



WEST VIRGINIA NORTHERN COMMUNITY COLLEGE

Respiratory Therapy Program

Student Handbook and
Policies and Procedures
Manuel

Academic Year 2026-2027

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A Note to You as a Student Respiratory Therapist

Your decision to pursue a degree in Respiratory Therapy is more than taking a series of courses and receiving a degree. It is your commitment to become a professional caregiver (body, mind and soul). All of the courses and experiences that you will have during your time in this program are designed to help you reach these goals. However, you must accept the responsibility that comes with the profession to learn what it takes to provide quality patient care that considers the needs of each individual. When you successfully complete this program, you will be ready to take your national credentialing examination and join the community of respiratory care professionals.

After reading and signing the Student Policies Agreement form (Appendix I) at the end of the document, you agree to abide by the Code of Ethics (Appendix A) that governs the behaviors of those working in this profession. This is a serious responsibility that you assume as a student in this program. While the contents of this handbook give you specific information about your conduct and behavior as a student, you should always remember that the *Code of Ethics* is your guide while preparing to become a respiratory care provider.

This handbook outlines the rules and regulations that you as a student in the Respiratory Care Program at West Virginia Northern Community College (WVNCC) must follow. You are responsible to abide by these rules and other rules established by the College. Every attempt will be made to consistently adhere to these rules. In extenuating circumstances, the Program Director and/or Director of Clinical Education reserve the right to make decisions on an individual basis in consultation with the division chair.

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Statement of Non-Discrimination

West Virginia Northern Community College embraces human diversity and is committed to equal employment opportunities, affirmative action, and eliminating discrimination. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited. Equal access to employment opportunities, admission, educational programs, and all other college activities is extended to all persons.

1.0 PHILOSOPHY

The Faculty of the Respiratory Therapy Program, in keeping with the philosophy of the College, believes that quality learning is achieved by combining the study of past and current knowledge with practical learning experiences in selected clinical environments.

Learning is also not a stagnant experience but rather a continual on-going process. Rapid changes in knowledge and technology require that professionals do not limit their education to that period of time from enrollment to graduation. Professional education is a process that begins with enrollment into a curriculum but continues throughout an individual's professional lifetime.

The goal of the Respiratory Therapy program is to provide the student with knowledge and experiences that will prepare the student for future professional employment and will serve as a solid foundation for a life-time of continuing professional learning. The Faculty of this program are also concerned with providing an educational atmosphere that will assist in the development of caring health professionals who are concerned not only with the physical needs but also with the emotional and psychological needs of the patient.

2.0 INTRODUCTION TO RESPIRATORY THERAPY

Welcome to the Respiratory Therapy Program. This field offers an exciting and challenging profession for the individual who is interested in serving others. Respiratory Therapy professionals have established themselves as an essential component of the health care team.

The responsibilities of the respiratory therapy provider include the administration of medical gases and aerosols; pre and post-operative prophylactic pulmonary therapy; airway care and maintenance; diagnostic testing; cardiopulmonary rehabilitation; and providing and managing total ventilatory support. The responsibilities of individuals employed in respiratory therapy are extremely varied and may differ from one institution to another within the same city.

The responsibility of the College and the Respiratory Therapy program faculty is to provide you with the classroom, laboratory, and clinical instruction that is necessary to prepare you for clinical practice in this profession. We are responsible for assuring your future employers that you have been educated and trained to the highest professional standards. As a student in respiratory therapy you will have the responsibility for maintaining your standards at a high level. You are encouraged to maintain an active interest in the activities of the program, the College, the community and your profession.

This handbook has been developed to provide you with guidance regarding your role and responsibilities as a student, as a future health professional, and as our colleagues of the future.

This handbook is revised annually, and the most recent edition replaces all previous editions. The RT Education Program reserves the right to implement, revise or newly created policies at any time it determines them to be necessary in order to facilitate the advancement of the College and the Respiratory Therapy Program, the material contained herein is subject to change without notice and should not be regarded as binding on the College.

3.0 PROGRAM GOALS

Program Goal 1

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

(Cognitive): Upon completion of the program, students will evaluate clinical information relevant to their role as performed by a registered respiratory therapist.

This includes abilities to:

- a. Use cardiopulmonary anatomy, physiology and pathology to assess, treat, and care for patients with cardiopulmonary problems. **(NBRC Matrix I A, B, C III D, E)**
- b. Use respiratory therapy equipment according to standards and best practices. **(NBRC Matrix II A, B, C)**

- a. (Affective): Upon completion of the program, students will demonstrate professional behaviors consistent with employer expectations as performed by registered respiratory therapists.

This includes abilities to:

- a. Communicate effectively with patients, physicians, and other members of the healthcare team. **(NBRC Matrix III G-2)**
- b. Actively participate in learning opportunities in the field of healthcare and to maintain licensure.
- c. Recognize human behavior, value systems, ethics, & cultures in healthcare.

(Psychomotor): Upon completion of the program, students will perform the technical skills required by registered respiratory therapists.

This includes abilities to:

- a. Apply the competencies in respiratory equipment operations, diagnostic testing, and respiratory modalities. **(NBRC Matrix II A, B, C-3)**
- b. Recognize life-threatening situations, administer necessary patient care, and maintain a patent airway. **(NBRC Matrix III G)**

Program Goal 2

To prepare the graduate to develop therapeutic goals of respiratory therapy basic care across the life span by:

- a. assessing patient subjective and objective data
- b. planning therapeutic interventions
- c. implementing the intervention
- d. evaluating the intervention's effectiveness (**NBRC Matrix III E**)

Program Goal 3

To provide graduates to fulfill the employment needs of RC professionals within the local, regional, and national service area.

- a. Produce sufficient numbers of graduates to fill the positions caused by turnover or expansion.

4.0 FACULTY EXPECTATIONS

The faculty have listed below what we would like to see exhibited by our students:

Commitment.

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

Attendance.

Students are expected to attend all respiratory therapy classes, laboratories, and clinical sessions. Penalties apply to unexcused absences.

Professional Demeanor.

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

Ethical Concern.

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

Academic Integrity & Competency.

Students are expected to master each major subject in the curriculum.

Laboratory Competency.

Students are expected to rehearse and satisfactorily demonstrate the skills necessary for competent and safe clinical practice in pre-clinical laboratory simulations.

Clinical Competence.

Students are expected to demonstrate the knowledge, skills, and attributes of the advanced respiratory care professional.

Course Grades.

Students are expected to earn C or better grades in all courses required for graduation.

5.0 ESSENTIAL FUNCTIONS & PROFESSIONAL EXPECTATIONS

Any student who cannot meet each of the Essential Functions with or without accommodation cannot be enrolled in the Respiratory Therapy education program. And will be directed to the ACADEMIC RESOURCE CENTER.

Phone number: 304-214-8923

Email: arc@wvnc.edu

If a student believes they may require accommodation(s) in order to meet these requirements, they must have their need for accommodation validated through the Academic Resource Center and accessibility services who works jointly with students and the Respiratory Therapy Program Faculty to explore accommodation options AND to fill out the voluntary disability disclosure form. The Academic Resource Center also provides testing and tutorial help, Mental health referrals, as well as library services can all be fund under the umbrella of the Academic resource center.

- Accommodation(s) may not be possible in some cases, and it may not be possible to provide some accommodations on short notice.
- Students are responsible for informing their instructors about needs for accommodation for courses or clinical rotations. Accommodation requests must be made in a timely fashion to permit adequate time to arrange the accommodation.

The Essential Functions for the Respiratory Therapy Program are the skills and competencies required of a respiratory therapist student who is expected to:

- Assess patients' need for respiratory therapy by interviewing patients, performing limited physical examinations, reviewing existing clinical data, and recommending the collection of additional pertinent data.

- Perform cardiopulmonary diagnostic procedures, calculate test results, determine reliability, perform quality control, and evaluate implications of test results.
- Evaluate all clinical data to determine the appropriateness of the prescribed respiratory care, to participate in the development of the respiratory care plan, and to provide care using clinical patient care protocols.
- Select, assemble, and check for proper function, operation, and cleanliness of all equipment used in providing respiratory care.
- Be responsible for the transportation, set-up, calibration, maintenance, and quality assurance of respiratory care and pulmonary function testing equipment.
- Initiate and conduct therapeutic procedures, evaluate treatment efficacy, and modify prescribed therapeutic procedures to achieve one or more specific objectives in acute care, intensive care & life support, continuing care, and rehabilitation settings.

Some of the activities required of students in respiratory therapy include performing chest compressions during cardiopulmonary resuscitation, deflating a bag while securing a face mask, identifying labels on medication vials, recognizing monitor alarms, obtaining arterial blood using a syringe and needle, using computer keyboards, communicating by telephone, travel between patients' rooms, and in emergency situations, therapists must respond and react quickly under stress.

- Act as an assistant to the physician with special procedures such as bronchoscopy, invasive cardiovascular monitoring, insertion of chest tubes, thoracentesis, etc.
- Demonstrate professional attributes of a member of the health care team including appropriate levels of confidence, cooperation, empathy, independence, initiative, judgment, maturity, organizational skills, ethics, and dependability;
- Respect and obey all pertinent laws and regulations and abide by the Code of Ethics;
- Maintain confidentiality and accuracy of patient records and communicate relevant information to other members of the health care team;
- Project a professional and healthful image, including: appearance, courtesy, respect, self-control, honesty, punctuality, and responsibility.

The following statements identify the attributes, abilities and essential function appropriate to the profession of Respiratory Therapy:

- i. Stand and walk for up to 90% of work time (8 to 12 hours)
- ii. Bend and kneel to competently perform CPR/BLS
- iii. Climb stairs when necessary
- iv. Lift up to 45 pounds and carry up to 25 pounds
- v. Push and pull heavy objects on wheels such as compressed gas cylinders and ventilators
- vi. Use of hands and fingers and all appropriate senses 100% of the time for such duties as percussion and auscultation of patients, assembling and disassembling equipment, and manipulating controls on machines.

