



*St. Louis Community College –
Forest Park*

Respiratory Care Program

**Student Handbook
2017**

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INTRODUCTION

This student handbook is designed to be utilized by students in the respiratory care program who have questions about the program. It is to be used as a reference guide for students concerning their responsibilities while in the program. For STLCC policies and procedures, click [Need 2 Know](#) on the website www.stlcc.edu. **It is extremely important that you read and understand the policies found in this handbook.**

MISSION STATEMENT

The Respiratory Care program functions under the organization of St. Louis Community College and therefore adheres to the mission statement of the college – to expand minds and change lives.

The Respiratory Care program is designed to provide a strong foundation in the technical application and theories of respiratory care as well as fundamental knowledge in liberal arts and basic science. The mission of the program is to graduate students with the Standards of an Accredited Educational Program for the Entry into Respiratory Care Professional Practice from the Commission on Accreditation for Respiratory Care (CoARC). These standards can be found at www.coarc.com.

PROGRAM GOAL

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

LEARNING OUTCOMES

Cognitive Domain

Upon completion of the program, the student will...

- evaluate data in the patient record.
- gather and evaluate clinical data through a patient interview and patient assessment.
- recommend diagnostic procedures and evaluate the results.
- ensure modifications are made to the respiratory care plan using evidence-based medicine principles.

Psychomotor Domain

Upon completion of the program, the student will...

- perform procedures to gather clinical information and evaluate the results.
- assemble and troubleshoot respiratory therapy equipment.
- ensure infection control.
- perform quality control procedures.
- maintain a patent airway, including the care of artificial airways.
- perform airway clearance and lung expansion techniques.
- support a patient's oxygenation and ventilation.
- administer medications and specialty gases.
- provide respiratory care techniques in high-risk situations.
- assist a physician / provider in performing procedures.
- initiate and conduct patient and family education.

Affective Domain

Upon completion of the program, the student will....

- effectively communicate in both oral and written formats.
- function effectively as a member of the healthcare team, contribute to a positive environment, and work effectively with supervisory personnel.
- demonstrate self-direction and manage time effectively.
- arrive on time and be prepared.
- demonstrate respect for beliefs and values of all persons regardless of cultural background, religion, age or lifestyle.

ACCREDITATION INFORMATION

The Commission on Accreditation for Respiratory Care (CoARC) accreditation status for this program is current. Individuals who successfully complete the program are eligible to take the entry-level certificate exam as well as the advanced-practitioner written registry and clinical simulation exams administered by the National Board for Respiratory Care (NBRC).

Commission on Accreditation for Respiratory Care (CoARC)
1248 Harwood Road
Bedford, TX 76021-4244
(817) 283-2835

FACULTY INFORMATION

Faculty members are available to meet with students during regularly scheduled office hours and by appointment.

The hours of each faculty member will be posted outside the office prior to the beginning of each semester. Students are expected to exercise courtesy and patience when an instructor is involved in a conference with another student or instructor, or is on the telephone. The instructor will see you as soon as the situation allows.

Instructors will schedule appointments with students at either the student's or instructor's request. If the student is unable to keep the appointment, the student is expected to notify the instructor as soon as possible.

The program's office is located on the 4th floor in E tower – Room E-411. Phone numbers and e-mail addresses are:

PROGRAM DIRECTOR:

Lindsay Fox, MEd, RRT-NPS
Assistant Professor
Phone: (314) 644-9079
E-mail: LFox40@stlcc.edu

DIRECTOR OF CLINICAL EDUCATION:

Joe Fackelman, BA, RRT
Assistant Professor
Phone: (314) 644-9326
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ADJUNCT FACULTY:

Amanda Swaleh, BHS, RRT
Email: ajswaleh@gmail.com

ACADEMIC INFORMATION

GRADING

The following grading scale is used in all respiratory care didactic, lab, and clinical courses:

Grading Scale:	93.0 – 100% A
	84.0 – 92.0% B
	75.0 – 83.0% C
	70.0 – 74.0% D
	00.0 – 69.9% F

A score of 75%, (a grade of “C”), or better, is required to pass each course and continue in the Respiratory Care program.

ATTENDANCE POLICY FOR CLASS AND LAB

Due to the concentrated nature of the program, students are expected to be present for, and participate in, all scheduled learning experiences. Students need to schedule personal matters so there is not a conflict.

