Laboratory Use

The laboratory is located in F351. Students are supervised in the laboratory setting by designated laboratory instructors and other program faculty during designated laboratory instruction.

Students are allowed to practice skills independently in the laboratory but are required to notify program faculty or allied health staff of their intention to use the laboratory for independent practice.

The laboratory is available to students during breaks/vacations when the college is open and faculty/division staff is available to monitor student activities; however students are required to make arrangements in advance with faculty/staff to use the lab during these times.

The laboratory is not available on weekends nor is it available on holidays when the college is officially closed.

Children are not allowed in the laboratory at any time.

Laboratory safety is extremely important. Students are required to read and sign off on the laboratory safety rules and regulations at the beginning of the program. All students are expected to comply with these rules and regulations as long as they are enrolled in the program and use the laboratory either during scheduled lab time or during independent practice (see Appendix C).

2.13: Academic Advising

The purpose of academic advising is to help students become more aware of their program and career choice and also become increasingly independent in their program and life planning. In addition, the student and faculty review the student’s progression toward completion of graduation requirements.

The full-time program faculty serve as academic advisors to all students enrolled in the
program including any students who are seeking readmission to the program. It is the student’s responsibility to arrange to meet with their advisor each semester prior to the course registration period for the upcoming semester and on an as needed basis.

Faculty utilize Degree Works to track student progress toward program completion. Students also have access to the program and can view the information from the advising sessions and track their own progress toward completion.

2.14: Student Responsibilities

Once a student has been accepted into the respiratory care program, he/she must assume the following responsibilities:

- Purchase required books, manuals and clinical supplies.
- Purchase required uniforms for clinical practice which conform to the program dress code.
- Transportation to and from clinical facilities.
- Participate fully in class and clinical and take responsibility for completing all course objectives and assignments.
- Meet deadlines for the submission of course assignments and required program materials.
- Follow established college policies and procedures.
- Follow established program policies and procedures as outlined in this handbook.

2.15: Respiratory Care Program Simulation Policies

During participation in simulated clinical experiences, while a student in the Respiratory Care program, students are both an active participant and an observer.

The primary objective of simulation is to support and enhance clinical learning. The faculty believe these experiences will provide students with an additional method to identify student learning needs and improve clinical performance. Simulations are designed to challenge student response and judgement in a variety of clinical scenarios. Due to the possible sensitive nature of these experiences, strict confidentiality is required by all participants and observers.

By signing the Respiratory Care Student Handbook Acknowledgement of Receipt and Agreement to Comply and associated simulation forms [see Appendix G] indicates your agreement to maintain strict confidentiality about the details of any simulation experiences, it participant(s) and the performance of any participant(s). In addition, your signature indicates that you have authorized the Respiratory Care faculty to video record your performance during simulation as a participant or as an observer. Furthermore, your signature indicates that you have authorized the faculty and staff to use the video recording(s) of your participation in simulation for purposes including but not limited to: debriefing, faculty review and the education support of other learners by displaying the recording.
By signing the Acknowledgement of Receipt and Agreement to Comply, you acknowledge that your agreement is voluntary and that you have been provided the opportunity to seek further clarification about the program policies and procedures prior to signing the document.

SECTION 3: STUDENT HEALTH AND SAFETY POLICIES

3.1: Student Health Requirements

Documentation of specific student health requirements is mandatory to participate in any clinical experiences. The program will provide students with the Health Assessment form and procedures for submission of the form and other health requirements. Students are required to follow all instructions for documentation of immunization status and required laboratory reports and the health care provider’s signature. Certain items may require additional follow-up during the Respiratory Care program (i.e. Tuberculin screening, flu vaccination). Students will not be allowed to continue in the respiratory program unless all medical compliancy requirements listed below are completed and submitted by the stated deadlines. See the Report of Health Evaluation form for details regarding the information below:

- Physical examination by a qualified medical professional dated no earlier than May 1st of the year of admission into the program.
- Proof of immunization or positive immunity for measles, mumps, and reubella (MMR). Proof of immunity through any laboratory titer test must be accompanied by the laboratory report. There is no longer an age exemption for rubella.
- Proof of immunity through a laboratory titer test for varicella (chicken pox). Individuals who are not immune must then receive an immunization for chicken pox.
- Tetanus/Diphtheria/Pertussis (TD/Tdap) booster within the previous ten years.
- Annual influenza vaccination no later than October 15 of each year
- Tuberculin testing dated no earlier than October 15 of each year. Initiation of the Hepatitis B series with dose #1 and #2 (given 30 days apart) completed prior to the first day of classes. The remaining series must be completed in a timely manner as explained in the medical compliancy admission information that was mailed at the time of acceptance into the program.

Updates to the requirements (e.g. annual PPD) are due by May 1st of each subsequent year. (see above for influenza vaccine requirement)

Students who are hospitalized or who have a major change in health status are required to notify the Program Director. Documentation from a health care provider that clearly states the student is able to fully participate in class, lab and clinical must be submitted to the Program Director before returning to the program and/or to participate in clinical. Students who require academic adjustments to participate in the program refer to section 3.4 Medical Clearance
3.2: Procedure for Reporting Injuries occurring on Campus and College-Sponsored Activities

An incident resulting in an injury (this includes blood or bodily fluid exposure/needle stick injury) or chemical exposure to a student that occurs on campus or while participating in NVCC sponsored activities is reported by completing the NVCC Incident Report Form within 3 days of the incident. The responsible staff or faculty member ensures that the form is completed and submitted. In addition to the NVCC policy, students who are injured at a clinical facility are required to follow the facility’s injury reporting policy and procedures. Students who are injured while participating in (specify the program) program activities, should report the injury to the program director within 48 hours of the incident. The faculty or staff who were supervising the student at the time that the incident occurred must also report the incident to program director within 48 hours of the incident.