- vii. Document communication in charts, reports and other forms of correspondence through the use of legible handwriting/typing
- viii. The student must be able to communicate verbally in an effective manner to explain procedures and direct patients during these procedures
- ix. The student must be able to hear, understand, and react quickly to verbal instructions, patient's needs and requests of others. The students must be able to hear alarms on equipment and monitors, hear auscultatory sounds, and cries for help. Hearing aid devices are acceptable.
- x. The student must have the necessary vision to read charts, observe patients, dispense medications, read machine controls and read patient monitors. The ability to read LED's is needed, as is the ability to see in dim light. Students must also be able to distinguish between various colors such as red, blue, green, yellow, orange, navy, black, purple, pink, grey and various shades of each color.
- xi. The student must demonstrate proper critical thinking, and behaviors. Impaired thinking constitutes a risk to patient safety. Impaired thinking is evidenced by an inability to make appropriate judgments and carry out respiratory care functions in relation to the delivery of patient care. Impaired thinking may be the result of fatigue, anxiety, sleep deprivation, medication use, illegal drug use, alcohol use, etc.
- xii. The student must be emotionally well. The student should be able to concentrate, have effective stress management, and positive mental health status.
- xiii. Maintaining effective performance in stressful situations related to equipment and patient problems. The student must be able to respond appropriately to situations requiring emergency care of the patient
- xiv. Providing physical and emotional support to the patient during procedures
- xv. Work in close proximity with members of the health care team and in small-enclosed areas.
- xvi. Must be willing to vaccinate. Appropriate vaccinations such, but not limited to, tetanus, DPT, DTaP, MMR, polio, hepatitis is required by most hospitals for employment and clinical rotations. Hepatitis B titers are required after final vaccination to insure immunity.
- xvii. Yearly PPD skin tests and initial two-step PDD skin test. If tests are positive, chest radiographs are often required. QuantiFERON Gold testing may be required by a clinical affiliate.
- xviii. Students must complete all physical examination requirements as set by the program and clinical affiliates.
- xix. Strong communications skills and an accepting, positive attitude is required when working with patients and others within the healthcare setting.

PLEASE SEE THE ATTACHED STUDENT TECHNICAL STANDARDS FORM THAT IS TO BE COMPLETED AND HANDED IN ON THE FIRST DAY OF ORIENTATION TO THE PROGRAM FACULTY.

APPENDIX D

6.0 PROGRAM ACCREDITATION

The Respiratory Therapy Program is a program offered at West Virginia Northern Community College, which is accredited by the North Central Association of Colleges and Schools (Higher Learning Commission HLC) and approved by the West Virginia Higher Learning Commission.

Accreditation is awarded when the academic institution has demonstrated that it maintains an education program in accordance with the guidelines adopted by the Commission on Accreditation of Respiratory Care (CoArc) www.coarc.com. West Virginia Northern Community College 's Respiratory Therapy Program is **Currently seeking Accreditation according to Policy 11. However, WVNCC can provide no assurances that Accreditation will be granted by (CoARC)**

(Program outcome data is available: <https://coarc.com/students/programmatic-outcomes-data/>)

CoARC
264 Precision Blvd
Telford, TN 37690
USA

TELEPHONE 817-283-2835
FAX TO PLAIN PAPER 817-354-8519
FAX TO EMAIL: 817-510-1063

NOTE: NO PROGRAM DATA AVAILABLE TILL 3 CLASSES HAVE GRADUATED

6.1 Program Control

The Respiratory Therapy program is a cooperative education program between the College and Our Clinical affiliates, where valuable "hands-on" clinical experience is obtained. Clinical Experience is mainly obtained at local hospitals: however, some areas such as Neonatal Critical Care and Certain specialty rotations require travel to Regional Health Centers within an 80 mile Radius of Wheeling. WVNCC is the controlling agency for the program. WVNCC Policies apply to all Students and faculty regardless of location.

7.0 PROGRAM ORGANIZATION

The Respiratory Therapy Program faculty consists of a Program Director, Marybeth Emmerth, MS, RRT, CPFT who is responsible for overall program administration. The Director of Clinical Education, Kathleen Compton MS, RRT is responsible for the coordination of the program between the college and the clinical affiliates. Respiratory Therapy instructors will be responsible for the instruction of the professional/technical courses. Clinical Instructors will be responsible for the clinical instruction. The Medical Director is a physician who assures the medical relevance of the curriculum. The program's Medical Director is Dr. Vipin Villgran.

The Respiratory Therapy Advisory Committee meets at least once annually to discuss the program. The committee consists of the Respiratory therapy faculty, the clinical instructors, the medical director, college administration, members of the community, clinical affiliate representatives, and respiratory therapy student members. The purpose of the committee is to review and establish

policy and thus evaluation of the program. The advisory committee serves to identify the strengths of the program and recognize and improve our weaknesses.

7.1 Plan for Consistency of Clinical Instruction and Evaluation of Clinical Courses, Clinical Instructors/Preceptors & Clinical Sites

The purpose of this Continuous Improvement Plan is to reduce inconsistencies in clinical instruction.

We schedule students to clinical sites that would provide equitable clinical experience for all the Respiratory Therapy Students. We have the students rotate at each facility equally in order to share same/similar clinical experiences at larger hospitals and smaller hospitals for all students. Some clinical sites are specific to the clinical objectives, especially for their specialty rotations. For example, all students go to WVU Children's for neonatal and pediatric experiences.

We assess the student's clinical instruction based on the student's evaluations of the clinical courses, clinical instructor/preceptors and clinical sites, Program Student Resource Survey, and other surveys such as: Program Personnel Resource Survey, Graduate Surveys, and Employer Surveys plus Inter-Rater Reliability (IRR) assessments of all paid clinical instructors.

Students are required to complete a preceptor evaluation on each Clinical instructor/preceptor and after completing the clinical site, they are required to complete the site evaluation plus a course evaluation.

If the results of surveys and/or students' evaluations of the clinical instructor/preceptors demonstrate a valid trend and concern regarding the consistency of their clinical experience, the DCE will attempt to validate the information with the student in conjunction with the clinical instructor/preceptor or any other related issues. If there is a valid concern, the DCE may consult with the Program Director and/or send the results to the clinical instructor/preceptor's supervisor depending on the issue. If there is a need for student remediation, we follow our Clinical Remediation Policy to address the clinically related deficiency (See Remediation, pg. 24 & 27). We make every effort to train the clinical instructors to evaluate the students and we use Inter-Rater Reliability results to evaluate the CI's every other year. New instructors are evaluated within a year. Only Clinical Instructors, who have completed the IRR training are permitted to evaluate student clinical competencies. If there are clinical instructors that are found in need of improvement, the Director of Clinical Education will meet with the clinical affiliates manager/supervisor at the site to discuss the points of discrepancy and address deficiencies needed. The DCE and Program Director also review the results after each IRR assessment.

Other survey results are also evaluated, and a "cut score" of less than 3, on a scale of 5, reflects a negative response. Although we generally examine all negative responses, positive responses of less than eighty percent (80%) trigger a review. If students are not meeting their clinical objectives required for graduation at the clinical sites, other results/issues may be assessed. If a clinical site does not have the resources/procedures necessary for students to meet their objectives we may decide not to use that site. The Respiratory Therapy Student Handbook and Clinical Preceptor Manual are updated regularly to improve the consistency of clinical instruction.

All Clinical Instructors as well as the Clinical Affiliates are provided with a Clinical Instructor Handbook. The Clinical Instructors are given this handbook upon hire and orientation to WVNCC policies and Inter Rater reliability training.

Student Policies

8.0 COURSE OF STUDY

The Respiratory Therapy Program is five consecutive semesters in length (**Appendix C**). Classroom instruction and laboratory instruction are concentrated more in the earlier semesters of the program. The classroom and clinical experiences proceed from simple to complex, with the individual student moving from a dependent role to a more independent role. Self-evaluation and self-responsibility are stressed throughout the entire program of study. To complete the program and be eligible to take NBRC exam, the student must progress from semester to semester satisfying all academic and clinical requirements, and graduate. Students are expected to take the Respiratory Therapy Exam upon graduation.

General course work may be completed on a part-time basis while professional courses require full-time enrollment. Classroom and laboratory instruction are offered prior to planned clinical experiences. The primary clinical experiences are provided at WVU- Wheeling, Weirton, Reynolds, Ruby and Children's. As well as Trinity and Select Specialty Hospital. New sites may be established, and students will be notified of the additions.

See Appendix C PLAN OF STUDY

STUDENT SCHEDULE

8.1 CLASSROOM

SCHEDULE:

Class attendance is mandatory. Students taking online or blended courses are required to check their email and online courses for new announcements, discussions, posts, etc. daily. Professional courses will be in seat. (Lecture via zoom online is rare but may occur due to extenuating circumstances)

ABSENTEEISM:

Notification of absenteeism is mandatory. A student who is repeatedly absent from classroom instruction will be subject to disciplinary action. It is the student's responsibility to consult instructors regarding classwork following each absence. The student is responsible for all work missed when absent and must make the necessary arrangements with the instructor to complete that work. (Students are allotted two absences for any reason without a reduction in their grade. There will be a 3% reduction in the overall grade due to a third absence, and a 1% reduction in the overall grade for each subsequent absence.

TARDINESS:

Regular and punctual attendance is mandatory. A student who is repeatedly tardy for classroom instruction will be subject to disciplinary action. A student will be considered tardy if they are not

present at the scheduled time for class to begin. A student will also receive a tardy mark for leaving class early. Three tardy marks will equal one absence.

STUDENT SCHEDULE

8.2 LABORATORY

SCHEDULE:

Laboratory attendance is mandatory. No procedures or high-risk procedures especially (ABG puncture, intubations) may be performed at clinicals until the student has been successfully signed off in the laboratory.

ABSENTEEISM:

Notification of absenteeism is mandatory. A student who is repeatedly absent for laboratory instruction will be subject to disciplinary action. It is the student's responsibility to consult instructors regarding laboratory work following each absence. The student is responsible for all work missed when absent and must make the necessary arrangements with the instructor to complete that work. (Students are allotted only 1 absence for any reason without a reduction in their lab grade. There will be a 3% reduction in the overall grade due to a second absence, and a 1% reduction in the overall grade for each subsequent absence). All laboratory hours for each course must be completed for a student to be admitted to the next semester. Laboratory make-up must be arranged with the instructor. A grade will not be issued for any course in which Laboratory time is not complete.

TARDINESS:

Regular and punctual attendance is mandatory. A student who is repeatedly tardy for laboratory instruction will be subject to disciplinary action. A student will be considered tardy if they are not present at the scheduled time for lab to begin. A student will also receive a tardy mark for leaving lab early. Three tardy marks will equal one absence. All laboratory hours for each course must be completed for a student to be admitted to the next semester. Laboratory make-up must be arranged with the instructor. A grade will not be issued for any course in which Laboratory time is not complete.

STUDENT SCHEDULE

8.3 CLINICALS

SCHEDULE: Clinical attendance is mandatory. The hours scheduled may vary depending upon the rotation specialty or the affiliate.

ABSENTEEISM:

Notification of absenteeism is mandatory. It is the responsibility of the student to notify the clinical affiliate, clinical instructor and the school if he or she will be absent. Tardiness to clinical is unacceptable. The clinical affiliate must be notified a minimum of two hours prior to the scheduled clinical time. You are not permitted to leave early unless the early departure is approved by the clinical instructor. A hospital therapist is not allowed to dismiss you early.

