



CARRINGTON
COLLEGE

Respiratory Therapy

Program Handbook



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Section 1 - Introduction

Welcome to the Carrington College Respiratory Therapy Program

We are thrilled to welcome you, future Respiratory Therapists, to the Carrington College (CC) Respiratory Therapy (RT) program. The faculty and administration are delighted that you have chosen to join us on this transformative educational journey. As partners in your growth, we are fully committed to supporting your personal, academic, and professional development. Our pledge is to deliver exceptional education in respiratory therapy, fostering an optimal learning environment and providing the essential experiences needed to build the knowledge and skills for a thriving career in respiratory care. In return, we ask for your dedication to understanding and adhering to the institutional and the program policies designed to ensure a high-quality and effective educational experience.

Purpose of This Handbook

The RT program faculty has crafted this handbook to serve as your guide throughout your training. It aims to illuminate the wide array of opportunities awaiting you upon graduation while outlining specific policies and procedures that apply to all stages of your instruction. This resource offers a realistic view of the challenges and rewards you may encounter in the program, equipping you with vital information about both the curriculum and the profession.

Utilizing This Resource

We encourage you to thoroughly review the contents of this handbook and use it alongside the Carrington College Catalog and Student Handbook. If any topics or details are unclear, please don't hesitate to seek clarification from the program administration promptly. The following sections detail the expectations for all students in the RT program. It is crucial to read and internalize this information, as immediate compliance is expected for your benefit and ultimate success. Remember, the level of achievement you attain in this program largely depends on your own efforts. To maximize your experience at CC, we urge you to approach your studies with a spirit of cooperation, adaptability, and consistent dedication.

Embarking on Your Journey

As you step into the dynamic and rewarding field of Respiratory Therapy, we wish you the very best of luck. We are excited to witness your growth and are here to support you every step of the way. Let's make this journey a successful one together!

-Respiratory Therapy Program Director (PD)

Reservation of Rights

The RT Program Handbook is reviewed and updated biannually. However, the program reserves the right to modify the content of this document at any time. Any material changes to the handbook will be communicated to students. The program reserves the right to vary the application of the policies, standards, and protocols presented herein based on the circumstances surrounding individual situations.

Student-Faculty Communication

The following are the methods of communication between students and faculty outside of class.

Email

Students are encouraged to use their Carrington College email account to communicate with their instructors and classmates, as needed. Students are expected to check their Carrington College email accounts on a daily basis. Student email accounts may be accessed via Outlook at <https://myapps.microsoft.com/>. Look for the Outlook envelope icon. In addition, students are encouraged to set up their smart phones to receive email notifications from Carrington College. Contact the [Help Desk](#) for assistance.

Microsoft Teams

Students will also set up their Microsoft Teams account for student/instructor communication. Students are expected to check their Teams messages on a daily basis.

Canvas (eCourse) Announcements

Instructors regularly post important information about their courses on the Brightspace news/announcements tab. Students should regularly check Brightspace to ensure that they have up-to-date information concerning their courses.

Telephone

Students may contact the campus at the phone number listed in the Program Directory.

Bulletin Board

Announcements may be posted on the designated program bulletin board.

Section 2 – Overview of the Profession

Respiratory therapy is the allied health profession that is concerned with the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The profession, formerly known as inhalation therapy, is currently and officially referred to as respiratory therapy. Individuals working in this profession are referred to as respiratory therapists or respiratory care practitioners (RTs/RCPs). RTs/RCPs perform critical roles in the healthcare delivery system and care for a diverse group of patients ranging from newborn and pediatric patients to adults and the elderly. The terms *respiratory therapist* (RT) and *respiratory care practitioner* (RCP) are synonymous and are used interchangeably. The term respiratory therapist is used in the healthcare industry to refer to the professional employee, while the term respiratory care practitioner is used by the states to refer to a licensed respiratory therapist. California is one of 49 states that require a license for individuals who practice respiratory care.

The following is a list of diseases or conditions which often require respiratory care:

- Asthma
- Emphysema
- Chronic obstructive lung disease
- Pneumonia
- Cystic fibrosis
- Infant respiratory distress syndrome
- Conditions brought on by shock, trauma or post-operative surgical complications

RTs/RCPs are trained to apply respiratory care protocols. They also design, implement, and evaluate respiratory care plans to assure that patients receive the most appropriate care and to prevent and/or minimize the delivery of inappropriate or unnecessary care.

Scope of Practice

RTs/RCPs are responsible for performing a wide variety of duties and responsibilities. In addition to performing respiratory care procedures, RTs/RCPs are involved in clinical decision-making and patient education. The scope of practice of an RT/RCP includes, but is not limited to:

- Acquiring and evaluating clinical data
- Assessing the cardiopulmonary status of the patient
- Sampling arterial blood for gas analysis
- Performing pulmonary function testing
- Assessing the appropriateness of care
- Developing and modifying respiratory care plans
- Providing case management of patients with pulmonary and related diseases
- Initiating physician-ordered respiratory care
- Evaluating and monitoring patient responses to therapy
- Conducting pulmonary rehabilitation
- Modifying prescribed therapy
- Providing life support measures and participating in life support activities
- Providing patient, family, and community education
- Promoting cardiopulmonary wellness, disease prevention, and management
- Promoting evidence-based medicine, research, and clinical guidelines

Practice Settings and Work Environment

The majority of Respiratory Therapists (about 81% of the workforce) work in hospitals; however, RTs/RCPs are employed across all venues where healthcare is provided, including physicians' offices and nursing care facilities¹.

The typical work environment in respiratory care is very fast-paced, stressful at times, and subject to many interruptions. The pace is usually dictated by the nature of the work: dealing with breathing disorders that require immediate attention. It is not unusual to have several urgent treatments pending simultaneously. Since RTs/RCPs respond to all life-threatening emergencies, interruptions are common and must be tolerated. Emergency calls must be handled immediately and can occupy several hours of attention in an acute care setting. Recovering lost time is always a difficult task. New patient admissions must be seen as soon as possible and expectations for promptness of care can create an extremely busy schedule.

Individuals employed in the respiratory therapy profession voluntarily give up certain rights that are often expected in other career fields. For instance, the right to break and lunch periods, fixed work periods, choice of work attire, scheduled days off, and the guarantee of a relatively hazard-free work environment are concessions individuals often waive while employed in the healthcare setting. This lifesaving and life-supporting therapy may be needed at any hour of any day; therefore evening, weekend, and holiday work hours should also be expected.

Risks and Hazards of the Profession

There are certain risks to personal health associated with the practice of respiratory care. Specific among these risks would be in the treatment of patients with tuberculosis (TB), hepatitis, HIV, and AIDS. RTs/RCPs are trained for and routinely perform arterial punctures for the purpose of specimen analysis. Therefore, the potential for blood-to-blood contact exists in the form of accidental needle sticks while handling unknown specimen samples. Caring for AIDS patients also involves respiratory care through inhaled aerosolized antibiotics and mechanical ventilation when the disease progresses to its inevitable conclusion. Tuberculosis, hepatitis, and various strains of pneumonias are other common pathogens encountered in respiratory care.

Bloodborne, airborne, and contact pathogens are not the only hazards associated with the practice of respiratory care. Additional potential hazards include:

- Handling high-pressure gases
- Exposure to caustic chemicals used for sterilization
- Use of needles and other sharps
- Glassware
- Assisting patient movement and positioning through lifting

RTs/RCPs often assume awkward extremes of posture while performing CPR, ambulation, or attending to emergency situations. Electrical devices used in conjunction with solutions for aerosolization and cardiac defibrillation during cardiac emergencies are other potential hazards for both patient and practitioner. For these reasons, proper body mechanics must always be employed.

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Respiratory Therapists, on the Internet at <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>

Professionalism

RTs/RCPs are expected to act, dress, and always speak in a professional manner.

As providers of lifesaving and supporting therapy, students and practicing RTs/RCPs should never use illegal drugs or controlled substances. Most hospitals and other healthcare settings require mandatory and random drug screening which arises from the need to protect dependent patients from unnecessary bodily harm potentially caused by a practitioner under the influence of a mind- and/or behavior-altering substance. The patient's right to safe treatment and competent care overrides individual rights of privacy involved in random drug screening programs. For more information, please see the **Drug and Substance Abuse Policy** in the **Institutional Policies** section of the **College Catalog**.

Professional Responsibility – Personal Liability

The practice of respiratory care encompasses great responsibility, primarily within the following areas:

- Care of patients
- Ensuring confidentiality
- Treating without judgment
- Utilization of critical thinking skills
- Safe and effective performance of clinical procedures

These responsibilities are accompanied by accountability. The professional practitioner is responsible and accountable for his or her actions and decisions involving patient care.