Students injured while participating in College activities may be covered by the College’s accident insurance policy. It is the student’s responsibility to follow the procedures listed in the NVCC Student Handbook in order to receive reimbursement for costs incurred.

The Incident Report Form is available in the Allied Health Division office or it may be obtained by contacting the offices of the Dean of Student Services (203 575 8012) or Dean of Administration (203 575 8089).

The completed form is sent to the Dean of Administration’s office, K706. A copy of the form should be given to the party involved in the incident. The Dean of Administration’s office will then send the forms to the Dean of Student Services.

Reference: NVCC Procedure for Reporting Injuries Occurring on Campus and College-sponsored activities (February 28, 2018)

3.3: Infectious Disease / Infection Control Policy

If a student is exposed to and placed at risk for contracting an infectious disease while at a clinical site, students and faculty will follow the clinical site exposure/injury policy and the college policy for reporting injuries. Students must report any exposures such as needle stick injuries or other contact with blood or bodily fluids to their clinical instructor immediately.

Students are not to care for patients in airborne isolation unless they have been properly fit tested for an N95 mask at the particular clinical site. Fit testing at one clinical site does not carry over to other sites as the N95 masks used often vary from one site to another. If there is a high suspicion of an airborne disease (e.g. tuberculosis), students who have not been fit-tested should not be assigned to care for or assist in any procedures for that patient.

Students should use caution when reporting to clinical with an illness. The clinical instructor has the final decision in determining whether the student will be permitted to continue with
clinical for the day. The clinical instructor will be guided by the respective policies of the clinical affiliate.

3.4: Medical Clearance

Students enrolled in an Allied Health and Nursing Program must adhere to the following process when a medical condition exists that may require accommodations:

- Students must notify the Program Director of a major change in health status.
- Documentation from a health care provider that clearly states the student’s ability to participate and/or any limitations related to participation in the required class, laboratory and/or clinical activities must be submitted to the Program Director in order for the student to receive clearance to return to the program and/or to participate in clinical learning activities.
- Limitations identified by the health care provider will be reviewed by the Program Director. The Program Director will determine whether, if any, temporary adjustments can be made to accommodate the student’s documented limitations. The Program Director will notify the appropriate faculty of any adjustments, however, it is the student’s responsibility to communicate the adjustments to their faculty as necessary.
- Students are expected to adhere to the attendance policy of the program.

3.5: Latex Allergies

The NVCC Respiratory Care and other Allied Health Laboratories are not latex-free. Latex-free gloves are available, but other equipment or surfaces that students are required to use in the labs may contain latex or its residue. Also, during off-campus clinical experiences, students may be assigned to a health care facility where latex-free gloves and equipment are not available for student use. In that case, the students are required to provide their own latex-free gloves and to arrange for avoidance of contact with latex. Any student with a known latex allergy should disclose this information to the Program Director.

3.6: Program Technical Standards

The Respiratory Care Technical Standards reflect a sample of performance abilities and characteristics necessary to successfully complete the requirements of the respiratory care program; these standards are not admission requirements. The student is responsible for notifying the Respiratory Care program director and the Disability Services Coordinator of conditions that may impact the student’s ability to meet the Technical Standards.

I. Acquire Fundamental Knowledge
   • Ability to learn in various educational settings (classroom, laboratory, and clinical)
   • Ability to access, evaluate and apply information to acquire knowledge.

II. Develop Communication Skills
   • Communicates effectively with patients, their families, and the health care team
• Accurately interpret and convey information using one or more means of communication such as verbal, non-verbal, written, and assisted methods (e.g. TTY/electronic)

III. Develop appropriate professional attitudes and behaviors:
• function safely and effectively in stressful situations
• appropriately respond to evolving/changing situations
• establish effective working relationships with patients, families, fellow students, faculty, and other professionals in a variety of work environments (classroom, laboratory, and clinical settings)
• assume responsibility for actions
• accept feedback constructively
• display attitudes/actions consistent with the ethical standards of the profession
• develop cross-cultural competence

IV. Cognitive Reasoning:
• Collect, interpret, and analyze relevant information and draw appropriate conclusions
• Make informed decisions
• Practice and promote evidenced-based medicine
• Prioritize workload
• Request help when needed

3.7: myCommnet Alert System
• myCommNet Alert is a notification system that delivers critical information to students, faculty and staff of the Connecticut Community Colleges in the event of an emergency.
• The system delivers emergency messages through text messaging over cellular phones. Emergencies may include campus-related immediate health or safety situations and may also include weather-related class cancellations.
• Enrollment in myCommNet Alert is free and voluntary for all students, faculty and staff.
• Enrollment is strongly recommended to all Respiratory Care students and faculty.
• Enrollment information is available at the myCommnet homepage.