All clinical absences must be made up, regardless of reason. Make up time will be scheduled at the time that provides clinical experiences equal to a normal clinical day which may involve weekends or evenings, and will be held at the institution where clinical time was lost. A clinical instructor must be present during the scheduled make up time which will occur at a designated time during the student's

final exam week for each term. Clinical courses will be considered incomplete until those days are made up. All clinical make-up time will be coordinated at the direction of the Director of Clinical Education. No student will be permitted to begin the next semester without ALL clinical hours completed unless prior arrangements have been made with the Director of Clinical Education. Clinical make-up work will be scheduled during semester breaks or at the discretion of the faculty. The student must do the make-up work on the day/days scheduled. All clinical make-up work for the previous semester must be completed before the beginning of the next semester. No student will be permitted to begin the next semester without all clinical work completed unless prior arrangements have been made with the Director of Clinical Education.

TARDINESS:

Regular and punctual attendance is mandatory. A student who is repeatedly tardy for clinical experiences, or leaves early, will be subject to disciplinary action. A student will be considered tardy if they are not present at the scheduled time for their shift to begin, which depends on the individual clinical site.

Absenteeism/tardiness/calling off summary

The faculty believes that avoidable absence from **both classroom lecture and labs and clinical** reflects a lack of responsibility or accountability and should be thus evaluated. Therefore, any student who is absent from, or tardy for any reason, will be required to explain the reason to the instructor. Each case will be decided on its own merits, but job conflicts, business or pleasure trips, and demands of other course work are **not** valid reasons.

- Students must be on time for their assignments and no early dismissals will be allowed. Each student **must arrange any appointments and work schedules around the school schedule.**
- Students are to report to the clinical instructor or shift supervisor prior to reporting to their assigned clinical area.
- Students are expected to “report out” to their clinical instructor or assigned preceptor, prior to leaving the facility, and must give appropriate report on their patients prior to leaving. Students are required to work the full shift for which they are scheduled.
- Students must not ask preceptors or clinical faculty permission to leave clinical early except in the case of illness or emergency.
- A clinical occurrence and possible disciplinary action may be implemented for inappropriate requests to leave early, as well as for inappropriately leaving clinical early.
- When calling off from clinical the appropriate procedure must be used.
- Two **excused** clinical absence will be allowed without a required make up experience for inclement weather only.
- **All other clinical absences will require a makeup experience.**
- The makeup experience will be scheduled at a time designated by, and at the discretion of, the program faculty and will depend on available clinical facilities and faculty supervision.
- **It is the responsibility of the student to contact the DCE to arrange for rescheduling, as well as, to verify whether the first absence meets qualifications required to not be**

rescheduled. If he/she fails to arrange scheduling of make-up time, clinical assignment will be denied when the make-up deadline has passed.

- All make-up time must be accomplished within 14 days of the absence in the fall and spring semesters, and within 7 days in the summer semester.
- If a student is absent for a rescheduled clinical day, this is counted as an additional absence.

In the event of a clinical absence, the student must notify the clinical site at least two hours in advance of the time the student is scheduled to report.

The student is to notify the **RC shift supervisor** and state the reason that he/she will not be at clinical and give information where he/she may be reached by the clinical instructor. **The student should ask for the name of the person taking the message.** In addition, students must call their site instructor as well as the DCE.

Failure to appropriately notify the clinical site will result in an unexcused absence, a zero grade on the daily evaluation will be given for the day, and a required make-up clinical experience must be scheduled. This includes late call in and “no call, no show” occurrences.

Clinical assignments are made prior to each shift and any tardiness disrupt the smooth operation of the clinical department. ***If an emergency (e.g. loss of electricity, car trouble, bad weather, illness in family, or any other situation the instructor deems valid) should arise after the two-hour notification period, the Respiratory Care Department of the hospital must be notified no later than 30 minutes before the start of the shift.***

Please note: the **clinical site** must be made aware of student absences in a timely manner because it affects their daily work assignments. Faculty can be contacted later through voice mail or text if necessary.

ABSENTEEISM/CALL OFFS/TARDY FORM Found in Appendix G

Please refer to the call off form found in **Appendix G** so you may make copies as needed.

9.0 WEATHER DELAYS/CANCELLATIONS:

Inclement Weather Policy

When inclement weather causes driving conditions to be potentially hazardous, attendance at clinical is left to your discretion. The student is provided with a set number of allowed absences to account for such situations. Extraordinary circumstances may result in forgiveness by the program faculty. The DCE is available for consult. Safety is a priority. Classroom lecture attendance will follow the *class attendance policy*. If the student does miss clinical days due to hazardous conditions AND follows proper procedure, they will be charged with an excused absence. Students not following the appropriate procedures will be charged with an unexcused absence. All absences must be made up as per the appropriate level clinical attendance policy. If on clinical, the clinical site must be notified of absence prior to expected arrival time.

Again, please refer to the Notification of Absenteeism/Tardiness form in the Appendices. **Appendix G**

10.0 PREGNANCY

In the event of pregnancy, it is the student's responsibility to provide written confirmation of pregnancy from the attending physician, to the Program Director in order to continue in the program. This is essential to ensure the safety of the mother and fetus. Certain clinical settings may be hazardous to the pregnant individual; therefore, communication must be maintained between student and Director.

Because of pregnancy the student may find it necessary to withdraw from the program. In order to be re-admitted following the final outcome of pregnancy, the student's physician must provide written permission for re-admittance. Evidence of continuing good health must also be supplied. Due to the curriculum structure the student will need to plan for re-admission in consultation with the faculty. Re-admission into the curriculum at the point of withdrawal may not be possible.

11.0 ATTENDANCE POLICY DISCIPLINE ACTION PLAN

Tardy means arriving to clinical after the official starting time. Please check your clinical schedule for specific times for rotations. The sequence of discipline for tardy offenses is outlined below:

	<u>Offense</u>	<u>Action to be taken</u>
1.	First	Verbal reprimand and documentation of tardy time on the attendance record.
2.	Second*	Verbal and written reprimand of possible probation action and documentation of tardy time on the attendance record. Also, the student will be scheduled an 8-hour make-up day.
3.	Third*	The student will be placed on academic probation. The tardy time will be documented on the attendance record. Written notification of academic probation will be emailed. A second 8-hour make-up day will be scheduled.
4.	Fourth	The academic standards committee will schedule a meeting to discuss student dismissal from the Respiratory Therapy Program.

*Step 2 requires that the student schedule a meeting with the Director of Clinical Education. Step 3 requires that a meeting be scheduled with the Program Director.

The sequence of discipline for absence is outlined below:

	<u>Offense</u>	<u>Action to be Taken</u>
	First*	Verbal reprimand and documentation of absence on the attendance record. Make-up time will be scheduled.
	Second* absence	Verbal and written reprimand of possible probation action and documentation of absence on the attendance record. Make-up time will be scheduled.

- Third* The student will be placed on academic probation. The absence will be documented on the attendance record and make-up time will be scheduled. Written notification of academic probation will be emailed to the student. The probation will continue through the next clinical course in the sequence outlined in the college catalog.
- Fourth* The academic standards committee will schedule a meeting to discuss student dismissal from the Respiratory Therapy Program.

*Step 2 will require that the student schedule a meeting with the Director of Clinical Education. Step 3 requires that a meeting be scheduled with the Program Director.

All absences must follow the established guidelines. Any medical absence that exceeds three days will require physician verification. The verification must be presented to the program director.

The appeal process outlined in the College Catalog may be used at any step in the process. Found at the following link: https://www.wvncc.edu/docs/50_AcademicAppealForm2018.pdf

12.0 CLINICAL IMPROVEMENT PLAN

The Director of Clinical Education will plan for improvements if there are notable clinical site or preceptor needs for improvement. RAM (resource assessment matrix) percent less than 80% triggers a review of clinical resources. (See Clinical Instructor/Preceptor Training manual for more details under “Consistency of Clinical Instruction and Evaluation”).

12.1 CLINICAL EXPERIENCES

The clinical experience is intended to expose the student to the workplace environment, specific realms of clinical practice (such as critical care, neonatal care, rehabilitation, etc.), and multi-disciplinary relationships in healthcare. The student is required to complete the safety training for risks of infectious and environmental hazards prior to any clinical experience. The training must meet each clinical site’s policies and WVNCC policies. It is necessary for the student to avail themselves of all aspects of the clinical experience to complete the course of study. During the clinical experience the student functions under the guidance and control of an instructor, who is a member of the Respiratory Therapy Department of that clinical site. The student will adhere to the policies of the clinical site regarding the start and finish times for each session, meal breaks, and other breaks unless otherwise instructed. Clinicals will be required in the day shift (varies per site approximately 6:30 am to 5:00pm. Sleep Lab clinical experiences will be required during Semester V at night (approximately 9:00 pm to 5:30 am).

1. Each student is required to keep their evaluation report updated.
2. The student must have their evaluation report at the clinical site at all times.
3. It is the student's responsibility to present the evaluation report to the CI/preceptor daily.
4. Post-clinical conferences are required as scheduled. Attendance is mandatory. Conferences are considered part of the clinical experience and nonattendance is considered a clinical absence.
5. **Required Clinical Experiences:** The following lists the required minimum clinical semesters, number of evaluations, clinical days, and clinical hours in order for a student to graduate from the respiratory Therapy Program. These requirements are subject to change at the discretion of the DCE.

<u>Semesters Required (minimum)</u>	<u>Length of the Clinical Schedule Required (minimum)</u>	<u>Clinical Days Required (minimum)</u>	<u>Clinical Skills check off Evaluations</u>	<u>Clinical Hours Required (minimum)</u>
Semester II	14 Weeks	14 Days	20 Evaluations	168 Hours
Semester III	12 Weeks	24 Days	12 Evaluations	288 Hours
Semester IV	15 Weeks	30 Days	5 Evaluations	360 Hours
Semester V	15 Weeks	30 Days	5 Evaluations	360 Hours
Total	52 Weeks	90 Days	42 Evaluations	1176 Hours

6. Clinical grades are based on the completion of clinical objectives, attendance, student conduct, and clinical skills displayed while at a clinical assignment. There will also be periodic oral/practical examinations, as well as written assignments to evaluate a student's ability to organize, provide, and discuss therapeutic concepts. The specific grading criteria for each clinical semester is detailed in the syllabus course information for each semester.

7. Student evaluation reports are completed by the clinical instructors. Scores of "Poor" (2) or below mandate remediation and/or disciplinary action. Mid-Semester, students still receiving scores below minimal expectations of "Good" (3) must attend mandatory "Open Lab" Sessions.

8. Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students must not receive any form of remuneration in exchange for patient care they provide during programmatic clinical coursework.

12.2 CLINICAL EVALUATIONS

Evaluation is an essential and critical component of clinical education. Students in the clinical setting will be evaluated on their knowledge, their clinical skills, their communication skills, and their professional attitudes. Student knowledge will be evaluated through case discussions and presentations as well as through informal discussions with the clinical instructors. Clinical skills will be evaluated by means of clinical performance evaluations and by completion of clinical objectives. Professional attitudes will be evaluated using the affective instrument contained in the course syllabus.

Definition:

Affective evaluations are part of the clinical evaluation process. They represent the CI or preceptors' overall view of the student's ability to communicate, continue as an independent learner, demonstrate knowledge, provide appropriate care, problem-solve, and recognize life-threatening situations.

Procedure:

A. Students' responsibilities:

1. Provide the preceptor with the assigned evaluation form, or have the CI to go to the platinum format site and complete. **NOTE: *Affiliates may have a FIREWALL and be unable to use the platinum format. Thus, you must have paper copies with you at all times.***
2. Complete semester clinical objectives.
3. Complete the site and CI evaluation form after each clinical rotation and give to the DCE.

B. Clinical Instructors' responsibilities:

1. Complete evaluation form
 - a. Ideally students will earn a rating of 3 (Good) or above.
 - b. **Below-average performance ratings such as "Poor" (2) or "Unacceptable" (1) require an explanation in the comment section.**
 - c. Note areas that the student excelled in and areas that require improvement.
2. Student punctuality
 - a. The student is required to make up missed clinical time.
 - b. Time can be made up by permitting the student to stay past the scheduled clinical time. Or the WVNCC Director of Clinical Education will reschedule the missed time on a future date.
 - c. Assist the student in the completion of the semester objectives.

12.3 Clinical Records

Students in the clinical setting will be responsible for completion of the clinical performance evaluation, case studies/ other required coursework and daily summary sheets. These forms are records of the student's performance and attendance and will be maintained by the student and the CI/preceptor. Students will then turn these completed items in at the clinical lecture hour dedicated to the course weekly. Completed daily summary sheets, skills check offs and clinical paperwork will be given to the director of clinical education. The students shall be solely responsible for the security of these forms during such transfer. Accuracy in the maintenance of these records is essential and falsification of the records may result in disciplinary action against the responsible student. The information will remain in the student's clinical file. And/(or ***online in platinum***)

12.4 Clinical Rotation Evaluation

It is not only essential that student's performance in the clinical setting be evaluated, but also that the clinical experiences themselves be evaluated. Students will be expected to provide written evaluation of these experiences on a regular basis (once for each experience). It will be the responsibility of the student to complete these evaluations and return them to the DCE. Results of these evaluations will then be summarized and presented to the Director of the Respiratory Therapy Program prior to their review with the clinical affiliates by the DCE. Accuracy and objectivity are essential to accurate evaluation and will be expected. Please comment on any score less than a 3 on a 5-point scale.

ACADEMIC POLICIES**13.0 ADMISSION POLICY**

The Respiratory therapy program at the college requires 5 terms/semesters for completion.

General course work may be completed on a part-time basis while professional courses require full-time enrollment. Lecture and laboratory instruction are offered prior to planned clinical. Sites such as WVU Wheeling, Weirton, Reynolds, Ruby and Children's. As well as Trinity Medical Center West and Acuity Specialty Hospital. Some specialty rotations may be scheduled at WVU- New Martinsville, and Sistersville

Hospital depending on class size. New sites may be established and students will be notified of the additions.

The Allied Health programs have limited enrollment and a selective review process.

Applicants must meet all general admission criteria for the College; Allied Health, or Nursing application (including an application fee); provide official copies of their high school transcript, prior college transcripts, and any requirements specific to admission for the student's intended program. See the applicable application and individual program webpage for any additional items needed. Selection of applicants is a continuous process. Early application is highly recommended. For more information contact the Division of Allied Health or refer to the College's [website](#) under Programs of Study then Health care Professions. This does not mean, however, that any applicant is admitted directly to any course or program without an adequate background. For this reason, the College offers many courses which provide applicants with the opportunity to develop a sufficient background to enter the program of their choice.

Admission to the Respiratory Therapy program is limited to a maximum of fourteen (14) students per year. Applicants will be evaluated on the basis of selected objective criteria.

1. Official high school or GED/TASC/HiSET and college/program transcripts (if applicable) on file with WVNCC. registrar@wvncc.edu
2. Program application form on file, and \$25 application fee paid.
3. 2.5 cumulative college GPA preferred, but applicants with a GPA of 2.0 or higher will be considered if space is available.
4. Eligible to take college-level English and Math without supplemental coursework.
5. **TEAS test is not required but if taken a composite score of 58 or higher is preferred: scores of 52 or higher will be considered if space is available.**
6. Resume submitted to wvnccadmissions@wvncc.edu.

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- Upon successful completion of the application, you will receive an acceptance letter admitting you to the college and an email giving you access to a Brightspace Sandbox for the program to which you are applying. Program acceptance will come from the individual program director after the application deadline.
 - Once you receive access to the Brightspace Sandbox you will follow all instructions for submitting requirements.
 - All programs will upload a current resume. For assistance with creating your resume you can visit wvncc.lightcastcc.com or email bsteiniger@wvncc.edu.
 - Each program has specific selection criteria, timelines, and associated costs. Refer to the [Program page](#) for details.

- A. Selection of candidates is continuous and **early application is highly recommended**. Important information is communicated to applicants via WVNCC student email. It is the responsibility of the applicant to check this email regularly.
- B. Official transcripts should arrive sufficiently prior to the deadline to allow at least 10 business days for processing.
- C. Requirements for selection are minimal and must be met prior to review of the application. The majority of candidates exceed these requirements and, therefore, meeting the minimum criteria does not guarantee acceptance into a program. Selection of the class is at the discretion of program officials and is final.
- D. Candidates must achieve a C or better in all program courses and be able to pass a Physical Examination, Background Check, and Drug Screening. Details will be provided upon program acceptance.
- E. Students are responsible for all financial obligations required in the application process and program that include, but are not limited to, tuition and fees, transportation, meals, physical exams, drug testing, background checks, uniforms, supplies, textbooks, course and testing fees. **Applicants must be prepared to pay a \$200 deposit at the time of acceptance to reserve a spot in their program of choice; this non-refundable payment is applied toward the students' program expenses for the Fall 202x semester.**

IMPORTANT: If you have ever been convicted of a felony or misdemeanor for any reason, state and national credentialing boards, licensing boards, and other agencies which require criminal background checks on potential employees and students may deny you employment or placement in certain settings, even if you have completed all academic requirements. Please contact the Program Director if you have any questions.

For more information, visit our [website](#), contact the Admissions Office at wvnccadmissions@wvncc.edu, or contact the Appropriate Program Director

- See **Appendix D Student Technical Standards form to be turned in during orientation to the Respiratory therapy program.**

A medical history and physical examination by the applicant's personal physician as specified in the (letter mailed to the student) must be submitted to Platinum. Please review the table of Medical/Dental Requirements in the acceptance packet. Proof of health insurance with hospitalization benefits is required before any student can attend clinical sites. Failure to provide all required health information **by the OCTOBER 15 deadline** is grounds for **dismissal** from the Respiratory Therapy Program. A 10-panel drug screen and a CBI background check must be completed on or before **October 15 and submitted to Castle Branch.**

Completion of Health Records: Complete and submit the required health forms and documentation to Platinum. Submission of health records and annual immunizations are the responsibility of the student. The Essential Functions signed form is to be handed in to the Respiratory therapy program faculty. Your drug screen and Criminal Background Information (CBI) is submitted to Castle Branch. All by the OCTOBER 15 DEADLINE.

13.1 Transferring into the Respiratory Therapy

Applicants desiring to transfer into the West Virginia Northern Community College Respiratory Therapy Program must meet the same admission criteria required of all allied health science students.

Only prerequisite courses will be accepted. Any prior RET courses taken elsewhere are not acceptable and the student must begin a new within the Respiratory Therapy curriculum. Extenuating circumstances may allow individualized assessment of prior course work by the Program Director and DCE.

13.2 Readmission to Respiratory Therapy Program

Any student, who is dismissed, or for personal reasons has withdrawn from the Respiratory Therapy Program, may apply for readmission. Because of limited class sizes, a request for readmission will be considered as a new application with no assurance that readmission will be granted.

The student requesting readmission based on failure to progress in the program for any reason must, if accepted for readmission, complete the program in its entirety during that admission.

Procedures for requesting readmission are as follow:

1. A formal written request for readmission must be submitted to the Program Director of Respiratory Therapy. The letter must detail the changes you have made to be successful in your second and last admission. The focus should be on what caused you to stop and what you have done to make a difference in your educational life that will permit you to complete the program.
2. All requests for readmission will be presented to the Academic Standards Committee for review and action.
3. The applicant requesting readmission for the second year for Fall, Spring or Summer terms will be considered for readmission based upon a review of the applicant's records and space availability. A rubric will be used to determine if the student is eligible for re-admission. If a seat is not available the student will need to indicate that he/she wishes to be considered for readmission with the new Fall term class. The applicant requesting readmission for the first-year Fall term will be considered for readmission based upon a review of the applicant's records along with those of all other applicants. Applicant readmission should be requested as soon as possible. (statute of limitations) **SEE APPENDIX I**
4. The applicant will be notified in writing of the Admission Committee's action. Specific recommendations and/or requirements based on the student's transcript evaluation and the time lapse involved since last enrolled will be communicated in writing by the Division chair.

13.3 Leave of Absence

Students who leave the program in good academic standing and wish to re-enter the program at a later date may do so only if space is available. Since readmission cannot be guaranteed, students are advised to consult their advisor before such action is taken. **The student must complete the program within 3 years of taking their first technical course.**

14.0 PROGRESSION IN THE PROGRAM

The Respiratory Therapy course curriculum is designed so that each semester's requirements must be met before proceeding into the next. With extenuating circumstances, one exception may be allowed with written permission from the respiratory therapy program director and the respiratory therapy director of clinical education. One grade of C- in any one pre-requisite/corequisite math, science, or major course (RETH) may be considered for this exception. These circumstances will be evaluated on a case-by-case basis and are not guaranteed.

**Refer to the Respiratory therapy instructional flow diagram BELOW for clarification
Pg. 27**

14.1 DISABILITY STATEMENT

The intention of the West Virginia Northern Community College's Respiratory Therapy Program is to train competent Respiratory Care Practitioners who are capable of providing care for the general patient population in health care settings. To be effective, a student or graduate respiratory therapist should be flexible to respond to changing demands in the work environment and be able to perform during stressful situations while providing patient care.