Arriving late, or leaving early, is disruptive to the learning of others.

- If you are more than 1 minute late to class or lab or leave early you will be considered tardy. **Two tardies will constitute one (1) absence.**
- For 16-week courses, if a student is absent more than two times the number of times that course meets in a week, he/she will incur a 5% deduction in the overall grade for each absence after the allowed amount. (Example, for a course that meets twice a week, the student is allowed to miss class four times before a deduction)
- For an 8-week course, the student is allowed to miss the number of times the course meets in a week. (Example, for a course that meets twice a week, the student is allowed to miss class two times before a deduction.)

Excused absences (that will not count against the student) include:

- Medical emergency/hospitalization of the student
- Military duty
- Funeral leave for an immediate family member
- Jury Duty

The student will be required to present official documentation to the Program Director as soon as possible, in order for the absence to be excused.

If a student receives a grade deduction in a class due to absences and/or punctuality, the student will be placed on attendance probation for the next semester of the program. If the student receives a grade deduction in any class or clinical course the next semester, the student will be withdrawn from the program.

SCHEDULING COMMITMENT

The Respiratory Care Program is designed as a two-year continuing curriculum. All respiratory care courses **MUST** be taken in sequence outlined in the Recommended Academic Plan that is on the website. It is recommended to take the general education courses prior to the program if possible. Anatomy and Physiology II and Microbiology must be completed prior to the summer (3rd) semester of the program - these two courses are pre-requisites to summer respiratory care courses.

All respiratory classes and labs are held Monday-Friday during the day hours – there are no weekend or evening respiratory care classes at this time. Clinical rotations mirror an 8.5 or 12.5 hour dayshift at the hospital. Most affiliates begin the dayshift between 6:00-7:00am. Clinical is generally scheduled Monday-Fridays with the actual days varying with course and the student's individual schedule. The DCE holds the right to schedule students on weekends or evenings if necessary.

PROGRAM PROMOTION

A student in the Respiratory Care program must receive a satisfactory (minimum “C”) rating in didactic, laboratory, and clinical courses in order to promote through the program.

In each respiratory care course, an “unsatisfactory” laboratory rating results in a course failure, *regardless* of the didactic grade.

A student in the Respiratory Care program may be placed on academic probation by the Program Director in the following instances:

- If the student withdraws from any respiratory didactic, lab, or clinical course for any reason.
 - The student must repeat and pass the course(s) with a “C” or better in order to move forward in the program.
- If the student does not obtain the minimum “C” grade in any respiratory didactic, lab, or clinical course
 - The student must repeat and pass the course(s) with a “C” or better in order to move forward in the program.
- When the student's total college grade point average falls below 2.50.
 - The student will be given one semester to achieve the 2.50 average.
 - If, at the end of that semester, the deficiency is not made up, the student will be withdraw from the program.

READMISSION POLICY

If a student withdraws or was dismissed from the program, and desires readmission into the program, the student must understand and abide by the following policies.

- **Readmission is not guaranteed.** Faculty reserves the right to deny or approve re-entry based on curriculum changes and space availability. Students reentering the program will be accepted only when the maximum number of students allowed in the respiratory program would not be exceeded.
- Students seeking readmission must make an appointment with the Respiratory Care Program Director prior to the midterm of the following semester after the semester of withdrawal/dismissal. The Program Director must approve readmission or reentry of a student. Each student will be given an academic probation plan which includes but is not limited to: immunizations, BLS, proficiency testing, retaking courses already passed, auditing courses, and/or repeating background checks and drug tests. If the requirements to readmission are not completed by the due dates given, the student will not be able to reenter the Respiratory Care program.
- Students seeking readmission must be in good academic standing in the college, having achieved a GPA of 2.5 or better (based on a 4-point scale) in all previous college work at St. Louis Community College.
- Students that encountered a major health problem that caused him/her to miss an extended period of time and thus were withdrawn from the program need to do the following based on the illness.
 1. Physical Illness – the student must present to the Program Director a statement from his/her physician (on attending physician’s letterhead) stating that the student is physically able to continue the program.
 2. Mental Illness – the student must present to the Program Director a statement from his/her psychiatrist (on psychiatrist’s letterhead) stating that the student is mentally able to continue the program.
- Only one readmission is allowed. If a student withdraws from or fails any course after being readmitted to the program, he/she will be withdrawn from the respiratory care program. All respiratory care courses must be completed within 3 years.
- The order of priority for students requesting special admission is:
 1. Students who withdrew (with a passing grade) from the Respiratory Care program due to circumstances beyond their control will have first priority.
 2. Students in “good standing” transferring from another Respiratory Care program will have second priority. The program may accept transfer students based on the following criteria:
 - the student completes all transcript evaluation steps
 - the student provides documentation of completed competencies performed in lab and/or clinic
 - the student is in good academic standing (2.5 GPA)
 - all transfer criteria must be completed the semester **PRIOR** to enrollment
 3. Students who either withdrew with a failing grade or have not maintained the required grade standard will have third priority.