SECTION 4: CLINICAL INFORMATION

4.1: Clinical Dress Code
• The respiratory care clinical uniform is as follows:
  a. white waist length lab coat (optional)
  b. charcoal gray pants
  c. charcoal gray scrub top / polo shirt
  d. clean white or black leather sneakers or nursing shoes
** Students are to purchase their uniform before the beginning of clinical
Students are required to wear and clearly display hospital and student identification badges at all times while in the clinical areas.

Students are required to have the following at all times while in clinic:
   a. stethoscope
   b. watch with a second hand
   c. small pocket notebook
   d. black/blue ink pen
   e. pocket calculator
   f. small bandage scissors

**Students are to have the above by the first day of clinical

No body scents of any kind or excessive jewelry should be worn to clinical. Long hair should be pulled back off the shoulders. Long or dangling earrings are not to be worn to clinical. Fingernails are to be short and clean. Polish, if used, should be light in color. Artificial nails/tips are prohibited.

Students are expected to appear neat and clean. Clinical uniforms are to be laundered after each clinical day. Deodorant should be worn. Men should be neatly shaved or have neatly trimmed beards/mustaches.

Students are not allowed to smoke while in clinical nor are they to arrive to clinical smelling of cigarette smoke.

Students who do not adhere to the above clinical dress code may be asked to leave clinical and remedy the problem. This will count as a clinical absence.

If the dress code at a particular clinical site is stricter or has additional stipulations than the policy stated above, the clinical site dress code will supersede the program dress code.

4.2: Clinical Affiliates

Bridgeport Hospital
Danbury Hospital
Gaylord Hospital
Saint Mary's Hospital
Waterbury Hospital
The Charlotte Hungerford Hospital
Connecticut Children's Medical Center
Yale-New Haven Hospital
Waterbury Pulmonary Associates

Respiratory care students are considered guests in the clinical facility and must adhere to the administrative rules and regulations of that hospital. The clinical instructors will review these policies during the orientation period. This information will include but is not limited to the following:

- parking (may include a parking fee)
- cafeteria
- library facilities
• emergency, fire and disaster plans
• charting and paperwork
• infection control policy

Students are expected to provide their own transportation to the clinical site. Generally, most clinical shifts will begin by 7:00 am; however, some sites may have earlier start and end times. Students will adhere to the clinical affiliates shift start and end times.

While in the clinical setting, students are supervised by designated clinical instructors/preceptors at all times when they are providing patient care. Students must not be used as substitutes for department staff and do not receive payment for any patient care they provide while participating in clinical educational experiences.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) took effect on April 14, 2003. Under this act, federal rules govern the use and release of a patient’s personal health information. The rules protect medical records and other individually identifiable health information, including paper records, electronic records and oral communication of medical information. Students must follow the privacy procedures set forth at each of the clinical sites. Patient confidentiality must be maintained at all times. Failure to comply will result in disciplinary action up to and including removal from the program.

Using social media such as Facebook, Twitter, YouTube, Blogs and group texts to share patient care/clinical site experiences is not permitted. This applies even when protected health information (PHI) is not included.

For patient case presentations, profiles and any other patient presentations, students must use MS PowerPoint only.

4.3: Clinical Evaluations

Students are evaluated in the cognitive, psychomotor, and affective domains during their clinical rotations. Students are to complete a “daily instructional log” for each clinical day. These forms are turned into the clinical instructor who then provides feedback to the student regarding their clinical performance for the day. A summative evaluation is completed on each student at the end of the clinical rotation. The grading criteria for this evaluation are specified on the clinical evaluation form. The Director of Clinical Education and clinical instructor will counsel any student whenever clinical progression is not satisfactory. Remediation may include a laboratory referral where the student will be required to practice specific procedures in the laboratory setting before continuing practice in the clinical setting. Continued failure to progress will require a PIP (see section 2.3: Performance Improvement Plan) between the student and the clinical instructor describing the nature of the deficiency, additional plans for remediation, and defined time limits to demonstrate improvement. Failure to fulfill the PIP in the stated time frame will result in a failing grade for that clinical course and withdrawal from the program.
4.4: Liability Insurance

All Respiratory Care students are covered by professional liability insurance while participating in clinical experiences.

4.5: Criminal Background Check/Drug Screen

Due to clinical affiliate requirements, criminal background checks and toxicology (drug) screening are required for all Respiratory Care students prior to participating in the program. Due to these requirements, students’ refusal of either the background check or drug screening will result in dismissal from the respiratory care program due to the inability to complete clinical learning requirements. Students must follow instructions provided to them for obtaining the criminal background checks and toxicology screening. The following guidelines apply to the toxicology screening and criminal background check for all students:

1. Fees for all screening are the responsibility of the student.
2. The need for additional screening/checks beyond the initial screenings/checks is related to clinical affiliate requirements and/or results of the initial screening/assessments;
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that insures the integrity, accuracy and confidentiality of the information;
4. Students are not allowed to hand-deliver results of either the toxicology screening or criminal background checks;
5. Students are required to sign a release that allows the vendor that provides the service to release the results of the toxicology screenings and criminal background checks to the Respiratory Care program and the Allied Health and Nursing Division Leader.

Criminal Background Checks: Standards and Guidelines:

If a criminal background check reveals that a student has been found guilty or convicted as a result of an act which constitutes a felony or misdemeanor and the student is unable to be placed at a clinical learning site, then the student is unable to meet the clinical learning outcomes of the course. The Program Director notifies the student and the student is provided with the opportunity to withdraw from the program. Should the student refuse to withdraw, the student will be dismissed from the program.