- Individuals should assess their ability to meet these qualifications. If the student is not capable of demonstrating the needed skills and abilities, it is the responsibility of the student to request appropriate accommodation. In consultation with the Director of accessibility Services and the Allied Health Division Chair, reasonable modifications and/or accommodations will be made for the student with a documented disability.

14.2 DISMISSIAL FOR UNSAFE CLINICAL PRACTICE

A student may be dismissed from a program for unsafe clinical practice any time during the semester. In such cases a grade of "F" will be given for the course in which the unsafe practice occurred.

Practice may be unsafe for academic or disciplinary reasons. Academic reasons include failure to attain the required level of cognitive or motor skills. A few examples of unsafe practice due to academic reasons are inadequate preparation, inaccurate documentation, inability to perform motor skills safely, and practice beyond the scope of preparation.

Unsafe practice for disciplinary reasons includes: violation of institutional or professional codes of conduct, and unethical behavior. In addition, this includes failure to be safe because of attitudinal or physical problems. A few examples are poor hygiene, inability to establish rapport with clients, and a lack of integrity, initiative, interest, unable to perform to clinical site /program standards due to prescription drug/illegal/over-the-counter use or dependability.

Students are expected to provide judgment-free care and not allow personal beliefs to affect care provided.

Students will be afforded due process in cases of dismissal for unsafe practice. The student will be given verbal or written notice concerning the unsafe practice from the clinical instructor.

See the POSTED COPIES OF THE DISCIPLINARY & OBSERVED BEHAVIOR REASONABLE CAUSE & THE DISCIPLINARY FORMS IN THE LAB OR IN APPENDICES E and F OF THIS HANDBOOK.

In cases where there is a time lag between when a clinical instructor deems a student unsafe and when the departmental **ACADEMIC STANDARDS COMMITTEE** occurs, the clinical instructor may keep the student off the clinical areas. If, however, the departmental hearing results in the student remaining in the course, the student should be given the opportunity to make up the clinical time if necessary.

15.0 REMEDIATION

Remediation:

Students who are consistently unable to meet the clinical objectives, use unsafe methods of delivering patient care, show inadequate preparation in caring for patients, or demonstrate unprofessional conduct in the clinical area may receive a below-average and/or unacceptable clinical evaluation. This will result in remediation of the student by either WVNCC Director of Clinical Education or Program Director in the program's laboratory.

Reduction in final clinical grade is 5% for each "Poor" (2) score and 10% for each "Unacceptable" (1) score. Clinical Instructors will be contacted by the Director of Clinical Education to discuss performance ratings of "Poor" (2) or "Unacceptable" (1).

The Program Director and Director of Clinical Education will review and determine the final grade reduction.

Students who continue to have below-average/unacceptable clinical evaluations after remediation may fail the course, resulting in dismissal from the program.

Academic Standards:

Evaluation of students within the Respiratory Therapy Program will be based upon a criterion-referenced system. This means that students will be evaluated based upon recall, application, and synthesis of specific facts presented through lectures, laboratories, outside readings and handouts. Successful completion of all major exams or other evaluation procedures is a major component of this

system. The following are the minimum acceptable standards to ensure continued student enrollment in this program.

1. A grade of "C" (2.00) or better in all required technical and technically related courses;
2. An overall minimum cumulative grade point average of "C" (2.00), and;
3. A "P" (Passing) in evaluation of all clinical and/or laboratory experiences.

Grading Scale:

In order to assure consistency and to provide a method for students to monitor their own progress, a consistent grading scale has been adopted for all Respiratory Therapy (RES) courses, which may be applied in some technically related courses. This grading scale is based upon percentage performance on all forms of evaluations and is as follows:

<u>Letter Grades</u>		<u>Equivalent Percent Grades</u>
A	- Superior Quality	100% - 93%
B	- High Quality	92% - 85%
C	- Average	84% - 77%
D	- Below Average	76% - 70%
F	- Failing	69% - 0%

Incomplete (I) final course grades shall be reported to the Student Information Center if satisfactory performance has not been demonstrated by the time of submission of final grades. If satisfactory performance has not been demonstrated by the end of the sixth week of the term following assignment of the "I", the grade may be changed to "F" at the discretion of the individual faculty member. This will make the student subject to disciplinary action. Repeated application of this policy for a student may result in dismissal from the program.

Late Assignments and Make-Up Examinations

The student is required to submit all assignments on scheduled date(s); sit for scheduled test(s)/exam(s) on the scheduled date(s). Any assignment submitted after the scheduled date will be reduced in value by 10% for each late class day.

Example:	1 class day late =	10 points from 100 points or 5 points from 50 points; and
	2 class days late=	20 points from 100 points or 10 points from 50 points.

No late assignment will be accepted after graded/corrected assignments have been returned to the students enrolled in the class. Should a student miss an examination, that examination must be made-up by 4:00 p.m. of the next scheduled class day in which the student is in attendance. Failure to be present for any subsequent exams in that same course will result in a maximum achievable grade of "C"

Dismissal Policy

Any student may be dismissed from the Respiratory Therapy Program for academic or professional reasons at the discretion of the Academic Standards Committee. Academic causes for dismissal include but are not limited to:

1. Inability of the student to achieve a minimum grade of "C" (2.0) in any technical or technically related course. Please note that these courses are identified in the college catalog.
2. Inability of the student to achieve a minimum grade of "P" for any laboratory or clinical course.
3. Inability of the student to maintain a minimum 2.0 cumulative grade point average for any term.
4. Inability of the student to pass the Web-based SAE TMC Examination with high cut score on second attempt.

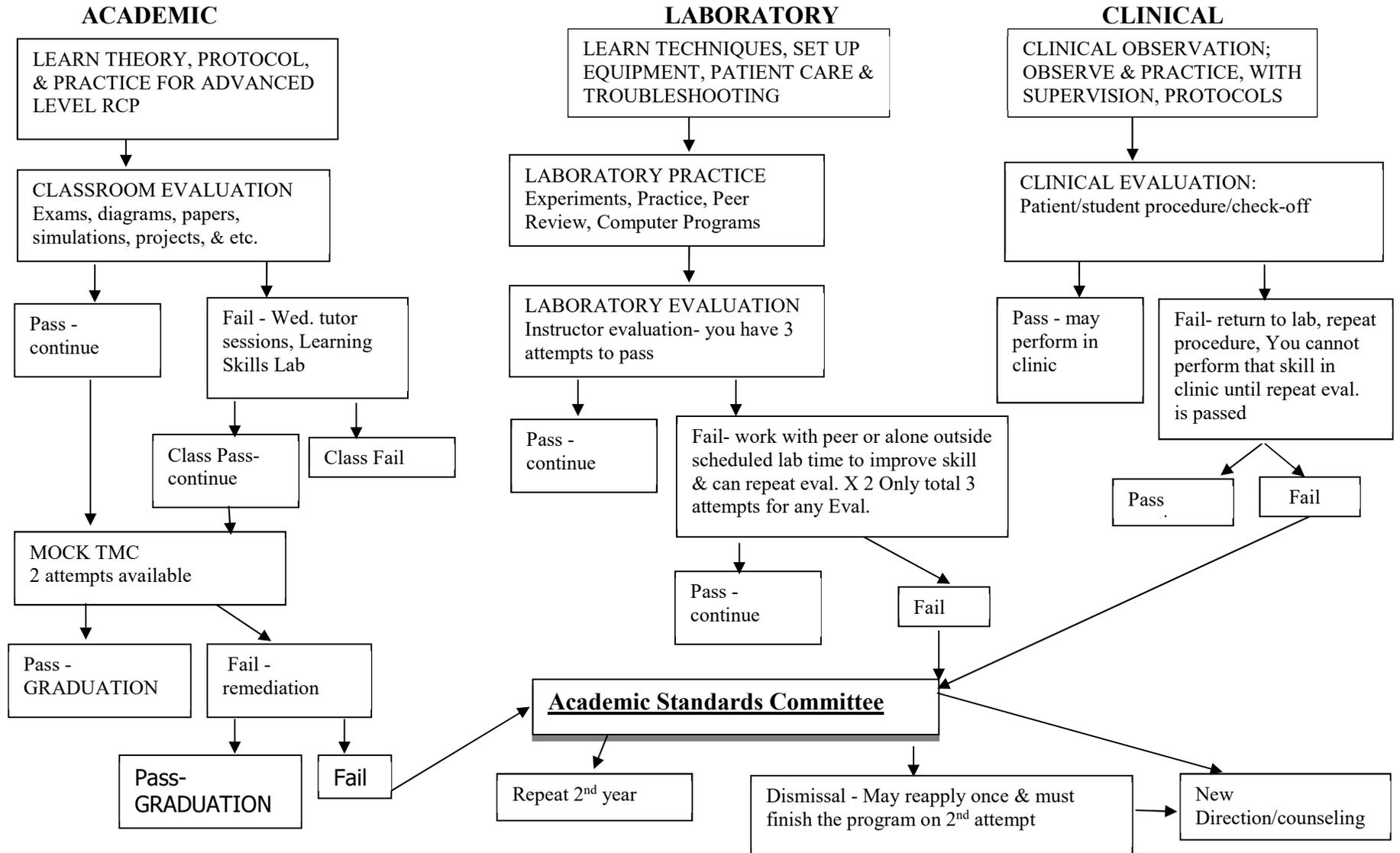
Professional justifications for dismissal from the program include:

1. Excessive absence, leaving early and/or tardiness for lecture, laboratory, and/or clinical courses.
2. Attitude deficiencies as described in the "Professional Probation Policy" in this Handbook.
3. Incomplete Health records or health records that are not kept current.

Clinical or laboratory justifications for dismissal from the program include:

1. Inability to pass a laboratory evaluation after three attempts.
2. Inability to pass a clinical evaluation after a second attempt.
3. Inability to pass a re-evaluation after remediation on the first attempt.

RESPIRATORY THERAPY PROGRAM COURSE INSTRUCTIONAL FLOW DIAGRAM



GENERAL RULES

16.0 ORIENTATION

All students must complete any online orientation programs and all clinical site orientations prior to attending any clinical rotations in a Clinical Practice Course. There will be a program specific orientation held in the lab one day the week prior to the start of the fall semester. All students will be notified 2 weeks prior to the orientation day.

17.0 CONFIDENTIALITY-HIPPA

Patient information and personal confidence obtained while practicing and studying in the program are privileged communication. Misuse of this privilege is regarded as unethical, unlawful and is cause for ***immediate dismissal*** from the program.