RTs/RCPs must endeavor to avoid errors of judgment which could lead to worsening patient status, injury, adverse responses, irreversible damage, and even death. Careful attention to detail is necessary to prevent accidental adjustments to equipment, medication errors, procedural mishaps, or omission of critical steps in patient care. By carefully following established protocols and procedures which emphasize safety, the diligent practitioner rarely experiences difficulties of this sort.

RTs/RCPs must continuously strive for excellence in the quality and content of patient care strategies. Working closely with the medical staff and other members of the healthcare team, expectations of competent and quality performance must prevail. However, in the busy hospital environment and amidst uncertain and unpredictable circumstances, achieving these goals on a regular basis may pose a challenge for even the experienced practitioner. As a licensed professional, the RTs/RCP must actively employ continuous quality improvement.

Certification and Licensure

Certification is a designation of professional status used in many health professions. It verifies that a person has the necessary expertise to perform the functions of their profession. Certification is granted to individuals who have passed an exam in a specialization after satisfying certain educational and training prerequisites in that field. **Licensure** is a designation of legal status, which grants licensees the privilege to practice their profession in a given state.

Up until the 1970s, most states, including California, did not regulate respiratory care practitioners. Currently, forty-nine states, plus the District of Columbia and Puerto Rico, require licensure. The **Respiratory Care Board of California (RCB)** was established in response to the passage of the **California Respiratory Care Practice Act** (California Business and Professions Code section 3700 et seq.)². The RCB licenses RCPs and has a mandate to protect consumers from receiving respiratory care from an unlicensed practitioner. The RCB selected the **National Board of Respiratory Care (NBRC)**³ certification exam as its prerequisite for licensure. Applicants for licensure in California must be graduates of an accredited program and pass the exam and a criminal background check.

Following licensure, every RCP must complete thirty (30) hours of continuing education to renew his or her license every two years.

Graduates are eligible to sit for the National Board for Respiratory Care (NBRC): Therapist Multiple Choice Exam (TMC). Upon achieving the high cut score on the TMC, graduates will be eligible to take the Clinical Simulation Exam (CSE). Upon successfully passing the CSE, the graduate earns the Registered Respiratory Therapy (RRT) credential. The RRT credential is the minimum entry requirement for licensure in California.

Graduates who earn the RRT credential by the National Board for Respiratory Care and are licensed by the California Respiratory Care Board are authorized to use the title “Licensed Respiratory Care Practitioner,” which is a requirement to work in this field.

Earned NBRC credentials are nationally recognized and recognized by all states.

Credentialing

Licensing in respiratory care is required in all states but Alaska. Most states are beginning to require possession and maintenance of active credential.

There is a distinct difference between credentialing and licensing. Professional credentialing is documentation of clinical competency by the National Credentialing Board, in this case, the National Board for Respiratory Care. Licensure is the privilege to practice granted by and within a specific state in which the practitioner resides and/or practices in.

The possession of a specific credential can improve a job seeker’s placement goals. Some job settings do require certain levels or types of expertise; a credential may serve as the documentation of that level of skill.

The NBRC is the official credentialing body for the respiratory therapy profession. The NBRC is recognized and/or supported by the following professional organizations:

- American Medical Association (AMA)
- American Association for Respiratory Care (AARC)
- American Thoracic Society (ATS)
- American Society of Anesthesiologists (ASA)
- American College of Chest Physicians (ACCP)

² <http://www.rcb.ca.gov/>

³ <http://www.nbrc.org>

Eligibility requirements and fees for the credentials issued by the NBRC:

RRT - Registered Respiratory Therapist

- Graduate of an accredited advanced-level training program; 62 semester units including math, physics, chemistry, microbiology, and anatomy/physiology
- **Two-part exam:**
 - **Therapist Multiple Choice (TMC):** \$190.00 fee
 - **Clinical Simulation Examination (CSE):** \$200 fee

CPFT/RPFT - Certified Pulmonary Function Technologist/Registered Pulmonary Function Technologist

- Graduate of an accredited advanced-level training program; RRT credential required for RPFT.
- Fee: \$200.00
 - Credential granted based on score achieved: low cut score earns CPFT; high cut score earns RPTF

NPS – Neonatal/Pediatric Specialist

Graduate of an accredited advanced-level training program; RRT credential

- Fee: \$250.00

SDS - Sleep Diagnostics Specialist

Graduate of an accredited advanced-level respiratory therapy training program including a sleep add-on track; CRT/RRT credential

- Fee: \$300.00

ACCS - Adult Critical Care Specialist

Graduate of an accredited advanced-level training program; RRT credential with at least one year of full-time clinical experience in a critical care setting (e.g. intensive care unit, emergency room, post-anesthesia recovery unit, long-term acute care setting)

- Fee: \$300.00

Job Outlook

With the demand for Respiratory Therapists on the rise, salaries are following suit. According to the May 2022 Bureau of Labor Statistics data⁴, the median annual wage is \$70,540, with salaries ranging from \$51,970 - \$100,520. Within every occupation, earnings vary by experience, responsibility, performance, tenure, and geographic area.

⁴ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Respiratory Therapists, on the Internet at <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>

Professional Memberships

Becoming a member of a professional organization is an excellent way for students to further their knowledge of the profession; stay abreast of current and emerging industry trends and requirements; and be informed of any initiatives and/or proposed legislation that may impact the respiratory care profession. The following organizations represent some of the potential professional affiliations available to students and graduates of the RT program:

- American Association for Respiratory Care (AARC)
<http://www.aarc.org>
- California Society for Respiratory Care (CSRC)
<http://www.csrc.org>
- American College of Chest Physicians (ACCP)
<http://www.chestnet.org>
- American Association of Sleep Technologists
<http://www.aastweb.org>

For information on becoming a member of any of these organizations, please visit the websites provided above.

Section 3 – Overview of the Program

Institutional Accreditation

Carrington College is accredited by the Accrediting Commission for Community and Junior Colleges, 428 J Street, Suite 400, Sacramento, CA 95814; 415 506 0234 an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education. Additional information about accreditation, including the filing of complaints against member institutions, can be found at accjc.org.

State Approval

Carrington College is a private institution and is approved to operate as an accredited institution by the California Bureau of Private Postsecondary Education (BPPE). Approval to operate means that CC has been found in compliance with the standards set forth in the California Private Postsecondary Education Act of 2009 (as amended) and Title 5, Division 7.5, - Private Postsecondary Education of the California Code of Regulations. As a prospective student, you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

Any questions a student may have regarding this handbook that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at:

1747 N. Market Blvd. Ste. 225 Sacramento, CA 95834 or P.O. Box 980818, West Sacramento, CA 95798-0818
bppe.ca.gov

Telephone: (888) 370-7589 and (916) 574-8900

Fax: (916) 263-1897

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the Bureau's internet website (bppe.ca.gov).

Programmatic Accreditation

The Respiratory Therapy associate degree programs ID: 200425 (Bakersfield, CA), 200495 (Ontario, CA), 200518 (Rancho Cordova, CA), 200607 (Temecula, CA), and 200389 (Visalia, CA) are accredited by the **Commission on Accreditation for Respiratory Care (CoARC)** (www.coarc.com).

Commission on Accreditation for Respiratory Care Mailing Address:

264 Precision Blvd.

Telford, TN 37690

Phone: (817) 283-2835

Title IX Compliance

Carrington College prohibits sex discrimination in any education program or activity that it operates. Individuals may report concerns or questions to the Title IX Coordinator. The notice of nondiscrimination, Title IX Policy, and Title IX Coordinators' names and contact information are all located in the Carrington College Academic Catalog.

Program Description

The Respiratory Therapy program is 80 weeks in length and prepares students to be a member of a health care team that evaluates, treats, and manages patients with respiratory illness and other cardiopulmonary disorders. In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making and patient education. Students receive extensive clinical practice in hospitals and clinics to gain real world experience.

Program Goal

The Carrington College (CC) Respiratory Therapy (RT) program goal is to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Program Student Learning Outcomes

CC prepares 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).

Upon completion of this program, the graduate will be able to:

1. Perform clinically as a competent advanced-level Respiratory Therapist
2. Exemplify critical thinking and judgment skills
3. Demonstrate personal and professional behavior consistent with a Respiratory Therapist
4. Earn Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support Provider (PALS), and Neonatal Resuscitation Provider (NRP) certifications
5. Become a Registered Respiratory Therapist
6. Characterize the philosophies of lifelong learning and professional growth by participating in continued education and community research
7. Demonstrate the social skills, professional appearance, attitudes and behavior that employers expect of all CC graduates
8. Relate and apply concepts of communication, reasoning, critical analysis, ethical behavior and appropriate interpersonal interactions to situations in his or her career and personal life

Professional Certifications

As part of the RT program learning outcomes, students will earn the following certifications. All costs associated with these certifications are included with tuition.

- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support Provider (PALS)
- Neonatal Resuscitation Provider (NRP)

Program Progression

Course progression through the RT program is as shown below. Students must complete courses sequentially; failing a core course or on-ground general education course or taking a leave of absence will necessitate a retake of that course, impeding progression to the next term, and may delay the student's original graduation date. General education courses that are solely online, if failed, will not impede program progression but must be retaken until a passing grade is achieved.

Term 1: 18 Units 315 Hours 15 Weeks				
Course	Units	Modality	Hours	Weeks
MTH 151	3	Online	45	15-week RT term
RCS115	4	On Ground	75	
RCP100	7	On Ground	120	
RCP110	4	On Ground	75	
Break (1 week)				
Term 2: 16 Units 315 Hours 15 Weeks				
Course	Units	Modality	Hours	Weeks
ENG 101	3	Online	45	15-week RT term
RCS125	4	On Ground	75	
RCP120	1	On Ground	45	
RCP130	4	On Ground	75	
RCP140	4	On Ground	75	
Break (1 week)				
Term 3: 17 Units 465 Hours 15 Weeks				
Course	Units	Modality	Hours	Weeks
HUM200	3	Online	45	15-week RT term
RCS135	4	On Ground	75	
RCP150	5	On Ground	120	
RCP210	5	Clinical/Extern	225	
Break (1 week)				
Term 4: 18 Units 480 Hours 15 Weeks				
Course	Units	Modality	Hours	Weeks
PSY101	3	Online	45	15-week RT term
RCP160	3	On Ground	60	
RCP170	7	On Ground	150	
RCP 220	5	Clinical/Extern	225	
Break (1 week)				
Term 5: 17 Units 465 Hours 15 Weeks				
Course	Units	Modality	Hours	Weeks
RCP 180	5	On Ground	90	15-week RT term
RCP 190	7	On Ground	150	
RCP 230	5	Clinical/Extern	225	

Course Descriptions

MTH151: College Algebra – Part A

3.0 units – 45 hours

This course integrates technology with mathematics through the use of online learning resources, and covers the fundamentals and terminology of algebra. Topics include real numbers, order of operations, single and multiple step linear equations and inequalities, use of formulas, algebraic expressions, polynomials, systems of equations, and graphing of linear equations. Students will utilize the metric and U.S. standard systems. The fundamentals and real-world formulaic terminology will be provided. This course offers applications that allow students to relate to and to apply concepts to their field of study.

RCS115: Human Anatomy and Physiology

4.0 units – 75 hours

This course provides students in health majors an introduction to the structure and function of the major organs, essential structures, and physiological principles of the human body with emphasis on primary organ systems. Integration of multi-organ functions and relevant terminology will be included. **A grade of “C” or higher is required to pass this course.**

RCP100: Introduction to Respiratory Care

7.0 units – 120 hours

This course provides an introduction to the physical world to students in health majors and practices encountered within health care environments. Topics will include classroom theory and laboratory exploration of physical dynamics as they relate to health professions, with an emphasis in respiratory care, as well as, advanced directives, patient bill of rights, bioterrorism preparedness and management. Procedures and practices related to common settings will be explored. **A grade of “C” or higher is required to pass this course.**

RCP110: Respiratory Care Pathophysiology

4.0 units – 75 hours

The focus of this course is on the cardiopulmonary systems and the application of protocol-based clinical Respiratory Therapy treatment to deliver disease-specific patient care. Respiratory pathophysiology, assessment techniques and indices, basic pharmacology as it applies to the treatment and prevention of pulmonary disease, humidity and aerosol modalities as they apply to the treatment of pulmonary disease, electrophysiology, and correlation of acid-base and arterial blood gas interpretation are among the topics emphasized. **A grade of “C” or higher is required to pass this course.**

ENG101: Composition and Reading – Part A

3.0 units/45 hours

This is the first in a two-part, college-level English course. In this course, students will learn the foundation of critical reading and writing in a variety of rhetorical modes. Students will read various essays and literature and apply critical analysis to their own writing. Students will practice all aspects of the writing process, and by the end of Part B, they will meet a goal of writing a minimum of 6000 words through a variety of assignments.

RCS125: Introduction to General Chemistry

4.0 units – 75 hours

This course focuses on composition of matter and physical and chemical changes; fundamental laws and principles; atomic and molecular structure; acid-base chemistry, redox, equilibria, qualitative and quantitative techniques and theory. **A grade of “C” or higher is required to pass this course.**

RCP120: Clinical Laboratory Practice**1.0 unit – 45 hours**

This course will prepare the students for their clinical rotations with preparatory requirements, certifications, orientations, introduction to ClinicalTrac clinical management system, safety procedures, and clinical seminars. **A grade of “C” or higher is required to pass this course.**

RCP130: Fundamentals of Respiratory Care**4.0 units – 75 hours**

This course provides an introduction to the physical world to students in health majors and practices encountered within health care environments. Topics will include classroom theory and laboratory exploration of physical dynamics as they relate to health professions, with an emphasis in respiratory care, as well as, advanced directives, patient bill of rights, bioterrorism preparedness and management. Procedures and practices related to common settings will be explored. **A grade of “C” or higher is required to pass this course.**

RCP140: Pharmacology**4.0 units – 75 hours**

This course will study the drugs administered to treat pulmonary disease. It will also include other classifications of drugs that have an effect on cardiopulmonary status. Areas will include drug calculations, indications, classification, proper dosage, modes of administration, the physiological actions of pharmacokinetics, pharmacodynamics, and pharmacogenetics, side effects, precautions, hazards, therapeutic effects and patient monitoring. **A grade of “C” or higher is required to pass this course.**

HUM200: Ethics**3.0 units – 45 hours**

This course provides an introduction to the ethical problems and issues in modern society. Students will discuss current events related to ethical issues and participate in group discussions.

RCS135: Microbiology**4.0 units – 75 hours**

An introduction to microbiology covering the fundamental aspects of taxonomy, morphology, classification, genetics and reproduction, physiology, nutrition and growth, control, host-parasite relationships, and immunology. Bacteria, fungi, protozoa, viruses and the roles and importance in the biological world will be covered. Basic techniques for culturing, staining, counting, and identifying microorganisms are emphasized in the laboratory. **A grade of “C” or higher is required to pass this course.**

RCP150: Ventilatory Principles of Respiratory Care**5.0 units – 120 hours**

The focus of this course is management of the airway and mechanical ventilation. Topics include endotracheal intubation, resuscitation devices, invasive and non-invasive ventilation, and initiation, monitoring, managing, and discontinuation of mechanical ventilation. Students will apply hemodynamics to positive pressure ventilation. **A grade of “C” or higher is required to pass this course.**

RCP210: Clinical Practice – Rotation 1**5.0 units – 225 hours**

Students will participate in clinical rotations in acute and sub-acute respiratory therapy conducted at local hospitals and medical centers. The student will be assessed on supervised clinical practice and completion of clinical assignments and performance objectives. **A grade of “C” or higher is required to pass this course.**

PSY101: General Psychology**3.0 units/45 hours**

This course covers the study of human behavior, moral development, and psychological theory as it applies to the individual, group, and community. Behavioral disorders and treatment, social perceptions, emotions and motivation, social influence, and group processes are topics included in this course.

RCP160: Critical Care Principles of Respiratory Care**3.0 units – 60 hours**

The focus of this course is management of the airway and mechanical ventilation. Topics include endotracheal intubation, advanced airway management, resuscitation devices, invasive and non-invasive ventilation, tracheostomy care, and initiation, monitoring, managing, and discontinuation of mechanical ventilation. Students will apply hemodynamics to positive pressure ventilation. **A grade of “C” or higher is required to pass this course.**

RCP170: Neonatal and Pediatric Respiratory Care**7.0 units – 150 hours**

The focus of this course is special applications in respiratory care, and neonatal and pediatric respiratory care. Topics include neonatal and pediatric anatomy, physiology, and pathology. Specialized diagnostics and certifications also occur during this course. **A grade of “C” or higher is required to pass this course.**

RCP220: Clinical Practice – Rotation 2**5.0 units – 225 hours**

Students will participate in clinical rotations in adult intensive care, emergency care, and pediatric floor care conducted at local hospitals and medical centers. The student will be assessed on supervised clinical practice and completion of clinical assignments and performance objectives. **A grade of “C” or higher is required to pass this course.**

RT 180: Specialized Respiratory Care**5.0 units – 90 hours**

The focus of this course is advanced pulmonary function testing and critical care with emphasis on hemodynamic monitoring. Topics include advanced physical, radiological, and clinical laboratory assessment along with invasively monitored cardiac assessment and special procedures. Routine and specialized pulmonary function tests are also covered. **A grade of “C” or higher is required to pass this course.**