Students have an ongoing duty to inform the Director of the Respiratory Care program of any conviction that occurs after the initial criminal background check is done.

Toxicology Screening: Standards and Guidelines:

The following guides the response to a positive toxicology screening for all students:
1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed and interpreted by the vendor;
2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive result (i.e. the result of a legally prescribed medication).\(^1\)
3. Toxicology screening that requires retesting:
   a. Vendor reports that the screening specimen was diluted;
   b. A student challenges a result, in which case, only the original sample can be retested.
4. If a student tests positive for drugs that are illegal substances, non-prescribed legal substances, or the student is deemed unsafe for the clinical setting by a healthcare provider, the student is immediately dismissed from the Respiratory Care program.
5. Readmission to program following dismissal in response to a confirmed positive toxicology screen is guided by a confirmed negative toxicology screen immediately prior to readmission and that the student meets all other requirements for readmission. (See section 2.6 Readmission)

\(^1\) In accordance with federal law, a positive toxicology screen for legally prescribed marijuana may prohibit a student from being placed in clinical setting that accepts federal funding.

SECTION 5: GENERAL INFORMATION

5.1: Inclement Weather

Check local TV and radio stations for late openings or class cancellation. Students are strongly encouraged to sign up for the myCommnet Alert system (See section 3.7).

On clinical days, if NVCC classes are announced as canceled, clinical is automatically canceled. If a delay has been announced, students are expected to arrive to clinical at the delayed time. If the delay is called for any time after 11:00 AM, then clinical is cancelled for that day. The official start time for the college is 8:00 AM therefore if a delay is called it will count from the 8 AM start time. For example, if a 90 minute delay is called, students are to arrive at clinical by 9:30 AM.

5.2: Mobile Devices and Cell Phones

Mobile devices and cell phones are allowed in class only if they are turned off or turned to silent mode. Under no circumstances are phones to be answered in class. Texting, checking social media, taking pictures, listening to music and playing games on these devices during class is also prohibited. Students who ignore this policy may be asked to leave class. When there are extenuating circumstances that require that a student be available by phone, the student should speak to the instructor prior to class, so that together they can arrive at an agreement concerning the device.
The above mobile device policy applies in the clinical setting. In addition, the use of cell phones and mobile devices are not allowed in the patient care areas. Students are to follow the hospital policy regarding the usage of these devices while they are in clinical.

5.3: Children on Campus

For the purpose of this policy, children are defined as minors under the age of 18 who are not enrolled in a Naugatuck Valley Community College course or program. Children must be attended at all times by a responsible adult. Children may accompany an adult to class on an occasional basis and only with the prior permission of the class instructor. In an emergency situation that is not repetitive, a request may be made to the instructor of the course or supervisor of the activity for permission to bring a child to class or on campus. The student must notify the instructor or supervisor prior to the beginning of the class or activity that a child is present. Pre-k, elementary and high schools that are not in session are not emergency situations. Arrangements must be made for child care outside of NVCC.

It is expected that this accommodation will be made only when there is no disruption to the teaching and learning process. Instructors and/or supervisors are authorized to ask the student or program participant to leave should the presence of the child be disruptive.

Children are never permitted in any test, exam or final exam session.

(Full policy can be found in the NVCC Student Handbook)

5.4: International Students

International students are strongly encouraged to investigate whether Respiratory Therapy is a recognized profession in their country of origin. It is the student’s responsibility to ensure that their visa will allow employment in the US following graduation.

5.5: Email Policy:

College Email Policy:

Official Student Email and Free Access to Web Applications

All Naugatuck Valley Community College students are given an official student email address. This email address is the primary mode of communication with the college. It is a student’s responsibility to check this e-mail for all communications from their instructors and the college. Emails will no longer be sent to personal email accounts. The College gives free access to web applications of Microsoft Word, Excel, PowerPoint and OneNote. Visit http://supportcenter.ct.edu/service/Office365_email.asp for details on setting up your account or for help, call or visit IT: 203-575-8092 or https://www.nv.edu/Information-For/College-Support-Services/IT
Program Email Policy:

During the admissions process and once a student is admitted to the program, all email communication between program faculty and staff will be done through the college email system or through Blackboard. Emails will not be sent to personal email accounts. See above college policy for setting up a college email account.

5.6: Gift giving to faculty and staff:

The faculty and staff of the NVCC Respiratory Care program respectfully ask students not to give us personal gifts of any kind. As employees of the state of CT, accepting gifts is governed by state law and is a complicated matter. Any gifts given to the faculty or staff will be returned to the student.

5.7: Student Employment at Clinical Affiliates:

Students who may be employed at any of the program’s clinical affiliates are not permitted to function in their employee capacity while participating in their clinical education experience. In addition, students who are employees of a clinical affiliate cannot complete clinical coursework while working as an employee at the site.
Appendix A – Academic Appeals Process
Student Academic Appeals Process

This document applies to General Academic and Clinical Academic Appeals. Any student has the right to appeal a decision of a faculty, adjunct faculty, staff, program director, clinical coordinator, or employee of the college. Definition of an academic appeal is an allegation by a student that, as to him or her, an employee of the college has violated federal or state laws and regulations, college or department policies, accreditation standards, or the faculty member’s own stated policy relating to student’s assignment of grades or other academic evaluation.