Examples of ways to maintain confidentiality include:

- Do not open any charts of patients that you are not involved in the care of
- Do not disclose patient information to anyone without consent from the patient (this applies to their employers, people in the room, etc.)
- Properly dispose of patient health info! (Most sites have designated shred bins - if you misplace a paper or something that contains patient health info, tell your preceptor immediately.)
- Do not email or text patient health info
- Any info used for case studies must have all patient identifying information removed (name, date of birth, account numbers, etc.) (Age, Sex, Height, etc. are acceptable)
- Do not leave a logged-in computer or any papers unattended

HIPAA (Health Insurance Portability and Accountability Act) is a Federal Law that was established in 1996. HIPAA now provides the Standards (effective 4-21-03) for protecting individual identifiable health information relating to care and treatment of a patient when it is maintained or transmitted electronically

Before HIPAA, no national standard existed for the protection of a person's medical information. Now, individuals are assured of access to their medical information and provided substantial protection regarding its use and disclosure regarding the HIPAA Privacy Rule. All students must comply with this Privacy Rule when assigned to clinical education experiences. You may have to complete additional units per a clinical affiliate.

Students are bound to comply with all privacy requirements when not in clinical rotations, including conversation with family, friends, and peers. Students will be held accountable for maintaining privacy for any information given during the clinical experience and will not post or discuss any aspect of that experience on any social media (Facebook, Twitter, e-mails, etc.).

All patient information and results must be kept confidential and may be reported only to those professionals directly involved with the patient's treatment and care. Failure to comply will result in **dismissal** from the program.

18.0 DRUG POLICY AND ALCOHOL POLICY

The use, possession, sale or distribution of narcotics or other dangerous drugs or alcohol on college property, in any clinical educational site, or at any function sponsored or supervised by the College, in a manner prohibited under Local, State or Federal law is strictly prohibited.

Policy Regarding Drug Testing for Students in Clinical Programs.

When the college, faculty or clinical instructors have reasonable suspicion that a student is under the influence of drugs or alcohol in a clinical setting, the college reserves the right to immediately remove the student from the clinical setting and demand that the student submit to a drug and/or alcohol test within 24 hours at the student's expense. Refusing to submit to a drug and/or alcohol test is cause for **dismissal** from the clinical program.

SEE OBSERVED BEHAVIOR REASONABLE CAUSE RECORD POSTED IN THE LAB AND IN THIS HANDBOOK FOUND IN APPENDIX E.

A student required to submit to drug and alcohol testing shall not participate in clinical programs until such testing has been completed and reviewed by Program Director, faculty and Division Chair. Upon review of test results, the specific college health program director in consultation with the division chair will determine whether the student may continue in the clinical program.

19.0 CRIMINAL BACKGROUND CHECKS & PRIOR CONVICTIONS

Allied Health majors are Required to have BCI criminal records check, FBI fingerprinting and drug screen: To meet the expanding requirements of our clinical affiliates, a BCI criminal records check and FBI fingerprinting will be mandatory prior to clinical experiences for all students within the WVNCC division of Allied Health. Criminal records check and FBI fingerprinting will be scheduled by the student through Castle Branch. A student is considered to be classified "at risk" if he/she has been convicted of a prior felony and/or any misdemeanors. Students with a history of a felony conviction or disqualifying offense and do not have a waiver from the judicial system, and/or who have a positive drug test for illegal substances, will be denied admission to any Allied Health program clinical course/co-op experience. A criminal record may also prevent you from obtaining a license or certificate in your chosen profession or to obtain employment post-graduation. Allied Health PROGRAMS requiring a drug screen will notify the student on or before orientation. The student will be required to schedule and pay for the drug screen so that testing is complete **on or before October 15th for the Respiratory therapy program only**. *Other disciplines may have a different date.* Any student who refuses a drug screen will be considered positive and will be denied entrance or continuance in any Allied Health Program requiring drug screens.

Criminal background checks may or may not include child abuse clearance. If the background check does not include child abuse clearance, a second clearance for child abuse may be required.

Any student with a criminal history who denies that history by answering "no" to the questions regarding criminal background will be dismissed from the program based on fraudulently presenting her/himself as not having a criminal record. Students with criminal histories who desire licensure or registration in allied health professions are urged to consult the laws governing licensure or certification in the state in which they intend to apply for license to practice.

20.0 DRESS CODE

Personal Appearance

Patients and visitors frequently are unfamiliar with medical procedures and therefore, are prone to judge the hospital by what they see and hear. Attire, grooming and manner can serve to reassure patients, their families and visitors that one is competent and careful in the performance of clinical duties.

Attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, the following personal appearance and hygiene requirements have been established and are also a matter of hospital policies.

Students will report to scheduled clinical sites clean and well-groomed and in complete uniform.

The WVNCC RETH program has an agreement with Studio Scrubs in the Elm Grove Crossing shopping center and model number scrub suits and lab jackets to insure clinical uniformity among program students. Specific instructions and contact information will be shared in the mandatory program orientation. Substitutions will not be accepted without prior approval from the program director. The clinical uniform consists of a brand specific solid color **XXXXXXX** scrub suit (without color trim), **clean white** leather nursing or tennis shoes, neutral hosiery or white socks, a white lab jacket with the **WVNCC Respiratory Care patch** (on the upper left sleeve 3 inches from shoulder). **Uniforms must be clean and pressed when worn to the clinical site.**

Items with company logos (other than WVNCC) are strictly prohibited.

ATTIRE

The College approved, required professional student uniform attire should not be worn outside the assigned off-campus agencies or on-campus laboratories, with the exception of commuting to and from home, to the agency, or to college. It is important to note that several assigned/ planned off-campus experiences may require a variation in required student attire, e.g. scrub attire which is available within the agency. **When a variation is required/approved by the college to satisfy agency dress code policies, the student will be advised of the acceptable variation by the program director for the college major or program faculty coordinating the off-campus experience.**

Uniforms: Each specific health technology program requires uniform dress attire. Specific scrubs can be purchased at Studio Scrubs in the Elm Grove Crossing Shopping Center or Via Medline.

Clinical affiliates require that all employee and student tattoos remain covered. Options for covering tattoos include long sleeved lab coats, wide watch bands, low pony tails, and wide bandage strips. The use of **a long-sleeved t-shirts (purchased as part of the clinical uniform)** is an option when lab coats are not permitted. If these methods are not effective, nor reasonable,

another alternative is tattoo concealing makeup such as “Dermablend”. This would only be effective when the affected body part is not subject to vigorous washing or scrubbing as in NICU.

The only time a student may take off his/her lab coat is when working in an intensive care or surgery unit. The left area above the scrub shirt pocket must be embroidered in a specific block font with WVNCC RETH so the student is identified as such when their coat is removed in a unit. Even then, **the student must wear their ID badge, and put the coat back on when leaving the unit for any reason, including breaks.**

If the student is not in complete and specified uniform, he/she may be sent home and marked absent for that clinical day.

Other required items below are considered a part of the uniform, and include:

- the WVNCC student identification badge,
- any required hospital ID,
- a double-bell stethoscope,
- goggles,
- a digital watch or watch with a second hand, a watch with both standard and military time is recommended
- black or blue pen
- the clinical competency skills check off sheets

Students will be advised of appropriate dress for attending workshops or conferences. Hats/caps may not be worn at sites.

- **Hair** is an important part of a student's appearance. Hair must be clean and well-groomed in a conservative style and a **natural color** appropriate to a health care environment. Students with medium or long hair should secure their hair to the back so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment. (Hair that falls below the collar must be secured.) Long freeform dreadlocks that cannot be pulled back and secured at the back of the neck are not allowed. Men must either be clean shaven or have an *established*, well-trimmed beard/mustache. Facial hair must allow for proper fitting of a HEPA mask. Half shaven appearance is not acceptable.
- **Make-up** can contribute to the professional look when used in moderation with a natural appearance. Dramatic or flashy colors, sequins, and theatrical application of make-up are not appropriate to the clinical setting. **Long nails and sculptured or artificial nails are not to be worn.** Fingernails are to be well groomed, and appropriate for the work environment. Nail polish should be a clear or conservative neutral shade.

- **Strong odors** can lead to respiratory difficulty in certain patients. **Therefore, the use of tobacco products, perfume, perfumed lotions, aftershave, or cologne is prohibited while at clinical.**
- **Personal hygiene is essential:** Students should bathe daily; using mild soaps and deodorants. While gum chewing is not allowed during clinical, the use of breath mints is permitted in non-patient care areas. Toothpicks, dental floss, or toothbrushes may be used in the privacy of a restroom.
- **Jewelry and accessories:** In patient contact areas, females may wear one or two earrings of the **SMALL** stud variety placed in the lobe of each ear. Necklaces or bracelets pose a safety hazard, and may not be worn. Rings are against infection control standards in some areas and should be limited to smooth wedding bands only. No other jewelry (or visible piercings including tongue rings) will be worn, in keeping with a conservative and professional uniform code. Due to security concerns, **purses should not be brought to the clinical site. Students should bring driver's license and lunch money in a small wallet/ID holder that can easily fit into scrub pockets. Students should not leave purses or other valuables in their cars during their clinical rotations! WVNCC and its clinical affiliates do not assume any legal obligation to pay for the loss of personal property left unattended in personal vehicles.**
- **Identification badges** The West Virginia Northern Community college I.D will be worn at all clinical sites, as well as classes, in addition to the clinical site I.D. should an institution require it. Failure to do so will result in the student being sent home, marked absent for the day, and disciplinary referral.
- The **students' WVNCC ID and all clinical badges** must be surrendered to the WVNCC RETH program director, or their designee, when a student graduates or leaves the program for any reason.
- **Communication/ electronic devices**
The use of cell phones, Smartwatches, personal pagers or other electronic devices is **to be limited** at the clinical sites. **Disciplinary action will be initiated if warranted due to excessive use.**

WVNCC Respiratory Therapy Program Social Media Policy

- **Social media** includes, but is not limited to, blogs (Blogger, Blogspot, Wordpress, etc.), photo and/or video-sharing sites and apps (YouTube, Flickr, Instagram, SnapChat, Vine, etc.), e-zines (digital magazines), wikis (Wikipedia), social networks (Facebook, Twitter, LinkedIn, Pinterest, etc.), video and audio podcasts (posted to the web or hosted by applications (ex.: iTunes)), ratings sites and apps (Urbanspoon, Yelp, Rate My Professor,

etc.), and discussion sections of web pages or applications (comment section under articles on news or information websites).

- West Virginia Northern Community College recognizes that social media is an important and timely means of communication. However, those who use social media must be aware that posting certain information is **illegal**. Offenders may be subject to criminal and civil liability, and adverse institutional/affiliates actions.