RCP 190: Advanced Respiratory Care**7.0 units – 150 hours**

The focus of this course is alternate work sites and job readiness for successful employment in Respiratory Care. Topics include land/air patient transport, disaster management, patient and family education and health management, case management, home care, long term care, pulmonary rehabilitation, and sleep studies. Job readiness along with licensure and credential examination preparation also occurs in this course. **A grade of “C” or higher is required to pass this course.**

RCP 230: Clinical Practice – Rotation 3**5.0 units –225 hours**

Students will participate in advanced rotations in adult, pediatric, and neonatal critical care conducted at local hospitals and medical centers. Specialized clinical experiences, as available, in respiratory home care, asthma education, pulmonary function testing, sleep studies, land/air patient transport, intra-hospital patient transport, disaster management, medical emergency team (MET) and pulmonary rehabilitation. The student will be assessed on supervised clinical practice and completion of clinical assignments and performance objectives. **A grade of “C” or higher is required to pass this course.**

Section 4 – Program Policies, Standards, and Protocols

Immunization Policy

Respiratory Therapy students may be required to provide proof of one or more of the following immunizations or tests to attend clinical rotations: COVID-19, Influenza, H1N1, Tuberculosis, Hepatitis B, MMR, tetanus, varicella, and/or titers. Students and applicants are advised that the inability or unwillingness to procure and provide evidence of immunization or test for disease may limit a student's ability to successfully complete the program. If a student is unable to get a particular vaccine(s) or take a test due to a medical or religious reason, the student should contact their Campus Dean and Student Services so that the parties may explore and discuss possible options, if any.

Attendance Policy

Didactic Courses: Students are expected to attend all didactic class sessions. Students who miss a class session will be required to complete an assignment(s) and fulfill any other requirements as determined by the instructor.

Clinical Rotations: Students are required to complete all scheduled clinical hours in order to meet program graduation requirements. Missed clinical time must be made up before the end of the term. Students who do not fulfill clinical hour requirements will not advance into the next term of the program.

Absenteeism in excess of 15% (per course) may result in termination from the program.

Student Work Policy

Students enrolled in the Respiratory Therapy program at CC are strongly encouraged to work no more than a part-time job throughout the length of the program. Student employment should allow full-time attendance in the program.

Students who are employed in any medical care setting, including respiratory care, may **not** count any time worked as an employee as clinical hours required to complete the Respiratory Therapy program. Falsely claiming employment hours as clinical hours will result in dismissal from the program. Students will not receive any monetary remuneration during any CC educational experience, including clinicals and labs.

Remediation Policy

The purpose of remediation is to ensure that each student successfully completes the Respiratory Therapy program and is ready to enter the profession having acquired and assimilated the requisite knowledge, skills, attitude, and conduct essential for the prepared RCP.

The Respiratory Therapy faculty will proactively identify, counsel, and remediate students who exhibit academic and/or behavioral deficiencies. Students who are referred for remediation will be placed on an academic contract and receive individualized instruction focused on helping them acquire the knowledge, skills, attitude, and/or conduct necessary for success on an academic and professional level. Students are expected to fully cooperate with all prescribed remediation. In the event that remediation efforts are not successful, and the student fails a course, he/she will be afforded one opportunity to successfully repeat the course. Should that too result in a course failure, he/she will not be allowed to progress further in the program and enrollment will be terminated (see "Grading standards" [Course Failures]).

While any Respiratory Therapy faculty may refer any RT student for remediation at any time, the following describe the most common pathways to remediation and outline the expectations and responsibilities of both the student and faculty:

Skills Deficiency

Clinical and/or didactic faculty may refer students for skill(s) remediation if the student does not score 85% or higher on any skill(s) competency check-off. Remediation is mandatory in order to ensure mastery of concepts and safe practice.

Remediation will take place with the faculty outside of class and on the student's own time. The student will remediate until the faculty is satisfied that the student has mastered the skill(s).

At that time, the student will be given a second attempt to successfully demonstrate the skill(s). The student must score at least 85%. If the student successfully demonstrates mastery of the skill(s), the student will be "signed off" on the skill(s).

Satisfactory Progression

Students who are below a cumulative grade of 75% in any given course are required to complete mandatory remediation. This consists of reviewing areas of weakness and regular weekly tutoring sessions in identified areas until their cumulative grade has increased above the 75% threshold.

TMC/CSE Practice and Secured Exams

The program utilizes the National Board for Respiratory Care (NBRC) practice and secured exams for the Therapist Multiple Choice (TMC) and the Clinical Simulation Exam (CSE) standardized examinations to gauge student mastery of concepts critical to their success in coursework and on the NBRC RRT credentialing exams. Assessment results are benchmarked against other RT students on a national level. The secured TMC and CSE must be passed to successfully complete the RCP 190 course and graduate from the RT program. Therefore, practice examinations are very important in identifying individual areas where improvement is needed.

Practice Assignments

The Form A and B practice assessments for the TMC and CSE are assigned during the RCP 190 course and are proctored. The passing score for the TMC is 98; the CSE is Pass/Fail. Areas of weakness will be identified and rationales for correct and incorrect answers will be provided to facilitate understanding. Should a student not achieve a passing score for either practice exam (Form A and/or B), the student will be placed on remediation and an individualized study plan will be developed and executed. It is critical to the student's success that he/she put forth the study effort required for ensuring improvement.

Secured TMC and CSE

The secured TMC and CSE are proctored exams and are taken in the final weeks of the program after completing the Form A and B practice exams. **These exams must be passed in order to graduate.** Should a student not achieve a passing score on either or both exams, the student will be placed on remediation and provided with an individualized study plan. Students are expected to complete remediation by the due date given. Upon completion of remediation, the student will be provided with one opportunity to successfully pass the exam(s). Should the student not pass the exam, he/she will receive a failing grade and be required to repeat the course. **This will impact the student's graduation date.**

Testing Policy

The following testing policies will be observed:

1. Absence on a known test day will automatically result in a score of zero (0) on the test.
2. Students are expected to arrive with ample time to get seated and prepared to test. Once the test is in progress, any student arriving late will **not** be permitted to take the test.
3. Students may not leave the room once testing has commenced.
4. When possible, students will be seated in every other row and every other seat.
5. Students may not use any scratch paper other than that which is provided by the faculty.
6. **All quizzes, tests, and exams will be proctored.** Where appropriate, a lockdown browser will be utilized to ensure academic integrity. Students are advised to follow all proctor instructions and not allow their eyes to stray from their own monitor, as doing so could result in the proctor terminating the test and referring the incident to the Academic Dean for investigation.
7. Students will not be permitted to retain copies of their tests.
8. Exam grades will be available after the computer analysis has been completed and the faculty have reviewed the data. Tests other than multiple choice or true/false will take longer to grade; however, results will be posted within 48 hours.
9. If it is apparent to the faculty that cheating has occurred on any assessment, the student will receive a grade of zero (0) for that assessment and may be subject to investigation and disciplinary action, up to and including dismissal from the program.
10. During all assessments, cell phones, smart watches, and other digital devices must be silenced and stowed in the student's backpack; all personal belongings will be kept at the front of the classroom during testing.

Grading Standards

At the end of each course, a letter grade will be awarded based upon the total points earned. A cumulative grade of at least 70% is required to pass each course, including general education (GE) and clinical rotation. Please see the gradebook for specific course requirements.

Competency and practical exams are required components of the programmatic courses. You must pass each of them and pass the course to move on to the next term. Passing on the first attempt earns a score of 100% for that competency or exam. If you do not pass any competency or practical exam on the first attempt, you will be given one opportunity to remediate. Passing the competency or practical exam following remediation earns a score of 85%. If you do not pass following remediation, you will receive a failing grade and will be required to repeat the course.

In Term 5, the secured TMC must be passed at the minimum score of 98 to graduate and the secured CSE must be passed with a minimum score of Pass.

Standards for Professional Appearance

Appropriate attire, a tidy appearance and good hygiene are earmarks of a professional. As professionals in training, students are expected to exhibit a professional appearance every time they are representing the College, i.e., class, clinical rotation, seminars, etc. To assist students in achieving this goal, the College has implemented policies relating to professional dress and grooming standards, which are published in the **College Catalog** and **Student Handbook**.

In addition to the institutional dress and grooming requirements, students must adhere to the following program standards for professional appearance⁵:

Professional Dress

Uniform

The designated program uniform consists of the following:

- Color coordinated scrub-suit style top and pant bottom (colors may vary from campus to campus; contact your Program Director for specifics.)
- CC-issued Student Identification (ID) Card

The Student ID Card must be worn on the left side of the lab coat or uniform top and must always be visible. The uniform top must be embroidered with the CC logo and program over the left breast of the uniform.

Modifications may not be made to the program uniform. The uniform must be clean, unwrinkled, and in good repair.