ACADEMIC APPEALS - STUDENT GRIEVANCE PROCESS

A student's alleged violation of his/her rights and alleged violation of a student's responsibilities, as outlined in the student fact finder, are subject to redress or disciplinary action in accordance with the student appellate process. In all cases where the dispute involves a purely academic matter, the student appellate process will not be applicable. Academic matters will be handled through the academic appeals process.

Academic Appeals Procedure

Step 1

Within 10 working days of an alleged violation(s) of academic rights, the student must make a verbal or written request for an individual conference with the faculty member to clarify the alleged violation(s) and request a remedy. In the case of a final grade, the request for a conference must be made in writing within 10 working days of the first day of class of the following semester (fall or spring). Within 10 working days of receipt of the student's request, the faculty member must hold the conference with the student.

Step 2

To pursue Step 2 if the matter is not resolved at Step 1, within 10 working days of the conference with the faculty member, the student must file a written notice of the academic appeal and request a conference with the appropriate department chair/program coordinator. The student will present to the department chair/program coordinator in writing the allegations, the student's position on the facts of the situation and the student's suggested remedy. The department chair/program coordinator will provide a copy to the faculty member within three working days, confer with the student within 10 working days of receipt of the request, investigate the situation, and respond in writing to the student and faculty member within 10 working days of the conference.

Step 3

To pursue Step 3 if the matter is not resolved at Step 2, within 10 working days of the response from the department chair, the student or the faculty member must file a written appeal with the appropriate dean and provide copies of the original allegation and responses. Within five working days, the dean will investigate the situation and confer with the student and faculty member. The dean will respond in writing to the student and faculty member within 10 working days of the conference.

Step 4

To pursue Step 4 if the matter is not resolved at Step 3, one of the two options below must be followed.

- a. In appeal cases not involving a final grade, within 10 working days of receipt of the written response from the dean, the student or faculty member must appeal in writing to the vice president for academic affairs and provide copies of the original allegations and written responses. The vice president for academic affairs will investigate the situation, confer with the student or faculty member within 10 working days, and respond in writing to the student and faculty member within 10 working days of the conference. The vice president for academic affairs' decision will be final.

- b. When the appeal involves a final grade, within 10 working days of receipt of the written response from the dean, the student or the faculty member must file a written request, providing copies of the original allegations and written responses, with the vice president for academic affairs for a hearing of the campus Academic Appeals Hearing Committee. Within 10 working days of receipt of the student's or faculty member's request, the vice president for academic affairs will designate the Hearing Committee and provide the committee with the original allegations and written responses. The committee will have 15 working days to conduct the hearing. The committee's decision will be final.

Violation of Student Rights

- Step 1: A student who believes his/her rights, as specified above, have been violated by a college employee will first make an informal appeal to that employee's immediate supervisor.
- Step 2: If an acceptable resolution is not reached, the student may continue informal appeals through organizational channels ending with a written decision from the appropriate vice president/director, Student Affairs.
- Step 3: If an acceptable solution is not reached at Step 2, the student may, within 10 days after the date of the written decision, submit a written appeal to the chairperson of the Student Appellate Hearing Committee. The written appeal will state the circumstances pertaining to the case, the justification for appeal and the remedy sought. The committee may render a decision on the written petition, request further information and documentation, or conduct a hearing.