Therefore, students must make every effort to present themselves in a mature, responsible, and professional manner when utilizing social media. Communications must always be civil and respectful. Please be aware that no privatization measure is perfect and undesignated persons may still gain access to your networking site. Further, litigation involving such issues is complex, as the content on social media sites is easily misconstrued, permanent, discoverable by courts, and utilized in these adversarial proceedings. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues.

Therefore, students should **think** carefully before they post any information on a website or application, and consider their goals in participating. Students must make sure they are choosing the most relevant platform and **adding value** to the discussion; **Listen** before they engage and always be modest, respectful, and professional in their actions. To help facilitate these goals, the following **best practices** are encouraged:

- A. Students must make sure posts are relevant and accurate.
- B. Students must make it clear that they are speaking for themselves and not on behalf of West Virginia Northern Community College.
- C. Students must seek permission from fellow students prior to posting any personal information or photographs related to WVNCC activities.

Students may NOT post the personal information or photograph of any patient at clinical sites. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, types of treatment, or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery may still allow the reader to recognize the identity of a specific individual. Posting of patient information could violate state or federal laws such as the Health Insurance Portability and Accountability Act (HIPAA).

Students may **NOT** post vulgar, false, obscene, harassing statements, or statements disparaging the race, religion, age, sex, sexual orientation or disability of any individual with whom they come into contact as a result of their student role in this program. Students may **NOT** represent themselves as another person, real or fictitious, or otherwise attempt to obscure their identity as a means to circumvent the prohibitions included in this manual.

Failure to comply with these policies will result in disciplinary action.

21.0 PROFESSIONAL LIABILITY INSURANCE/HOSPITALIZATION

Student liability insurance is mandatory for all students accepted into the Respiratory Therapy Program. The cost of liability insurance is covered by the college. Liability insurance protects the student in case of an accident or incident with a patient.

Hospitalization **is not** provided by the College or the affiliates, and is the responsibility of each student. All students must carry hospitalization insurance because of the potential hazards of the health care area. Affiliates **are not** responsible for supplying free medical attention to students if an accident occurs within the hospital.

22.0 STUDENT EMPLOYMENT

Any student planning employment in Respiratory Therapy should notify the Director of the program immediately upon application. Both WV and Ohio Medical Boards determines eligibility for licensure. Program course work and program completion does not guarantee that a student is eligible for a license. Certain considerations must be made concerning students employed in Respiratory Therapy. No credit will be given for any activities related to employment. In WV and OH, a student must write to the Medical Licensure Board to obtain a permit prior to working in Respiratory Therapy. Again, both states Boards require that a student must have proof of having completed one (1) term of clinical prior to seeking a permit to work. A student can only perform procedures that have been completed in the lab and clinical when working.

Any student who is employed, is responsible for planning for their work schedule to conform to their educational responsibilities. The program faculty will not adjust the class/clinical schedules to allow for individual employment schedules.

23.0 STUDENT SAFETY

- **Fire and Safety Regulations**

Students will be required to read and adhere to safety procedures outlined in the fire and safety manuals in the clinical laboratories.

- **Isolation and Nursery Procedure**

Students are responsible for following the procedures outlined for staff at the hospital.

- **Handwashing**

Students should wash their hands before and after patient care, after handling patient specimens, after lavatory use, and before eating. Students are responsible for following the procedures outlined for staff at the hospital.

- **Injury or Illness During Clinical Attendance or Lab/Class**

If a student becomes ill or injured (including exposures) during clinical practice, the student should notify his/her supervising health care professional. The student should also contact the program's DCE as soon as possible. Should the need for the student to leave the facility or clinical rotation arise, the student should follow the appropriate procedure.

As per the WVNCC and hospital affiliation agreement the “hospital” shall render emergency first aid and general medical care to students at the student’s expense in the event of an accident or sudden illness while on the premises of the hospital.

NOTE: Any type of exposure of bodily fluids is to be taken seriously. Time is essential in limiting infection possibilities. Go to an emergency room if you are not receiving the care you need. **SEE 23.2 CDC**

Emergency Needle Stick Information

23.1 OSHA Bloodborne Pathogens and Needle Stick Prevention

Caution: If you are stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Report this immediately to your employer and seek immediate medical attention.

What are bloodborne pathogens?

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first responders, housekeeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to bloodborne pathogens.

What can be done to control exposure to bloodborne pathogens?

In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement an exposure control plan for the worksite with details on employee protection measures. The plan must also describe how an employer will use engineering and work practice controls, personal protective clothing and equipment, employee training, medical surveillance, hepatitis B vaccinations, and other provisions as required by OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030). Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.

23.2 CDC Emergency Needle Stick Information

If you experienced a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps:**

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile liquids
- Report the incident to your supervisor
- Immediately seek medical treatment

24.0 PROFESSIONAL ORGANIZATIONS

AARC

All students are strongly encouraged to establish and maintain membership in professional organizations. Membership in the American Association for Respiratory Care (AARC) <http://www.aarc.org/> provides concurrent membership in the WV State Society for Respiratory Care (WVSRRC) <http://www.wvsrc.org/>. Both of these organizations serve as important resources and sources of professional communication of value to the student. Application for admission may be obtained by going on-line to <http://www.aarc.org/>.

NBRC

The NBRC provides credentialing examinations for Respiratory Therapy and awards Respiratory Therapy credentials based on the results of those exams. In the United States, 49 states regulate the Respiratory Care Profession and all recognize NBRC examinations as the standard for state licensure. More information can be found at NBRC.org or the NBRC can be contacted using the address and information below.

NBRC	Toll-Free 888-341-4811	Email: info@nbrc.org
10801 Mastin Street, Suite 300	Phone 913-895-4900	
Overland Park, KS 66210	Fax 913-712-9283	

COARC

The COARC is the body which awards academic programs Accreditation. It is awarded when the academic institution has demonstrated that it maintains an education program in accordance with the guidelines adopted by the Commission on Accreditation of Respiratory Care (CoArc) www.coarc.com.

CoARC	TELEPHONE 817-283-2835
264 Precision Blvd	FAX TO PLAIN PAPER 817-354-8519
Telford, TN 37690	FAX TO EMAIL: 817-510-1063
USA	

AARC Code of Ethics

As health care professional engaged in the performance of respiratory care, Respiratory Care Practitioners must strive, both individually and collectively, to maintain the highest personal and professional standards.

The principles set forth in this document define the basic ethical and moral standards to which each member of the American Association for Respiratory Care should conform.

The respiratory care practitioner shall practical medically acceptable methods of treatment and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her by the physician.

The respiratory care practitioner shall continually strive to increase and improve his/her knowledge and skill and render to each patient the full measure of his/her ability. All services shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The respiratory care practitioner shall be responsible for the competent and efficient performance of his/her assigned duties and shall expose incompetence and illegal or unethical conduct of members of the profession.

The respiratory care practitioner shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient's medical care.

The respiratory care practitioner shall not accept gratuities for preferential consideration of the patient. He/She shall guard against conflicts of interest.

The respiratory care practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles. He/She should be familiar with existing state and federal laws governing the practice of respiratory care and comply with those laws.

The respiratory care practitioner shall cooperate with other health care professional and participate in activities to promote community and national efforts to meet the health needs of the public.

AARC
Role Model Statement
For Respiratory Care Practitioners

As health care professionals engaged in the performance of cardiopulmonary care, the practitioners of this profession must strive to maintain the highest personal and professional standards. A most important standard in the profession is for the practitioner to serve as a role model in matters concerning health.

In addition to upholding the code of ethics of this profession by continually striving to render the highest quality of patient care possible, the respiratory care practitioner shall set himself/herself apart as a leader and advocate of public respiratory health.

The respiratory care practitioner shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system.

The respiratory care practitioner shall support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs.

The respiratory care practitioner shall support research in all areas where efforts could promote improved health and could prevent disease.

The respiratory care practitioner shall provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public.

The respiratory care practitioner shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from his/her home and work environment.

The respiratory care practitioner shall uphold himself as a model for all members of the health care team by demonstrating his/her responsibilities and shall cooperate with other health care professionals to meet the health needs of the public.

Appendix C Program Plan of Study

Program Plan of Study

<u>First year – Fall Semester</u>		<u>Credit hour</u>
*BIO 220	Anatomy & Physiology 1	4
*ENG 101	College Composition 1	3
RETH 101	Intro to Respiratory Therapy	4
RETH 103	Cardiopulmonary Pharmacology	2
*MATH 115	Math for Health Sciences	3
*ORNT 090	College Orientation	0
		<u>16 credits</u>

<u>First year – Spring Semester</u>		
*BIO 225	Anatomy & Physiology 2	4
RETH 105	Basic Respiratory Therapeutics	4
RETH 107	Cardiopulmonary & Renal A & P	5
RETH 104	Clinical Practicum	2
		<u>15 credits</u>

<u>First year – Summer Term</u>		
RETH 109	Cardiopulmonary Diagnostics, Rehab & HC	4
RETH 106	Clinical Practicum 2	2
		<u>6 credits</u>

<u>Second Year- Fall Semester</u>		
*PSYC 105	Introduction to Psychology	3
RETH 201	Critical Care 1	4
RETH 203	Cardiopulmonary Pathophysiology	3
RETH 204	Clinical Practicum 3	3
		<u>13 credits</u>

<u>Second Year – Spring Semester</u>		
RETH 205	Critical Care 2	4
RETH 207	RT Seminar	2
RETH 206	Clinical Practicum 4	3
XXXX	ACLS/PALS/NRP	3
		<u>12 credits</u>

Total Credits	62
----------------------	-----------

* General Education courses

Appendix D Student Technical Standards

Respiratory Therapy Program STUDENT TECHNICAL STANDARDS

This form is used to give the student an opportunity to conduct a self-evaluation of their physical condition as it relates to the performance of duties required of a Respiratory Therapist. It is to be included with the Medical History and Physical Examination forms.

To the Student:

Please print or type. Complete this form indicating your present ability to perform the listed tasks. A candidate's inability to meet one or more of the tasks does not necessarily, but may, preclude a student from admission to the Program. The Program neither guarantees successful completion of coursework nor placement in a practicum site.