Accessories

Wrist watches with a sweep or digital second hand or stopwatch, stethoscope, scissors, and black ink pen must accompany the uniform components. Students must also carry all assigned clinical resources or have them readily available during clinical rotations. See the course syllabus for more information.

Students are responsible for maintaining their accessories so that they are clean and in good working order.

Apparel

Undergarments: An all-white, navy, gray or black t-shirt or thermal-style short-sleeve shirt may be worn underneath the uniform top. In cooler weather, an all-white, navy, gray or black long-sleeve tee, mock or turtleneck, or thermal-style shirt may be worn underneath the uniform top. Undershirts must always be tucked in.

Outer garments: An all-white, gray or black program-approved jacket with the CC logo and program embroidery may be worn indoors over the uniform top in cold weather (heavy garments may be worn outdoors but must be removed indoors). No other outer garments or hats (including beanies) may be worn indoors (hoodies, sweatshirt, pullover, colored sweater, etc.).

Shoes: All-white, gray, or black all-leather, athletic or nurse-type shoes are to be worn (no logos). Shoes must be kept clean and in good condition. White socks (ankle or regular) or natural-colored nylons may be worn.

⁵ Students should be aware that some clinical sites may have specific dress code and/or grooming/hygiene requirements in addition to the standards expressed herein. In such a case, students will be expected to abide by the facility requirements as well as the institutional and program-specific dress and grooming/hygiene standards.

Grooming & Hygiene Standards

Hair

Hair must be clean, neatly styled and of a naturally occurring color. Short hairstyles should not extend below the lower margin of the collar; longer hairstyles must be neatly combed back and tied up and away from the face. Small, professional-style headbands, non-ornamental barrettes and/or elastic bands are acceptable for tying the hair. No other head/hair accessories are permitted.

Oral and Facial Piercings/Jewelry

Oral and facial piercings/jewelry may not be worn. Students with stretched ear lobe piercings must keep the tunnel plugged with nude, natural skin tone plugs or covered with a bandage.

Dermal piercings/jewelry that cannot be removed must be covered with a bandage. No more than one small professional stud post earring per ear.

No visible neck jewelry permitted (medical or religious necklaces may be worn underneath uniform apparel). Fingerjewelry should be conservative (no more than 1 ring or wedding ring set may be worn at one time). Only medical alert or religious bracelets are allowed.

Face and Body

Physical cleanliness is expected of all students. Perfume, cologne, after-shave lotion or scented hairspray is not to be used. Make-up should be applied lightly. Beards and mustaches must be kept well-trimmed.

Fingernails are to be clean and trimmed to an appropriate length for performing invasive procedures. Clear nail polish may be worn. **Artificial or gel nails are not permitted.**

Tattoos must always be covered.

Students are encouraged to speak with an instructor or the Program Director if they have any concerns regarding the standards for professional appearance.

Technical Standards and Functional Abilities for Respiratory Therapy

Students should be made aware of the technical standards/functional abilities required to work in the field and throughout the program. Students may request reasonable accommodations to meet the following criteria by making a written request to the Program Director. CC does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other protected characteristic in its education programs and activities.

Technical Standards	Examples
1. Gross Motor Skills • Move within confined spaces • Sit and maintain balance • Stand and maintain balance • Reach above shoulders • Reach below waist	Examples Function in an ICU environment: move about in an ICU room in order to perform procedures on the patient. Must also read patient chart, equipment settings, and/or equipment displays. Sit to record findings. Change equipment settings above head and below waist, plug electrical appliance into wall outlets.
2. Fine Motor Skill • Pick up objects with hands • Grasp small objects with hands • Write with a pen or pencil • Key/type • Pinch/pick or work with fingers • Twist • Squeeze with fingers	Examples Lift medication vials to eyes to read. Squeeze the medication vials to empty. Squeeze Ballard suction catheter button. Grasp hold and read small instruments such as volume measuring devices. Write in patient chart. Record patient data in record. Change settings on equipment by turning knobs and observing change.
3. Physical Endurance • Stand in-place for prolonged periods • Sustain repetitive movements • Maintain physical tolerance for up to 12 hours • Ability to perform activities on day, evening, or night shifts.	Examples Stand and perform repetitive procedure(s) on patients such as Chest Physical Therapy and CPR. Repeat this procedure periodically throughout an 8-hour or 12-hour shift.
4. Physical Strength • Push and pull 25 pounds • Support 25 pounds • Lift 25-80 pounds • Carry equipment/supplies • Use upper body strength • Squeeze with hands	Examples Assist patient from bed to chair. Hoist patients up in bed. Move patient from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope or other equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Move other equipment such as Pulse Oximeter, IPPB or IPV machine. Lift equipment from bed height to shelf height above chest level. Push on chest for chest compressions during basic and advanced CPR on adult, child, and infant patient populations. Lift head and neck with one hand using a laryngoscope.
5. Mobility • Twist • Bend • Stoop/squat • Move quickly • Climb • Walk	Examples Turn to change settings on monitor while standing at patient bedside. Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Gather equipment and manually resuscitate patients without delay. Make rapid adjustments if needed to ensure patient safety. Make way to the patient room if an emergency is called using stairs.
6. Hearing • Hear normal speaking level sounds • Hear faint voices • Hear faint body sounds • Hear in situation when not able to see lips • Hear auditory alarms	Examples Listen to patient breath sounds to determine if patient is breathing. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance.

Technical Standards (cont.)	Examples
7. Visual • See objects up to 20 inches away • See objects up to 20 feet away • Use depth perception • Use peripheral vision • Distinguish color • Distinguish color intensity	Examples Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes. Confirm settings visually such as with ventilator display.
8. Tactile • Feel vibrations • Detect temperature • Feel differences in surface characteristics • Feel differences in sizes, shapes • Detect environmental temperature	Examples Assess patients by feeling for patient pulse, temperature, tactile fremitus, edema, subcutaneous emphysema.
9. Smell • Detect odors from patients • Detect smoke • Detect gases or noxious smells	Examples Assess for noxious odors originating from the patient or environment (example gas leak or smoke).

Functional Abilities	Examples
10. Reading • Read and understand written documents	Examples Read and interpret physician orders, and physician, therapist and nurses' notes. Read from a computer monitor screen. Gather data accurately and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers.
11. Math Competence • Read and understand columns of writing • Read digital displays • Read graphic printouts • Calibrate equipment • Convert numbers to/from the metric system • Read graphs • Tell time • Measure time • Count rates • Use measuring tools • Read measurement marks • Add, subtract, multiply, and/or divide whole numbers • Compute fractions • Use a calculator • Write numbers in records	Examples Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.
12. Emotional Stability • Establish appropriate emotional boundaries • Provide emotional support to others • Adapt to changing environment/stress • Deal with the unexpected • Focus attention on task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions	Examples Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently, example: delivery of medication or oxygen in one room while performing an arterial blood gas in another such as in an emergency room environment. Maintain enough composure to provide for safe and effective patient care despite crisis circumstances.

Functional Abilities (cont.)	Examples
13. Analytical Thinking • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem solve • Prioritize tasks • Use long-term memory • Use short-term memory	Examples Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary.
14. Critical Thinking • Identify cause-effect relationships • Plan/control activities for others • Synthesize knowledge and skills • Sequence information	Examples Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.
15. Interpersonal Skills • Negotiate interpersonal conflict • Respect differences in patients, fellow students, and members of the healthcare team. • Establish rapport with patients, fellow students, and members of the healthcare team.	Examples Communicate effectively with disagreeable patients, family doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.
16. Communication Skills • Teach • Explain procedures • Give oral reports • Interact with others • Speak on the telephone • Influence people • Convey information through writing	Examples Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

External Education

Students are encouraged to participate in continuing education programs provided by external sources. Prior approval from the PD or DCE must be obtained in order to attend an external education program. Students may earn up to 17 clinical hours per term for completing an approved program⁶.

The following procedure must be used to request permission to attend an external education program.

1. A written request to attend the external education program must be submitted to your respective PD or DCE. The request must include date(s), time(s), location(s) and sponsoring institution. A program flyer describing the course content may be used to provide the requested information.
2. **Approval will be based upon the following criteria:**
 - a. **Educational provider:** The program must be accredited, sponsored by a professional organization, and provide continuing education units (CEU's).
 - b. **Curriculum:** Program faculty will assess the content and quality of the course curriculum and determine whether it will be of benefit to the student.
 - c. **Academic standing:** Student must be in satisfactory academic progress at the time of the request.
 - d. **Program length:** Programs lasting two days or less will be considered for approval. Anything longer is likely to interfere with students' ability to stay current in their regularly scheduled academic and/or clinical courses.
 - e. **Travel arrangements:** Student must provide evidence that all travel arrangements, including course costs, transportation, lodging and meals have been made.
3. The PD or DCE will notify the student as soon as possible as to whether their request has been approved. Approval by Campus Administration may be required for overnight or out-of-town travel. The DCE will notify the clinical site of the approved absence.
4. Upon completion of the external education program, the student must submit appropriate documentation, verifying attendance and participation, to their PD or DCE. Appropriate documentation includes handouts, certificates of attendance, or other forms recognizing participation.
5. Students are expected to share the information gained from the program with their fellow students.