- **For more information regarding the appeals process, please go to the STLCC Board Policies G. 13 and G.18**

STUDENT RECORDS

The Respiratory Care program faculty allow access of all my departmental records to official site visitors of the Commission for Accreditation of Respiratory Care (CoARC) for accreditation purposes. This access is for the determination of compliance with established guidelines for the administration of the program. Information is utilized for CoARC visitors to assess the program and provide validity or reports sent by faculty.

CLINICAL INFORMATION

DRESS CODE

Students must uphold the dress code during all clinical rotations. Failure to comply may result in a reduction in the clinical grade, removal from the clinical site, clinical probation, or program termination.

1. White lab coat that does not go past the fingertips when placed at the student's side
 - This may not be required at all facilities; therefore the student should wear it on the first day and ask or check the clinical site fact sheet
2. Caribbean blue scrub tops purchased from the Forest Park Bookstore
3. Scrub pants can be purchased elsewhere and must be dark grey
4. Appropriate colored shoes in clean, good condition.
 - No canvas style shoe (Toms, Sketchers, etc.), sandals, or loafers allowed.
 - All shoes must have a back and no heel.
5. College identification badge must be worn and visible at all times and hospital ID badge when provided. This is provided by the College Activities office for free.
6. No visible tattoos
7. Jewelry –
 - No dangling jewelry
 - No visible body piercing will be allowed except simple small post earrings (two pair max)
8. Fingernails should be short and well-manicured.
 - No artificial nails or gel nails are allowed due to the possibility of microorganism transmission.
 - Nail polish must be neat and of appropriate color – no fashion extremes permitted
9. Hair that is longer than shoulder length should be pulled back
 - Hair accessories are to be plain and inconspicuous (to promote patient safety).
 - No fashion extremes permitted
10. It is recommended to refrain from using cologne due to the potential reaction from patients who have hypersensitive airways.

OTHER SUPPLIES AND NECESSITIES

A. Supplies:

1. The student must have the following during all clinical rotations:
 - a. Black pen and small notebook
 - b. Watch with second hand
 - c. Four-function calculator
 - d. Stethoscope

B. Parking Permits

1. Temporary parking stickers can be obtained from some of the affiliates. The student should inquire about such stickers at the start of each rotation.

CLINICAL ATTENDANCE POLICIES

1. Clinical attendance is documented in DataArc. The student must clock-in and clock-out in DataArc **at a computer** in the hospital.
 - If a student fails to clock in or out, a **blue missed clock card** must be filled out and turned in
 - After two missed clocks, each missed clock will result in a tardy.
2. Tardy = 1-19 minutes late to clinic
 - Two tardies = 1 absence (this absence does NOT have to be made up)
3. Absence = not attending clinic OR ≥ 20 minutes late to clinic or leaving ≥ 20 minutes early from clinical
 - If a student is more than 1 hour late or leaves 1 hour early, the absence must be made up.
4. All absences must be made up regardless of cause.
 - Students will reschedule any and all clinical time missed with the clinical site using a **yellow makeup card**.
 - The student can makeup an 8.5 hour shift with either one 8.5-hour shift or by adding two 4-hour shifts to two already scheduled 8 hour shifts. The student CANNOT schedule a shift that is less than 8 hours.
5. A student is only allowed to be absent in clinic twice each semester, except in the first clinical course (RTH 140) in which only one absence is allowed.
 - Excessive absences will result in a **5% deduction** in the cumulative grade for each clinic day missed
6. Excused Absences
 - The following conditions are accepted as excused absences:
 - Medical emergency/hospitalization of the student
 - Military duty
 - Funeral leave for an immediate family member
 - Jury duty
 - The student will be required to present official documentation to the Director of Clinical Education as soon as possible, in order for the absence to be excused
 - Excused absences must be made up
7. If a student receives a grade deduction in a clinical course due to absences and/or punctuality, the student will be placed on attendance probation for the remainder of the program. If the student receives a grade deduction in a clinical course after that semester, the student will be withdrawn from the program.

8. Call-In Procedure

- A student who is not able to attend a clinical day must inform the clinical affiliate a minimum of **one hour** before the departmental shift start time.
 - It is advised that the student request the name of the individual taking the message so that if there is confusion about whether or not a student called in, the student has verification
- The student is also required to contact the Director of Clinical Education AFTER the call to the hospital, and inform the faculty of the absence as well as the name of the person that received the call-in at the site.
- If a student fails to inform the clinical site and/or the Director of Clinical Education that he or she will not be able to come to clinical, the student will receive a **5% deduction** in the cumulative grade.