Step One: The student is advised to discuss the concern or issue with the college faculty member, clinical instructor or other employee of the college directly involved within fourteen (14) business days of the incident (48 hours if it is a clinical appeal). (Appeal Form 1)

Step Two: If the student is not satisfied with the resolution or outcome of Step One, the student may bring the concern with additional supporting information (within fourteen business days of the previous resolution or 48 hours if it is a clinical appeal) to the college employee who is one level above the college employee previously consulted. (Use Appeal Form 2) The clinical coordinator, course leader, department chair/coordinator, program director or other involved college employee will review the concern with the Division Director. The resolution or outcome will be put in writing and a copy sent to the student, department chair, and faculty member or other college employees involved in the concern and to the Dean of Academic Affairs within 5 days.

Step Three: If the student is not satisfied with the resolution or outcome to Step Two, the student may request that an appeals committee review the matter. (Appeal Form 3) The appeal must be filed within fourteen (14) days of receipt of the response to Step Two. For academic matters, the Academic Appeals Committee will review the concerns, outcomes and resolutions from the previous steps. If it is a clinical decision or concern, the resolutions and outcomes will be reviewed by the Clinical Appeals Committee. The Clinical Appeals Committee will convene within 48 hours.

The Academic Appeals Committee/Clinical Appeals Committee can dismiss an appeal where:
1. No new evidence has been presented to change a consistent decision emanating from the initial appeal steps;
2. The appeal is untimely;
3. The appeal is being pursued in another college procedure or tribunal;
4. The appeal is intended to harass, embarrass, or has otherwise been filed in bad faith.

If a quorum is not available, the Dean of Academic Affairs hears the appeal. A response will be made to the student within five (5) days of receipt of the appeal (48 hours if a clinical appeal). The student may still appeal to the Dean if the appeal is dismissed by the Committee.

Step Four: If the student is not satisfied with the resolution or outcome to Step Three, the student may bring the concern to the Dean of Academic Affairs. (Appeal Form 4) The appeal must be filed within five (5) days of receipt of the response to Step Three (48 hours if clinical appeal). The student will submit the appeal in writing along with any other relevant documents.
and the Dean of Academic Affairs will need to respond within 5 days of the receipt of the appeal (48 hours if it is a clinical appeal).

**Step Five:** If the student is not satisfied with the resolution or outcome to Step Four, the student will appeal to the President directly in writing. (Appeal Form 5) The appeal must be filed within five (5) days of receipt of the response to Step Four (48 hours if a clinical appeal). The President will respond within 14 days.
Appendix B: Performance Improvement Plan
and Program Probation Forms
Student Name: ____________________________  Date: ________________
Course: ____________________________

Part I: Performance Improvement

Objectives Not Being Met or Areas of Concern: (If this is a clinical course, reference clinical evaluation form):

As Evidenced By: (Cite specific performance example(s).)

Instructor Recommendations: (Include date for completion of an action plan & follow-up evaluation)

Student Comments: (Student to complete action plan. See page 3 for action plan form)
Part II: Follow up Evaluation

_____ Student has completed the action plan and is now meeting the objectives cited.

_____ Student is not meeting the objectives cited and is placed on program **Probation**.

As Evidenced By: (Cite specific performance examples)

Student Comments:

Student Signature: ___________________________________ Date: ________________

Instructor Signature: ________________________________ Date: ________________
Use additional sheets/supportive documents as needed

**Action Plan** (to be completed by student and reviewed by clinical coordinator or course/lab instructor)

Due Date:_________________________

Students are to identify strategies for improvement for each objective or area cited:

**Objective/Area:** ________________________________

**Objective/Area:** ________________________________

**Objective/Area:** ________________________________

Use additional sheets/supportive documents as needed.

Student Signature: ________________________________ Date: ______________

Clinical Coordinator Signature: ______________________ Date: ______________

Program Director Signature: ________________________ Date: ______________
Naugatuck Valley Community College
Respiratory Care Program
Notice of Placement on Program Probation

Student Name: ________________________  Date: ______________

Part I: Reason for Program Probation: (Note whether this a policy violation or Clinical probation)

Check all that apply:

____ Policy Violation (Reference Respiratory Care Student Handbook for specific policy)
____ Clinical Probation (Reference Performance Improvement Plan)
____ Academic Probation

As Evidenced by: (Describe in detail why the student is being placed on program probation. Reference previous warnings and performance improvement plans)

Program Director/DCE Comments: (include consequences related to a repeat of the violation)

Student Comments:

Student Signature: ________________________________ Date: ____________

Director of Clinical Education Signature: ______________________ Date _____________

Program Director Signature: ___________________________ Date: ________
Appendix C: Laboratory Safety
Laboratories pose a risk of injury or illness because of the physical and chemical hazards present in them. This risk can be lowered substantially or completely eliminated by following these general safety rules:

- Follow your instructor’s directions at all times;
- Know the types of hazards that the lab work involves;
- Conduct yourself in a responsible manner at all times in the laboratory;
- Protect your eyes, face, hands, feet, and body;
- Never perform unauthorized experiments/procedures.
- Independent practice is allowed with instructor permission
- Never bring food or drinks into the lab;
- Never apply cosmetics (lip gloss, etc.) while in the lab; and
- Abide by the additional rules listed below.