Disciplinary Action

Students are expected to maintain the highest ethical, civil, and professional behavior during clinical training. While the object of clinical training is to provide students with the opportunity to apply their acquired knowledge and skills in a clinical setting, this objective is balanced with the utmost concern for patient safety and privacy and the reputation of the College. As such, little tolerance will be given to students who engage in unprofessional and/or unsafe behavior at the clinical site.

The following list contains specific examples of the types of prohibited behaviors that will warrant disciplinary action. Any student who has been found to have engaged in one or more of the following behaviors will be counseled by program faculty and the incident(s) will be documented in the student's permanent file. In addition, the student may be subject to the full range of disciplinary action as set forth in the **Student Code of Conduct**, up to and including termination from the program (see **Student Handbook**). The level of disciplinary action imposed will depend largely upon the severity and frequency of the particular infraction(s).

⁶ The hours awarded are dependent upon the actual time spent in the external education program. The total hours awarded will not ~~and~~ the number of CEUs earned.

Prohibited Behavior

- Repeated failure to report to the clinical site as scheduled
- Failure to report or submit weekly attendance sheets
- Failure to notify the College, clinical site and instructor of absence
- Failure to report an illness, accident or injury
- Willful disregard for directives given by program or adjunct faculty
- Intentional unsafe practice/behavior in or on the grounds of a clinical site
- Failure to abide by the program dress code and/or grooming and hygiene standards (see **STANDARDS FOR PROFESSIONAL APPEARANCE**)
- Willful misuse of hospital equipment or property; theft of hospital property
- Accidental patient endangerment; negligence
- Providing respiratory care services or procedures without the supervision of a licensed Respiratory Care Practitioner (RCP)
- Unprofessional or inappropriate language and/or demeanor
- Unprofessional or inappropriate interaction with patients, faculty, staff, or visitors
- Alteration of clinical schedules, reports, or assignments
- Unauthorized attendance at a clinical facility
- Refusal to submit to a random drug screen
- Any other cause for suspension or termination as described in the College Catalog, Student Handbook or clinical syllabus

Specific causes for immediate program termination include, but are not limited to:

- Use of controlled substances or under the influence of controlled substances
- Positive drug screen
- Cheating, lying, or willful transfer of untruthful or misinformation
- Alterations of evaluations or tests
- Falsification of clinical reports, medical records or charted information
- Possession or use of a dangerous weapon
- Provocation of a physical altercation
- Physical or sexual harassment, physical or sexual abuse
- Any HIPAA violation
- Discovery of undisclosed criminal conviction
- Arrest/conviction during enrollment in the program

In addition, the Advisory Committee and/or clinical facility may recommend the imposition of disciplinary action upon a student, which may also result in the student being terminated from the program.

Section 5 – Clinical Training

Clinical Training

Clinical training occurs in various off-campus hospitals and medical facilities. The primary objective of clinical training is to integrate classroom theory and laboratory experiences with clinical practice.

Clinical training is done on a volunteer basis; students will not receive any form of remuneration in exchange for work they perform in relation to the program's clinical requirements. In addition, students may not fulfill clinical hours or course work while acting as an employee of a clinical site. Likewise, students may not be used to substitute for clinical, instructional, or administrative staff.

Students will be scheduled for clinical rotations in the following courses: RCP210, RCP220, and RCP230. Each of these courses has a specific number of clinical training hours which must be completed in order to advance into the next scheduled rotation⁷. Course hour requirements are published in the syllabus.

The following standards and protocols have been developed to support student attainment of course and program learning outcomes and to provide the structure for a successful and meaningful clinical experience.

1. Clinical training should be regarded as an extension of the classroom. As such, students are always to present themselves as potential employees, specifically upholding College and program standards pertaining to student conduct, professionalism and attendance⁸. In addition, students must comply with all facility policies and procedures.

Clinical training is provided by site staff on a volunteer basis and students are required to utilize their time in a productive manner.

2. The Director of Clinical Education (DCE) will coordinate and schedule students' clinical rotations. The following considerations will be given, in order of the priority reflected below, when scheduling clinical rotations:
 - a. **Facility size:** Pending facility availability, students may be scheduled to rotate through both 50-to-100-bed community hospitals and 200-bed or larger regional medical centers.
 - b. **Services offered:** Pending facility availability, students may be scheduled to rotate through facilities that offer special services such as trauma care, comprehensive pulmonary function testing, pulmonary rehabilitation, level-two or level-three neonatal and pediatric intensive care, and cardio-thoracic surgery centers.
 - c. **Geographical location:** All students accept responsibility for travel to and from assigned clinical sites.
3. Rotation schedules will be posted in advance of the effective dates. The DCE and the Program Director (PD) are the only individuals authorized to make changes to posted schedules.
4. Clinical workdays:
 - a. Shifts may vary in hours and duration. Please refer to the clinical schedule for information on the facility and the dates and times scheduled to work.
 - b. Students are expected to complete all hours assigned to them as reflected on the clinical schedule. Absence from the clinical site for lunch, prolonged break, or personal business will not be counted.

⁷ Students must also fulfill any other course requirements, as reflected in the syllabus, to successfully pass these courses and advance into the next phase of clinical training.

⁸ All relevant program policies pertaining to clinical training are published in this handbook and in the Clinical Proficiency Manual.

- c. Reasonable travel time from clinical site to campus for counseling or performance testing will be given. However, students are expected to return to their designated clinical site following such activities.
- d. Students may not visit the clinical sites except as directed by campus faculty or the clinical schedule.
- 5. Students are encouraged to keep personal copies of attendance documentation.
- 6. Students may not attend any clinical rotation during recognized school holidays. Recognized school holidays include⁹:
 - a. New Year's Day
 - b. Martin Luther King, Jr. Day
 - c. Memorial Day
 - d. Juneteenth
 - e. Independence Day
 - f. Labor Day
 - g. Veteran's Day
 - h. Thanksgiving Day and day after
 - i. Christmas break

Preparation for Clinical Training

During the clinical training portion of the program, students will apply their acquired knowledge and skills in a healthcare setting. Students are encouraged to thoroughly prepare themselves for this aspect of their training by reviewing the various respiratory procedures covered in the program. In addition to obtaining assistance from program faculty, the AARC provides in-depth information on various respiratory care procedures on its website:

American Association for Respiratory Care: <http://www.aarc.org>. The website also includes links to other web-based resources and organizations affiliated with the profession.

Clinical Instruction and Supervision

During clinical training, instruction and supervision is provided primarily by CC faculty members at the various clinical sites; however, students are likely to interact with affiliate hospital personnel as well. The role delineation for the individual(s) whom students will be in contact with during clinical training is provided below.

1. Director of Clinical Education (DCE)

The Director of Clinical Education oversees and is responsible for all clinical instruction and coordination. Decision-making, planning, scheduling, and evaluation regarding clinical training are coordinated through the DCE. Students are advised to actively communicate progress, difficulties, or other activities that may affect clinical training to their DCE. The DCE's general activities include:

- a. Scheduling students' clinical rotations
- b. Visiting the clinical facilities to observe students in training
- c. Counseling students and conducting clinical performance evaluations
- d. Facilitating campus and intra-facility communications
- e. Validation of clinical attendance

⁹ See **College Catalog** for the dates on which the holidays fall within the academic year.

2. **Clinical Instructors (part- and full-time CC faculty members)**

- a. Assist in the coordination of students' rotation through facility visitations and bedside clinical instruction and assessment
- b. Coordinate clinical students' activities as directed by the DCE
- c. Serve as the first line of communication to the DCE regarding student progress and act as an advocate for the student and College
- d. Verify student attendance and punctuality, evaluate students' clinical skills, and communicate with the clinical sites

3. **Medical Director**

- a. Participates in clinical education through medical rounds, lectures, clinical seminars and advisory meetings
- b. Approves and coordinates, via the campus DCE or other designated program faculty, the schedule of clinical activities

4. **Affiliate Personnel**

- a. **Affiliate department managers**
 - i. Have final authority and provide overall direction for clinical activities by students in respective hospitals
 - ii. Coordinate rotational evaluation
- b. **Affiliate supervisory staff members**
 - i. Coordinate student activities
 - ii. May participate in bedside instruction and clinical performance evaluation
- c. **Affiliate clinical staff members** (as designated by the Respiratory Therapy Department)
 - i. Provide individual instruction for specific procedures or regular instruction on a day-to-day basis.
 - ii. Interact with the campus DCE and/or clinical instructors
 - iii. May participate in clinical performance evaluations

Additional Instructional Opportunities

Supplemental Clinical Activity: Supplemental clinical activities may consist of clinical lectures, case studies, tutoring and remediation, Clinical Seminar, interaction with the Medical Director, proficiency testing, or a variety of other clinical-related topics. Attendance at any supplemental clinical activity is mandatory.