WORKLOAD

A. Amount:

1. The workload will be assigned to the student by the clinical instructor or designated employee.
2. The workload assigned will be at the student's appropriate level of experience.
3. SERVICE WORK STATEMENT
Respiratory care students must not be substituted for paid staff during clinical time. This is to assure that students gain experience, complete the required competencies and skill sets, and are not used simply for backlog work in the absence of appropriate paid staff.

B. Breaks:

1. The student is entitled to breaks and lunch as per affiliate employee regulations.
2. The student cannot leave the hospital complex during the clinical day.

C. Studying:

1. Studying while at the clinical site is allowed only by permission of the clinical instructor.
2. Studying should only be done when there is downtime and no therapy is being given at that time.

GRADING FOR CLINICAL COURSES

A. The grade for a clinical course is determined by the student's completion of requirements for the clinical site and the clinical application class. The grading scale is as follows:

Grading Scale:	93.0 – 100%	A
	84.0 – 92.0%	B
	75.0 – 83.0%	C
	70.0 – 74.0%	D
	00.0 – 69.9%	F

A score of 75%, (a grade of “C”), or better, is required to pass each course and continue in the Respiratory Care program.

B. Clinical grades will be computed using the following (see each clinical syllabus for variations)

1. Clinical evaluation of the student will be completed by the Clinical Instructor at the clinical facility
 - These evaluations must be reviewed by students on DataARC in order to receive a grade and complete the clinical course.
 - All evaluations from all sites in a semester will be averaged for the evaluation grade.
2. The student's ability to become proficient at the objectives and complete required performance evaluations.
3. The completion of all required assignments which includes but not limited to: time logs, daily logs, physician interaction logs, clinical site and instructor evaluations, and course evaluations.
4. A clinical applications class will be held on campus or online. The clinical application portion of the student's grade is based on attendance, participation, case presentations, research papers, etc.

C. If the student receives < 3 score on any part of a clinical evaluation, he/she must meet with the Program Director and Director of Education to discuss improvement. If the student continues to receive score(s) < 3, he/she may be placed on clinical probation with a written action plan. If the student does not improve, he/she may be withdrawn from the program.

D. Students who withdraw from the program, for any reason, will be required to demonstrate proficiency of competencies as deemed necessary by the Director of Clinical Education PRIOR to being placed back into clinic.

SUPERVISION DURING CLINICAL

A. Supervisors:

1. All students are responsible to the following personnel:
 - a. The director, manager, and/ or chief therapist
 - b. The clinical instructor or their designee.
 - c. The Director of Clinical Education
 - e. Any director of a specialty area
 - f. All physicians and hospital administrators

B. Authority:

1. The extent of authority over the student that any of the above-mentioned personnel, except the Director of Clinical Education, can exert on the student is limited to counseling, suspension from the clinical affiliate, and coordination of the workload.
2. If any of the personnel listed in section A-1 feels that a student has committed a violation of these regulations or has committed an offense that should result in the student's suspension/ dismissal from a program, he or she may bring this matter to the Director of Clinical Education and the Program Director.
3. Clinical Instructor:
 - a. The clinical instructor is an employee of the hospital who satisfies the job description of that position and who is responsible to coordinate and evaluate the daily performance of the student while in the clinical setting.
 - b. Any concern regarding a clinical instructor should be presented to the Director of Clinical Education
 - c. Any concern regarding a clinical instructor will be handled by the management of the affiliate and the college.
4. Director of Clinical Education
 - a. The DCE is a full-time faculty member of the College who is responsible for the coordination of all clinical affiliates, the content, quality and evaluation of the clinical phase of the program.
 - b. Any concern regarding the DCE should be presented to the Program Director.