PREPARE FOR LABORATORY WORK
1. Study laboratory procedures prior to class and understand the types of hazards you may encounter.
2. Keep your work area organized and free of apparel, unnecessary books, and other clutter.
3. Know your exit routes.
4. Put away all distractions such as cell phones and laptop computers.

DRESS FOR LABORATORY WORK
1. Open-toe shoes, sandals, or other footwear that exposes skin of the foot are NOT allowed at any time.
2. Avoid wearing overly loose clothing (i.e. long draping sleeves, long fringe) when working in the lab.
3. Tie back long hair when working in the laboratory.
4. Avoid wearing excessively long or bulky jewelry.

AVOID HAZARDS
1. Never taste or touch solutions.
2. Take extra care when handling sharp items such as needles. Dispose of sharps in the appropriate sharps container.
3. Use and store oxygen tanks as directed by your instructor. Do NOT leave tanks unsecured. Use appropriate storage receptacles.
4. The laboratory is not latex-free. Notify your instructor if you have a latex allergy.

CLEAN UP AT THE END OF LAB
1. Always follow your instructor’s directions regarding the proper disposal of equipment/materials.
2. Wash hands thoroughly following procedures AND before leaving the lab.
3. Leave your work area clean and neat. Return all equipment to the proper location.
4. Before storing oxygen tanks, close the cylinder valve and bleed the oxygen regulator.

IN CASE OF ACCIDENT
1. Report all accidents and spills (no matter how minor) to your instructor immediately.
2. Place broken glass in designated boxes. Never pick up broken pieces with your hands. Use a dust pan & broom.
3. Wash all chemicals from your skin immediately using plenty of running water.
4. Treat minor cuts with the first aid kit. Injuries that cannot be easily treated with the contents of the first aid kit are medical emergencies!

LABORATORY SKILL PRACTICE
1. Students are expected to perform procedures such as nebulizer treatments, CPT and IPPB treatments on one another. Notify your instructor if you are unable to participate in this way or you have concerns regarding the procedures.
Common Hazard Warnings

- Warning
- Irritant
- Corrosive
- Flammable
- Toxic or Poison
- Oxidizer
- Explosive
- Environmental Toxin
- Biohazardous
- Eye or Face Protection Required
- Body Protection Required
- Hand Protection Required
Appendix D: Health Evaluation Form
Naugatuck Valley Community College / Division of Allied Health, Nursing, & Physical Education

Student Name: __________________________ Date of Birth: ___/___/____ Date of Physical Exam: [No sooner than 5/1/2019]

Address: ________________________________ Phone: ____________________________

Emergency contact name: __________________________ Phone: __________________________

TO THE EXAMINING PHYSICIAN / HEALTH CARE PROVIDER (HCP):

Based on my health assessment and physical exam:

Student DENIES Latex Allergy ☐ Student CONFirms Latex Allergy ☐

Student is clear to participate in clinical courses with no restrictions.

☐ yes ☐ no* *If no, please explain the nature of the restrictions/limitations related to the delivery of patient care:

IMMUNIZATION RECORD


1. MMR: MEASLES (RUBEOLA), MUMPS & RUBELLA (GERMAN MEASLES)

   Dose 1: ___/___/____
   Dose 2: ___/___/____ (at least 4 weeks apart)
   OR
   Titer results: __________ (Qualitative or Quantitative titer, laboratory report attached)

2. VARICELLA (CHICKEN POX)

   ☐ History of Disease, date: ___/___/____
   OR
   Titer results: __________ (Qualitative or Quantitative titer, laboratory report attached)
   OR
   Dose 1: ___/___/____
   Dose 2: ___/___/____ (at least 28 days apart)

3. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)

   Tdap Dose: ___/___/____ (within last 10 years)
   OR
   Td Booster: ___/___/____ (if Tdap was > 10 years ago)

4. HEPATITIS B: (Hep B)

   Titer results: __________ (Quantitative titer, laboratory report attached)
   OR
   Dose 1: ___/___/____
   Dose 2: ___/___/____ (~1 month later)
   Dose 3: ___/___/____ (~5 months later)
   Titer results: __________ (at least 2 months after dose 3, laboratory report attached) **IF negative – must repeat series.
   **MD Signed documentation as a ‘non-responder’ after repeat series and second negative titer is required.

ANNUAL IMMUNIZATION REQUIREMENTS:

5. Tuberculosis Testing is required every year, options as below:

   TB Skin Test (TST): INITIAL TST MUST be a two-step test
   #1 Date Given: _______ Date Read: _______ Result: _______
   1-4 weeks apart
   #2 Date Given: _______ Date Read: _______ Result: _______
   OR
   TB Blood Test (IGRA, i.e. Quantiferon)
   Date of Blood Draw: _______ Results: _______

   IF either test is positive a chest x-ray is required (attach report) for 1st positive test. TB screen form can be done 2nd year.

Healthcare Provider Print Name ____________________ Healthcare Provider Signature ____________________ DEA Number ________ DATE ________

Address: ____________________________________________ Telephone (____ ) ________
Appendix E: Respiratory Care Student Handbook Acknowledgement of Receipt and Agreement to Comply Form
I ______________________________________have received and read the Respiratory Care Program Student Handbook. I understand its contents and agree to abide by the policies of the college and the program.