Physician Contact: Because respiratory therapy involves a great deal of physician interaction, students are expected to interact with physicians during their clinical rotations. Because physician contact occurs in many different forms, it is the student's responsibility to strive for these important experiences. Documentation of physician interactions should be documented in ClinicalTrac each week.

Miscellaneous Instruction: Additional instructional experiences may be available at the clinical sites on an intermittent basis. Examples may include:

- Training on new equipment
- Presentations on the latest pharmaceutical advances and new modes of treatment
- Procedural clarifications
- A variety of other training opportunities

These activities are quite beneficial and are presented by expert healthcare professionals. Students are strongly encouraged to attend these training sessions as their schedules permit.

Clinical Rotation Policy

Clinical Hour Requirements

Students are expected to complete all the hours assigned to them as reflected on the clinical schedule. Only the clinical hours scheduled and approved by the DCE or PD will be counted toward the total hours required in the course. If a student is absent from the clinical site, he/she will contact the DCE to determine how the scheduled hours may be made up. Regardless of the reason for the absence, the student will be responsible for making up all hours missed. Students are limited to a total of 34 hours of clinical make-up per term.

If a student accrues 35 missed clinical hours, a grade of Fail (F) will be assigned and the student will not advance into the next set of scheduled courses. Failure to advance will delay students' anticipated graduation date. Likewise, all clinical hour requirements must be completed in order to graduate from the program.

Students will not be allowed to "bank" or make up clinical hours in the next rotation due to absence from the clinical site¹⁰. Any time worked in excess of the required clinical hours will not be carried over into future terms.

All clinical scheduling is based on clinical availability.

Admission into Clinical Site

Students are expected to comply with all facility requirements for entry into the clinical site. Listed below are some of the most common requirements of local hospitals and medical facilities. Students who are unable and/or fail to meet these requirements may be denied access into the facility, which will prevent them from fulfilling their clinical hour requirements.

1. Students must complete a background check. Students may be denied access to clinical sites if misdemeanor or felony activity is identified.
2. See **Immunization Policy, Section 4** of this handbook.
3. Hospitals and medical facilities may have written policies requiring initial and/or random drug screening as a condition for acceptance into the facility. Students must follow the written guidelines for drug screens, when required. Refusal to submit to a drug screen will result in immediate removal from the facility and will include disciplinary action, up to and including termination. College personnel may also require students to undergo drug screens pursuant to the provisions of the **Illegal Drug and Substance Abuse** policy (see **College Catalog**).

ClinicalTrac

The College uses **ClinicalTrac**, an online clinical management tool for tracking the following clinical activities:

1. Clinical attendance
2. Student/Physician interaction
3. Procedure counts
4. Daily journal
5. Performance competencies
6. Formative and summative evaluations

Students will be enrolled and given user access and training on use prior to their first clinical rotation.

Documentation of Clinical Time

All clinical hours must be recorded in ClinicalTrac and verified by the appropriate program representative. Clinical hours submitted will be validated by the DCE on a weekly basis. Students will be required to file a timecard exception for all entries that are incomplete or do not match the hours on the clinical schedule.

¹⁰ Students who are unable to fulfill their scheduled clinical hours due to extenuating circumstances may request a Leave of Absence. For more information, see **Leave of Absence** procedures published in the **College Catalog**.

Absence from the Clinical Site

Students are expected to attend their designated clinical site as scheduled. In the event of an unscheduled absence, students are required to notify their designated clinical instructor, the clinical site, and the DCE. Failure to do so will result in disciplinary action.

After an unscheduled absence, the student will be required to meet with the DCE and/or PD and discuss the reason(s) for the absence and possible alternative assignments, which will be documented in the student's permanent file. Should the student have a second unscheduled absence, s/he will be required to meet with the Dean of Student Services, who will determine the level of further disciplinary action, up to and including probation or termination. Students are limited to a total of 34 hours of clinical make-up per clinical term.

Clinical Assignments

Clinical assignments are due on the assigned deadline. There will be no extension of time given for incomplete or missing clinical assignments. Failure to submit required clinical assignments by the assigned due dates will result in zero points awarded in that grading component.

External Education

Upon the approval of the DCE, students may earn up to 17 clinical hours per term through participation in an external education program. Please see the **EXTERNAL EDUCATION POLICY** for more information.

On-Site Injuries/Illnesses/Accidents

While at the clinical site, students may be exposed to environmental, pathological or occupational hazards. Should this occur, the student will be excused for evaluation following the procedure set by the clinical site.

Any occasion of illness, injury, exposure or accident must be reported to the clinical instructor and the DCE as soon as possible. The clinical site supervisor must also be informed, and a Campus Incident Report must be filed. Students must receive approval from their respective DCE or PD prior to their return to the clinical site, regardless of whether a physician was consulted.

Accommodations

If you require reasonable medical accommodation at any time for illness, injury, or learning disability, please contact the Office of the Dean of Student Affairs. If you require reasonable medical accommodation at any time for pregnancy and/or related conditions, please contact the Title IX Coordinator, whose contact information can be found in the academic catalog.

Section 6 – Final Words

Again, we wish you the very best of luck as you begin your education and training in the Respiratory Therapy program. Please remember that we are here to help; our success is ultimately defined by your success. Your prompt communication of any issues or needs that may arise during the program will help us to determine how best to assist you. Please consult the **College Catalog** and **Student Handbook** to learn about all the various services and support needs provided by CC.

Section 7 - Appendices

Appendix 1: Communicable Diseases

The College recognizes that students may be exposed to communicable diseases while on campus or while at a clinical training site. Such illnesses include but are not limited to COVID-19 and any successive variants, influenza, tuberculosis, and severe acute respiratory syndrome (SARS). Obviously, exposure to and the risks of these communicable diseases vary widely. In general, the College abides by the recommendations of the Centers for Disease Control and Prevention (CDC).

TRAVEL ALERTS AND ADVISORIES

Before traveling for clinical rotations, students should check the CDC website for travel alerts or advisories regarding the potential for exposure to various diseases. If the CDC issues a travel advisory for an area to which a student is scheduled for travel for clinicals, the student is to notify the Program Director and discuss whether there are any possible alternatives.

CAMPUS HEALTH AND SAFETY STANDARDS

Students are expected to comply with all health and safety standards, especially when there is an outbreak of a communicable illness on campus or when they themselves have one. For example, students with the flu should remain at home to reduce exposing others at the campus or clinical site. Students are to wash their hands and cover coughs and sneezes. Students should also report any areas of the campus that need to be cleaned.

REPORTING COMMUNICABLE ILLNESS

Students diagnosed with a communicable illness are expected to follow the instructions of healthcare professionals and inform the Program Director about their infection when directed to do so by their physician or public health officials.

The College will issue reports of communicable diseases as required by law to local health officials. Students should contact the Program Director if they believe that they or any other students need information about an illness or a concern arises about the possible contagious nature of a student or faculty/staff member's illness. Students are expected to report information only as is required by applicable law.

CONFIDENTIALITY

Student medical conditions are confidential, and information about any student's health is to be provided only to those persons with a need to know.

REPORTS FROM HEALTH PROVIDERS

The Campus President/Dean, Program Director, and (if appropriate) a consulting physician will determine if a statement should be obtained from the student's treating healthcare provider that the student's continued presence on campus or at clinical sites will pose no significant risk of substantial harm to the student, fellow students, faculty/staff, or persons the student will come into contact with at the clinical site.

Appendix 2: Notice of Risks and Hazards

You have been provided with this Notice due to the risks associated with coursework in the San Joaquin Valley College Respiratory Therapy program. Please be advised, students enrolled in the program are required to work with potential hazardous materials during both laboratory and clinical training. During training, students may be exposed to specific risks and hazards, including, but not limited to: airborne, bloodborne, and other pathogens from bodily fluids; medications; sharps; chemical agents; gases; muscle strain; excessive noise from medical equipment; bright lights; and other hazards.

During both laboratory instruction and in clinical experience, students are instructed and directed to always use the appropriate personal protective equipment (goggles, masks/shields, gowns, gloves) and universal precautions when handling potentially hazardous materials and performing specific tasks.

Therefore, you are **strongly** encouraged to discuss these risks with your physician/healthcare provider. By participating in the Respiratory Therapy program, you agree that you understand and assume all risks arising out of, or related to, the program. If you have any questions, please contact the Respiratory Therapy Program Director at your campus.