CLINICAL AFFILIATES AND PRECEPTORS

Barnes Jewish Hospital

Jeremy Parks
Chelsea Clayton
Nikia Ursin
Constance Braggs

St. Louis Children's Hospital

Lisa Cracchiolo

St. Louis University Hospital

Pat Brennan

Cardinal Glennon

Brian Eggemeyer

Missouri Baptist Medical Center

Kristin Pearson

Depaul Health Center

Chris Wendle

St. Joseph's Health Center

Jennifer Greenwood

St. Genevieve County Memorial Hospital

Rob Walsh

St. Clare Health Center

Kevin McAllister

St. Luke's Hospital

Donna McMillen

Christian Hospital

Andrew Zamenski

Mercy Children's Hospital

Jacob Parmentier

Ranken Jordan

Tim Matyi

STUDENT REGULATIONS

CONFIDENTIALITY / HIPAA

A mandatory training and evaluation of understanding of the Health Insurance Portability and Accountability Act (HIPAA) is required of all students prior to entering clinical rotations. All students must acknowledge their responsibility under applicable state and federal laws and the Affiliation Agreements between the College and Clinical Facility to keep confidential any information regarding the facility's patients. Students must not reveal to any person or persons, except authorized clinical staff and associated personnel, any specific information regarding any patient. Any violation of HIPAA may lead to disciplinary action up to dismissal from the program.

TECHNICAL SKILLS AND COMPETENCIES

The graduate's performance in the clinical facility requires demonstration of the knowledge, ability, and initiative to perform as a Respiratory Therapist. To achieve the necessary requirements for issuance of an Associate in Applied Science degree in Respiratory Care, the graduate must meet technical skills and competencies with or without reasonable accommodations. Please see Appendix A for the Respiratory Care Technical Skills and Required Competencies.

PROFESSIONAL CONDUCT AND ETHICS

Students are expected to adhere to the STLCC conduct code. Also, keep in mind that students in respiratory training are involved in learning situations, which deal with human lives. The responsibility we have to those under our care demands that we adhere to certain rules and regulations. Honesty, integrity and ethical conduct are essential.

Therefore, any act of misconduct may lead to disciplinary action ranging from reprimand up to and including dismissal from the program. The faculty, therefore, reserves the right to recommend disciplinary action, including dismissal of any student for any of the following types of misconduct:

- Failure to comply with the rules and regulations of St. Louis Community College and the Respiratory Care Program as stated in this handbook.
- Failure to comply with the rules and regulations of the affiliating health care facility regarding individual conduct.
- Failure to comply with the rules and regulations and code of ethics of the respective professional organization.
- Abuse or inconsiderate treatment of patients and/or their loved ones.
- Divulging any information, including idle conversation, concerning patients, their records, personnel records of employees, or other confidential information belonging to the affiliating health care agency.
- Theft or misappropriation of property belonging to the school, health care facility, patient, or classmate.
- Use or unauthorized possession of narcotics or other controlled drugs not specifically prescribed by a physician while on the premises of the school or affiliating health care facility.
- Use, intoxication, or unauthorized possession of any intoxicating beverage while on the premises of the school or affiliating health care facility.
- Cheating, plagiarism, copying, or allowing others to copy on examinations or assignments.
- Falsifying documentation.

- Inability to exhibit professional behaviors in all interactions with classmates, faculty and others
- Inability to respect others, regardless of race, age, sex, religion or cultural orientation
- Dishonorable, unethical, or unprofessional conduct likely to deceive, defraud, or harm the public.
- Failure to comply with the policy regarding use of cell phones in class, lab, and clinic.

MANDATORY ORIENTATIONS

- Prior to beginning the program, each student is required to attend the respiratory care program orientation held in the summer.
- Prior to each clinical rotation, there will be mandatory orientations. If the student does not attend the clinical orientation, he/she will not be able to begin the clinical rotation. The student will receive an absence in clinic if the orientation is missed.

CRIMINAL BACKGROUND CHECKS AND DRUG TESTING

Students enrolling in the Respiratory Care program should be aware that a criminal background check, random drug test, and name search on government registries which prohibit employment in healthcare professions are required to be **completed prior** to starting the program in the fall. CastleBranch is used to complete these requirements (<https://www.castlebranch.com>). Background checks are conducted from every state in which the student has resided since the age of eighteen (18) years.

Conviction of offenses in the following areas normally will prohibit the student from participation in the clinical portion of the program.

- Murder
- Sexual offenses
- Arson
- *Other offenses as determined by the clinical site*
- Assault
- Burglary
- Robbery

Students that have a criminal conviction that isn't waived by the clinical sites will be dismissed from the program.

A required drug test is also required to be completed prior to starting the program in the fall. CastleBranch is used to complete these requirements (<https://www.castlebranch.com>). Positive results on a drug test will also result in dismissal from the program.