_________________________________
STUDENT’S NAME (PRINT)

_________________________________
STUDENT’S SIGNATURE               DATE
Appendix F: Injury Report Form
Incident Report Form
Injury or Chemical Exposure

Directions: This form is completed when an employee, student, or visitor is injured or exposed to a chemical while on campus or during college-sponsored events. When the incident involves a student or visitor, the faculty member or NVCC sponsor of the event is responsible for completing the form. Submit the completed form to the Office of the Dean of Administration (K706) within 3 days of the incident. Alternatively, an electronic copy can be sent to delm@nv.edu.

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: (Last, First, Middle):</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>NVCC Employee</td>
<td>NVCC student; Student ID#:</td>
</tr>
<tr>
<td>NVCC Visitor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCIDENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident:</td>
<td>Time of Incident:</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>Nature of Incident:</td>
<td></td>
</tr>
<tr>
<td>Was NVCC Public Safety Department or Security notified? yes no</td>
<td></td>
</tr>
<tr>
<td>For employees, was First Report of Injury Form (WC-207) completed? yes no</td>
<td></td>
</tr>
<tr>
<td>Witness name(s):</td>
<td></td>
</tr>
<tr>
<td>Details of incident (include description and extent of injury and how the injury/exposure occurred):</td>
<td></td>
</tr>
<tr>
<td>Describe initial action at time of injury (i.e., first aid):</td>
<td></td>
</tr>
<tr>
<td>Was further medical treatment recommended? yes no</td>
<td>If yes, by whom?</td>
</tr>
<tr>
<td>Was injured transported for further medical treatment? yes no</td>
<td></td>
</tr>
<tr>
<td>Was further treatment received? yes no</td>
<td>If yes, where? When?</td>
</tr>
<tr>
<td>What recommendations do you have for preventing other accidents of this type?</td>
<td></td>
</tr>
</tbody>
</table>

My signature affirms that I have reviewed this form and the information is true and correct to the best of my knowledge.

| Preparer’s Name and Title: | Division/Department: |
| Preparer’s Signature: | Date: |
| Signature of Injured Party: | Date: |

Important Notes:
Employees - This form does not replace Form WC-207, First Report of Injury, which must be submitted to Human Resources.
Students - Students may be covered by accident insurance if injured during college activities. It is the student’s responsibility to follow procedures provided in the Student Handbook in order to be reimbursed for medical costs incurred.

Revised: Jan. 2018
Appendix G – Simulation Forms
The purpose of simulation-based healthcare training is for you to develop skills, including judgment and reasoning, for the care of real patients. Using patient simulators and simulation teaching techniques, your instructors will recreate realistic patient care situations. The realism of each simulation may vary depending upon the learning goals for the session. The simulated environment and patient have certain limitations in their ability to exactly mirror real life.

When participating in the simulations, your role is to assume all aspects of a practicing healthcare provider's professional behavior. Additionally, when a gap occurs between simulated reality and actual reality, it is expected that you try to understand the goals of the learning session and behave accordingly.

**Instructor Responsibilities:**

- Create goal-oriented, practical simulations based upon measurable learning objectives.
- Add realism to each simulation so that the learner receives enough clues to identify and solve a problem.
- Set and maintain an engaging learning environment.
- Facilitate discussions and foster reflective practice.
- Identify performance gaps and helps close the gaps.

**Learner Responsibilities:**

- Suspend judgment of realism for any given simulation in exchange for the promise of learning new knowledge and skills.
- Maintain a genuine desire to learn even when the suspension of disbelief becomes difficult.
- Treat the simulated patient with the same care and respect due an actual patient.

Laerdal Medical authorizes the unrestricted reproduction and modification of this sample form.
NVCC students are expected to practice professional integrity related to simulation and a desire to learn when participating in on-campus clinical. Professional integrity includes maintaining confidentiality of the performances, scenario content, and participant experience during and after any simulation (International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation Professional Integrity, 2016).

On-campus clinical simulations may be videotaped and may be used as an educational tool during the debriefing process. I agree to allow NVCC to photograph or videotape my participation in the simulation for educational purposes.

In addition, the following on-campus clinical expectations must be observed. The learner will:

1. Wear their NVCC clinical uniform to on-campus clinical activities, unless otherwise noted. This includes but is not limited to equipment such as stethoscope, wristwatch, pen, and name badge.

2. Attend simulation experiences as scheduled. Any absence/tardiness of an on-campus clinical simulation will be handled according to Clinical Absence Policy.

3. Maintain confidentiality. Confidentiality applies to all phases of the simulation-based learning experience including pre-briefing, simulation experience debriefing, any feedback provided, and all patient information made available to the participants regardless of format including electronic, written or verbal. Violation of confidentiality is considered a violation of professional ethical conduct. (INACSL Standards of Best Practice: Simulation Professional Integrity, 2016)

4. Acknowledge the value of self-reflection and a safe and open environment for active learning. (INACSL Standards of Best Practice: Simulation Professional Integrity, 2016)

5. Demonstrate mutual respect and provide constructive feedback during simulation and debriefing.

6. Abide by the NVCC Simulation Fiction Agreement treating the manikins, actors, the environment, and/or the scenarios with the same care, respect and professionalism as if the setting and the patients were “real” and suspend judgment of realism for any given simulation in exchange for the promise of learning new knowledge and skills.

I have read, understand, and will abide by the clinical simulation expectations

_____________________________                              ___________________________________
Print Name                                                  Signature and Date
Appendix H – Testing Guidelines
1. Students are required to attend exams at the scheduled exam start time. Students who arrive late will not have the exam time extended.