If you require reasonable medical accommodation at any time for illness, injury, or learning disability, please contact the Office of the Dean of Student Affairs. If you require reasonable medical accommodation at any time for pregnancy and/or related conditions, please contact the Title IX Coordinator, whose contact information can be found in the academic catalog.

Appendix 3: Professional Development

Professional Development: (10% of total points).

In addition to the college's Institutional Classroom Standards, the following standards will apply to all students enrolled in the Respiratory Therapy program:

Students are awarded Professional Development Points (PDP) at the beginning of each course. If an infraction occurs, the student will be notified of a deduction to their PDP points. Instructors will monitor the student's progress with Program Director and communicate with the Academic Dean (AD). Habitual or recurring infractions will result in additional disciplinary action. In the case of three (3) infractions including any of the outlined examples, student will be placed on Professional Development contract by AD that will remain in effect until graduation date. Any further infractions will result in immediate suspension, dismissal from course and termination from the program.

PROFESSIONAL DEVELOPMENT POLICY: Percentages listed below are always deducted from the total points awarded at the start of class, regardless of the number of infractions.

Each course will award points for professional development. The scope of this policy will encompass classroom, laboratory, and clinical settings, and for both graded and pass/fail courses. Points are deducted from three categories: (1) Attendance and Punctuality, (2) Behavior and Conduct, and (3) Professional Appearance. Infractions include, but are not limited to, the following examples:

Attendance and Punctuality

1. Absence/tardy without notification prior to the start of class (50% of PDP points)
2. Absence with proper notification* (25% of PDP points)
3. Tardiness or early departure with proper notification* (10% of PDP points)
4. Leaving the classroom without permission (25 % of PDP points)
5. Failure to attend mandatory tutoring or scheduled lab/clinical skill activities (50% of PDP points)

*Proper Notification = Notification of absence or tardy prior to start of the course

Behavior and Conduct

1. Unprofessional or inappropriate language (10% of PDP points)
2. Failure to submit required documents (i.e., clinical or licensure documents) (10% of PDP points)
3. Failure to follow instructions (10% of PDP points)
4. Unauthorized food and/or beverage in class, water only! (25% of PDP points)
5. Sleeping in class (25% of PDP points)
6. Use of computers, cells phones or other electronic devices during class without permission (25% of PDP points)
7. Failure to turn in homework within 7 days of the due date (10% of PDP points)
8. Any behavior deemed to be inappropriate or unprofessional by instructor (25% of PDP points)

Professional Appearance

1. Not wearing designated uniform, including a badge (25% of PDP points)
2. Any other dress code infractions (25% of PDP points)
3. Not prepared with a wristwatch (with second hand) and stethoscope (10% or PDP points)

REPRESENTATIVE OF THE PROFESSION:

As students enrolled in a medical program, you have chosen to voluntarily do everything within your ability to help others. This may be in the form of assisting patients, classmates, faculty or staff. This is your chance to shine! An important responsibility we all share is promoting our profession at every opportunity. Let's all do our best to represent our profession, our program and our college.

Appendix 4: Acknowledgement of Clinical Orientations and Required Testing

Acknowledgement of Clinical Orientations and Required Testing

All students must participate in drug screening required for clinical placement and random testing conducted by the campus. When scheduled, the student must provide a valid sample to the testing lab. Leaving the testing lab without providing a valid sample is considered refusal and grounds for immediate termination from the program.

During the program, the students are required to complete their health screening process. This process must be started during the enrollment process. It is the student's responsibility to maintain all appointments as scheduled with the provider. Inability to attend as scheduled or not following the health screening will result in delayed clinical placement and postpone your graduation date.

Respiratory Therapy students may be required to provide proof of one or more of the following immunizations or tests to attend clinical rotations: COVID-19, Influenza, H1N1, Tuberculosis, Hepatitis B, MMR, Tetanus, Varicella, and/or Titers. Students and applicants are advised that the inability or unwillingness to procure and provide evidence of immunization or test for disease may limit a student's ability to successfully complete the program. If student is unable to get a particular vaccine(s) or take a test due to a medical or religious reason, the student should contact their Campus Dean and Student Services so that the parties may explore and discuss possible options, if any.

There is a tangible possibility that you will have clinical site orientations and/or EMR training scheduled during the break week. Clinical site orientations and EMR training sessions are prerequisites to clinical experience at scheduled sites. It is the student's responsibility to attend all orientations and/or training sessions as scheduled by the clinical site. Inability to attend a clinical site orientation will result in lost opportunity for clinical placement and postpone the graduation date.

Appendix 5: Respiratory Therapy Orientation Checklist

<i>Respiratory Therapy Orientation Check List</i>			
<i>Review</i>	<i>Policy or Practice</i>	<i>Review</i>	<i>Policy or Practice</i>
	It is my responsibility to notify my instructor in advance when I know I will be absent from class.		I understand that I must wear the program specific uniform to sit for any examination, quiz, or test in any class (RT, general education, lab, tour, or clinical).
	It is my responsibility to seek out assistance for academic help and to participate in faculty led tutorials, study groups, one-on-one, and other directed study helps.		I understand that there is clinical travel associated with my training program and that I may be asked to travel up to 175 miles (one way) from campus for clinical training.
	I understand that I may not leave the testing area once an examination has begun including use of the restroom or for personal hygiene or other personal reasons.		I understand that some school days that involve travel may occur with inclement weather conditions. I will make the necessary adjustments to ensure my attendance at the clinical site is not interrupted.
	I understand each class may have break periods that vary. I will adhere to the break schedule and return to class within the allotted time frame. Early, extra, or extended breaks may adversely affect my final grade.		When in clinical training, I will notify both the appropriate clinical instructor and clinical training site of any planned or unplanned absence.
	I understand that uniform infractions, attendance deviations, and professional demeanor may adversely affect my final grade.		I will wear the college identification/name badge at all times while on campus and at clinical training facility.
	I will take an active part in all class sessions, discussions, laboratory, and workshops. I will limit excessive talking and visiting in class to minimize distractions to other students. I will arrive to class prepared with textbooks, supplies, and class resources.		I will accept the clinical assignments given to me and make every effort to maximize the learning experience provided by the training site. I will seek out college faculty for assistance and communicate progress or difficulties as they occur.
	I understand the college will pay for the initial licensing application fees. This does not include the cost for photographs, or other documentation that may be needed.		I understand that all clinical training is offered in health care facilities independent of the college. I will regard each clinical site visitation as a guest with courtesy, respect, and in the most professional manner possible.
	I understand that upon passing the state licensing examination, I will be responsible for an initial processing fee, the amount determined by the state licensing board.		I will submit accurate records of my clinical attendance verified by the clinical training site on a weekly basis
	I acknowledge that I must pass the NBRC secured Therapist Multiple Choice (TMC) Self-Assessment Exam (SAE) and the Comprehensive Clinical Simulation Examination (CSE) SAE. Furthermore, I understand that I must pass both SAEs as a programmatic requirement.		I understand that should I fail to successfully pass the required NBRC SAE's within two attempts, the second attempt being at student's expense, I will receive a failing grade and be allowed one opportunity to successfully repeat the course the following term.
	I must wear the program specific uniform whether attending class, laboratory, clinical settings, or college sponsored event.		

Appendix 6: Confidentiality Agreement for Simulation Laboratory

As a patron of the Simulation Lab, I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Industry Portability and Accountability Act (HIPPA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

I agree to adhere to the following guidelines:

- All patient information is confidential, and any inappropriate viewing, discussion, or disclosure of this information is a violation of CC policy.
- This information is privileged and confidential regardless of format: electronic, written, overheard or observed.
- I may view, use, disclose, or copy information only as it relates to the performance of my educational duties/experience. Any inappropriate viewing, discussion, or disclosure of this information is a violation of college policy and may be a violation of HIPAA and other state federal laws.
- The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The student running the scenario should have everyone's respect and attention. Simulations in the lab are to be used as a learning tool only.
- The simulation mannequins are to be used with respect and to be treated as if they were living patients.
- Do not use Betadine or ink pens on or near the mannequins.

Appendix 7: Agreement to Abide by Program Policies

This is to certify that I have read and completely understand all policies described in the **Respiratory Therapy Program Handbook**. I agree to abide by the policies and procedures listed and described in the handbook. I understand that failure to adhere to the program policies and procedures can result in disciplinary actions and/or involuntary termination from the Respiratory Therapy program.

I understand that the program undergoes continuous review and self-evaluation. In an effort to improve student outcomes, it may be necessary to periodically modify the curriculum. In addition, policies and/or procedures may be revised or added during the training period. I agree to adhere to these changes as implemented and communicated by the Program Director.