Last Name: _____ First Name: _____
 Student ID #: _____ Enrollment Date: _____

STUDENT SELF-EVALUATION OF PHYSICAL CONDITION: INDICATE YOUR ABILITY TO PERFORM THE FOLLOWING TASKS USING THE FREQUENCY KEY OF HOW OFTEN THE TASK IS PERFORMED. Answer yes or no as to your ability to perform. O = OCCASSIONALLY PERFORMED F = FREQUENTLY PERFORMED C = CONSTANTLY PERFORMED

PSYCHOMOTOR TASK	REQUIRED FOR	FREQUENCY	YES NO	
			YES	NO
BENDING	Placing patients into various positions	C		
	Adjusting equipment	C		
KNEELING	Performing CPR	O		
STANDING	Administering therapeutics	C		
	Taking vital signs	C		
	Charting	C		
	Performing CPR	F		
REACHING	Obtaining supplies from overhead equipment setup	O		
	Assisting with patient positioning	C		
PUSH/PULLING	Moving patients, supplies, furniture, equipment, etc.	C		
LIFTING	Moving patients and equipment (50 lbs. requirement)	F/C		
	Storing supplies and equipment	F		
WALKING	Walking in the facility 8-12 hours per day depending on scheduled assignment	C		
HEARING	Follow verbal instructions	C		
	Understand the normal speaking voice without viewing the speaker's face	C		

	<i>Visual continued</i>			
	Telephonic communication with patients, health care personnel & medical facilities & etc.	C		
	Hearing alarms and medical equipment	C		
	Taking vital signs by auscultation	C		
	Patient education	C		
VISUAL	Recognize and distinguish gradients of color; abnormal muscle movement/usage	C		
	Read English words (including medical terms) and numbers on client's chart, computer printout screen or legible handwriting and interpret and enter lines and points on a graph.	C		
	Prepare correct medication dosages including aspiration of medication	C		
	Settings and reading medical equipment gauges, dials, etc.	C		
VERBAL	Speak in a manner that is understandable (i.e., clear, distinct words and adequate volume) to the listener	C		
DEXTERITY	Possess fine motor skills to hold and manipulate small equipment and sharp instruments (i.e., syringe, butterfly, etc.)	C		
	Prepare and administer medications	C		
	Type on a keyboard, hand-held PDA device	C		
	Set up/maintain sterile fields/use aseptic technique	C		
TACTILE	Palpate pulses, arteries for arterial puncture, assess chest	C		

BEHAVIORAL/AFFECTIVE STANDARD	FREQUENCY	YES	NO
Prioritize and Manage Multiple Tasks Simultaneously	C		
Exhibit Social and Communication Skills Necessary to Interact Effectively with Patients, Families, Supervisors and Co-workers of the Same or Different Cultures, Showing Respect, Courtesy, and Compassion	C		
Maintain Personal Appearance, Hygiene and Professional Attitude Consistent with Close Personal Contact Associated with Direct Personal Care	C		
Function Safely, Effectively, and Calmly in Stressful Situations	C		

By my signature, I confirm that I have read and performed the above self-evaluation and confirm that **I am able** to perform the skills listed above _____

Signature of Student

Date

By my signature, I confirm that I have read and performed the above self-evaluation and confirm that **I am unable** to perform one or more of the skills listed above.

Signature of Student

Date

While the program defines the essential functions, the determination and provision of reasonable accommodations for students with disabilities will be handled by the ARC. The ARC will then collaborate with the RT program to ensure accommodations are appropriate and do not alter the program's essential requirements.

Appendix E Observed Behavioral Reasonable Cause Form

WEST VIRGINIA NORTHERN COMMUNITY COLLEGE
OBSERVED BEHAVIOR REASONABLE CAUSE RECORD

Student Name: _____

Observation Date & Time: _____ Location: _____

Cause for Suspicion:1. Presence of Drugs and/or Drug paraphernalia (*specify*): _____
 _____2. Appearance of Student (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Normal: followed dress code: clean & neat | <input type="checkbox"/> Inappropriate wearing of sunglasses |
| <input type="checkbox"/> Profuse sweating | <input type="checkbox"/> Puncture marks |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Dilated/Constricted pupils | <input type="checkbox"/> Pallor |
| <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Alcohol odor noted |
| <input type="checkbox"/> Flushed appearance | <input type="checkbox"/> Dry mouth: continuously licks lips |
| <input type="checkbox"/> Inappropriate wearing of bandages | |
| <input type="checkbox"/> Other: _____ | |

3. Behavior/Awareness (*check all that apply*):

- | | | |
|---|--|--|
| <input type="checkbox"/> Normal: alert & oriented x 3 | <input type="checkbox"/> Flat affect | <input type="checkbox"/> Nervousness/tremors |
| <input type="checkbox"/> Confused, inappropriate conversation | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Refuses to engage in conversation | <input type="checkbox"/> Dozing/sleeping | |
| <input type="checkbox"/> Other: _____ | | |

4. Speech (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> Normal: clear, understandable | <input type="checkbox"/> Incoherent speech |
| <input type="checkbox"/> Slurred/garbled | <input type="checkbox"/> Slow hesitant speech |
| <input type="checkbox"/> Whispers inappropriately | |
| <input type="checkbox"/> Other: _____ | |

5. Motor Skills (*check all that apply*):

<input type="checkbox"/>	Normal: steady, upright gait
<input type="checkbox"/>	Unsteady gait: stumbling, staggering, swaying, or falling
<input type="checkbox"/>	Arms raised for balance
<input type="checkbox"/>	Reaching for support

<input type="checkbox"/>	Tremors
<input type="checkbox"/>	Other: _____

6. Other Observed Actions or Behavior (*specify*): _____

7. Actions Taken: Student dismissed Student willingly submits to drug screen student refuses drug screen
 Other _____

Witnesses: _____
(Signature) *Printed Name* *(Title)* *(Date)* *Time*

Faculty: _____
(Signature) *Printed Name* *(Title)* *(Date)* *Time*

Appendix F Disciplinary Report Form

**WEST VIRGINIA NORTHERN COMMUNITY COLLEGE
DISCIPLINARY REPORT FORM**

This report is to be given to the WVNCC Program Director or the Director of Clinical Education for placement in the student's file.

Student's Name: _____ **Date:** _____

Unexcused Academic/clinical Absence	Lack of Interest in Health Activity	Dishonesty
Tardiness	Failure to Obey Reasonable Directive	Violation of Safety Rules
Sleeping in Class/Clinical	Poor Personal Appearance	Lack of Cooperation with Personnel
Incident Report Filed	Leaving Facility without Permission	Inability to Comply with clinical Objectives
Substance Abuse Confirmed	Leaving Assigned Work Area Without Permission	Destruction of Property
Smoking in a Non-designated Area	Improper Clinical Attire/Uniform	Incomplete Health Records

Additional Information (or) Explanation of Event Other Than those Identified

Signature of Facility's Representative

Date

Program Director/Instructor Receipt of Document Signature

Date

Student Signature

Date

Comments:

Appendix G Notification of Absenteeism/Tardiness/Call-Offs



WEST VIRGINIA NORTHERN COMMUNITY COLLEGE

Notification of Absenteeism/Tardiness/call -off

Absence/tardiness/calling off from clinical experiences must be reported to the Clinical site/ Clinical Instructor and the Director of Clinical Education each day at least two hours prior to the scheduled report time. You must compile the following information when you call the site and speak with a representative of the Respiratory therapy department. Taking specific notes on the call- off conversation is important and expected. This information must be given to the DCE in an email or in person. Leaving a voice mail does not count as notifying the clinical site. Call the department until you are able to speak with someone directly if calling on a day there is not a paid clinical instructor scheduled on site.

Student Name: _____

Date: _____ Clinical site: (scheduled for) _____

Clinical Shift Time (scheduled for) _____

Phone number you called: _____

Time(s) that you called: _____

Name of the Respiratory Therapist that you spoke with (when you called) _____

Message that you gave the Therapist (when you called): _____

What the Respiratory Therapist that you spoke with said in response: _____

Failure to notify the clinical site and/ or the Instructor/ DCE prior to an absence will be considered unreliable. One Verbal warning notice will be given to the student. Upon the second occurrence, the student will be given a "Written Notice". Upon a third occurrence, the student will be placed on probation. If the problem is not corrected by the designated date, the student could be dismissed from the Respiratory Therapy program.

Please see Disciplinary processes/Dismissal procedures in the handbook and in the Appendices.

Appendix H Exposure and Incident Report



WEST VIRGINIA NORTHERN COMMUNITY COLLEGE

Respiratory Therapy Program
EXPOSURE AND INCIDENT REPORT

Name: _____ Date of Incident: _____

Location of Incident: _____

Injury (if any) _____

Incident:

Follow Up:

Witnesses:

Student Signature

Program Director

Director of Clinical Education

Appendix I RE-ADMISSION RUBRIC

**WEST VIRGINIA NORTHERN COMMUNITY COLLEGE
RE-ADMISSION RUBRIC**

Please note: The purpose of the rubric is to give comparable, relative assessment of re-admissions' potential; all final decisions are reached by the faculty discussion and consensus. Health programs permit one readmission.

Student Name: _____

	0	1	2	3	Score
Letter of Request	Letter includes little or no insight into cause of failures and weak plan for remediation	Letter includes insight into cause of failures and realistic plan for remediation	Letter includes changes already implemented	/	
Overall Transcript Review	Significant number of repeats/withdrawals of courses or < "C" grades	Limited number of repeat/withdrawals of courses or < "C" grades	No repeats or withdrawals	/	
Clinical Evaluation	Clinical failure	Evidence of clinical difficulties	No documented evidence of clinical problems	Excels in clinicals	
Sciences Grades (A & P) I & II & Math)	Significant number of repeats/withdrawals of courses or < "C" grade	Limited number of repeat/withdrawals	No repeats or withdrawals	/	
Overall GPA from most current semester post dismissal	GPA 2.0-2.5	GPA 2.5-3.0	GPA 2.5-3.5	GPA > 3.0	Total
Previous program concerns or issues discussed with student: Attendance, Grades, Safety, Professional Behavior, Communication	Discretionary points:				
Comments					
Total possible 12 points	6 or < points, do not re-admit		7-10 points potential admit Re-admit after faculty discussion	11-12 points re-admit	



WEST VIRGINIA NORTHERN COMMUNITY COLLEGE

Respiratory Therapy Program

Initial only the appropriate boxes and sign below.

I have read the RESPIRATORY THERAPY PROGRAM STUDENT HANDBOOK and I understand the policies described, and I accept the responsibilities as conditions of enrollment.

I have read and understand the Respiratory Therapy Essential Functions, Expectations and Faculty expectations.

I will be able to meet each of the Respiratory Therapy Essential Functions & Expectations **without accommodation**. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Respiratory Therapy program.

I will be able to meet each of these standards **with accommodations**. I will contact the Office of Student Life Disability Services to have my need for accommodation validated. I will work with both ODS and the Respiratory Therapy program to examine accommodation options. I understand that in some cases accommodation may not be possible. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I will not be able to continue in Respiratory Therapy.

I will NOT be able to meet each of the Respiratory Therapy Essential Functions & Expectations with or without accommodation.

Signature of Student

Date

Printed Name

Respiratory Therapy Program

April 2025