2. In situations where the exam proctor is not a program faculty member, students must present a photo ID to the proctor prior to beginning the exam.

3. Write and bubble in your **banner ID number and full name** on the Scantron answer sheet. Write your full name on the paper exam.

4. Unless otherwise directed, bubble in Test Form “A” at the top of Scantron answer sheet.

5. Do not begin the exam until instructed to do so by the instructor/proctor.

6. Bubble in answers completely and erase changed answers thoroughly.

7. Students are expected to remain in the classroom until they have finished and turned in the exam.

8. All personal items, (including coats, hats, bags, books and **ALL ELECTRONIC DEVICES**) are placed in the designated area in the room. The desk and chair should be clear of all personal items.

9. Cell phones must be turned off or placed in silent mode prior to storing them in the designated areas.

10. Calculators are provided by the instructor/proctor. Personal calculators are not allowed.

11. The NVCC academic misconduct policy is in full effect during all exams and quizzes. Violations of the policy will be addressed accordingly.

12. Return Scantron answer sheet, paper exams, scrap paper and calculators to the proctor/instructor before leaving the room.

13. Exams are graded based on the Scantron answer sheet. No consideration is given to circled answers on the paper exam. Short answer exam sections are graded manually.

14. Grades will be posted as stated in the course syllabus.

15. Refer to the course syllabus for the policy regarding make up exams and exam review.

Any violation of the above test guidelines will result in disciplinary action, which may include dismissal from the Respiratory Care program.
Appendix I - Curriculum
# Respiratory Care Program Curriculum

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prerequisite for Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO*H211 †</td>
<td>Anatomy &amp; Physiology I</td>
<td>4</td>
<td>BIO<em>H105 or BIO</em>H115 or equivalent</td>
</tr>
<tr>
<td>BIO*H212 †</td>
<td>Anatomy &amp; Physiology II</td>
<td>4</td>
<td>BIO*H211, Anatomy &amp; Physiology I</td>
</tr>
<tr>
<td>CHE*H111 ‡</td>
<td>Concepts of Chemistry</td>
<td>4</td>
<td>MAT*H137 or equivalent</td>
</tr>
<tr>
<td>COM*H100</td>
<td>Introduction to Communication</td>
<td>3</td>
<td>Eligibility for ENG*H101, Composition</td>
</tr>
<tr>
<td>ENG*H101</td>
<td>Composition</td>
<td>3</td>
<td>Eligibility for ENG*H101, Composition</td>
</tr>
<tr>
<td>ENG<em>H102 or ENG</em>H200</td>
<td>Literature &amp; Composition or Advanced Composition</td>
<td>3</td>
<td>ENG*H101</td>
</tr>
<tr>
<td>Elective</td>
<td>Aesthetic Dimensions/Written Communication</td>
<td>3</td>
<td>See college catalog for prerequisites</td>
</tr>
<tr>
<td>Elective</td>
<td>Historical Knowledge &amp; Understanding</td>
<td>3</td>
<td>See college catalog for prerequisites</td>
</tr>
<tr>
<td>PSY*H111</td>
<td>General Psychology I</td>
<td>3</td>
<td>Eligibility for ENG*H101, Composition</td>
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</tbody>
</table>

**First Semester Respiratory Care (Fall)**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>RSP*H112</td>
<td>Fundamentals of Respiratory Care</td>
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<tr>
<td>RSP*H121</td>
<td>Cardiopulmonary Anatomy and Physiology</td>
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**Second Semester Respiratory Care (Spring)**

<table>
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<tr>
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<tbody>
<tr>
<td>RSP*H131</td>
<td>Applied Pharmacology</td>
<td>3</td>
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<tr>
<td>RSP*H141</td>
<td>Principles of Respiratory Care</td>
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<tr>
<td>RSP*H180</td>
<td>Clinical Practicum</td>
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**Third Semester Respiratory Care (Summer)**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>RSP*H151</td>
<td>Cardiopulmonary Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>RSP*H181</td>
<td>Clinical Practicum II</td>
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</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
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<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>RSP*H270</td>
<td>Hemodynamic and Critical Care Monitoring</td>
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<td>RSP*H262</td>
<td>Advanced Principles of Respiratory Care</td>
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<td>RSP*H281</td>
<td>Advanced Clinical Practicum</td>
<td>2</td>
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<td></td>
<td><strong>Fifth Semester Respiratory Care (Spring)</strong></td>
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<tr>
<td>RSP*H271</td>
<td>Pulmonary and Cardiovascular Diagnostics</td>
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<td>RSP*H291</td>
<td>Perinatal and Pediatric Respiratory Care</td>
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<tr>
<td>RSP*H201</td>
<td>Future Trends</td>
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<tr>
<td>RSP*H282</td>
<td>Advanced Clinical Practicum II</td>
<td>2</td>
</tr>
</tbody>
</table>

Clinical learning experiences are held at a variety of healthcare settings. Assignment of clinical sites is at the discretion of the Director of Clinical Education.

Once admitted to the program, students are required to undergo a criminal background check and drug screen. Students who do not pass the background check and/or drug screen may be excluded from clinical practice and may not meet the competencies required for the program.

†Must be taken within 5 years from the start of the program.
‡†Must be taken within 8 years from the start of the program.

For further information, please refer to the current NVCC College catalog at www.nv.edu