Students who are dismissed for a positive criminal background check, drug test or listing on a government registry are not eligible for refund of tuition or lab fees. Students who have concerns regarding their status with the above regulations are encouraged to discuss the matter with the Program Director prior to seeking admission.

HEALTH HISTORY FORM

All students must have a health history form (performed by a physician) completed during their first semester before attending clinical. This form can be accessed and then turned back into the CastleBranch student tracking system.

- All students in the Respiratory Care program are required to have proof of vaccination for measles, mumps, rubella, varicella, influenza (completed annually), Hepatitis B, diphtheria, pertussis, and tetanus. All vaccinations must be submitted to the CastleBranch student tracking system.
- A two-step tuberculin skin test via intra-dermal injection must be completed prior to beginning clinical rotations. A repeat one-step TB test must then be completed annually while enrolled in the program. The original test results must be submitted to the CastleBranch student tracking system. If the student has a positive TB result, a chest x-ray and TB symptom check form is required to be completed after the positive PPD test results.
- If you cannot locate your immunization records, you will need to have a blood titer done with the lab report.

PERSONAL HEALTH INSURANCE

Any accident which may occur on campus or at clinical, which requires medical attention, will be at the student's expense. The insurance offered through the college is ONLY malpractice, not health insurance. If a student does not have health insurance, he/she will not be able to attend clinical rotations at sites that require it.

BASIC LIFE SUPPORT TRAINING

American Heart Association Basic Life Support (**BLS**) for Healthcare Providers is required prior to the start of clinical rotations. Documentation is to be submitted to the CastleBranch student tracking system. The cost of this training is the responsibility of the student. Training is provided by St. Louis Community College's Continuing Education Department. If the student is unable to pass BLS, he/she will not be able to continue in the respiratory care program.

ADVANCED CARDIAC LIFE SUPPORT TRAINING

Certification in the American Heart Association's Advanced Cardiac Life Support (ACLS) is required prior to graduation of the program. Documentation is to be submitted to the CastleBranch student tracking system. The cost of this training is the responsibility of the student. If the student is unable to pass ACLS, he/she will not be able to graduate from the respiratory care program.

PROGRAM POLICIES

ILLNESS

For the protection of patients, peers, and personnel of the health care facility, the student is expected to exercise sound judgment when ill. Any student who is absent three successive days must supply the instructor with a medical release from a physician before being readmitted to class, lab, or the clinical site.

Any student who is under the supervision of a physician or who is taking medications must make this fact known to the instructor. The instructor must be in a knowledgeable position should an emergency arise.

TRANSPORTATION

It is the student's responsibility to obtain transportation to and from all activities required by the program for successful program completion. Being late or absent due to transportation issues is not acceptable and will not be excused.

Students may travel up to 120 miles away for clinical rotations.

EMPLOYMENT

- We ***strongly*** recommend that students in the Respiratory Care program are not employed more than 20 hours a week while in the program.
- The student must set his/her priorities regarding school and employment.
- A student who is employed must still meet all of the requirements and objectives of the program.
- Being late for a class or clinical experience, or leaving early because of employment, is not acceptable.
- Students must not work a night-shift and then go to clinic the next day. It is also highly discouraged to work night-shifts the night before class and lab.
- Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experiences.

SNOW DAY POLICY

- When there is a declared snow day from STLCC, all class, lab, and clinical courses will be cancelled.
 - For the clinical courses, students will be excused from clinical and do not have to make up that day.
- If there is a late start declared, all morning non-clinical courses will start at 0930
- If the student is already at a clinical site when the decision is made to cancel class, the student has the decision to stay for the remainder of the day or to leave.
- To be notified of closings, the students can text "Follow STLCCAlert" to 40404 from your mobile phone or visit STLCC's website at www.stlcc.edu.

HOLIDAY POLICY

Class and lab schedules adhere to St. Louis Community College's holiday schedule. Clinical rotations may be scheduled on days that St. Louis Community College is closed.

CELL PHONES

No phones are allowed in class, lab or clinic. All phones should be **TURNED OFF** prior to entering the classroom, lab or clinic. **Phones should be checked ON BREAK ONLY.** Failure to follow this policy will be considered a student disruption under STLCC's Student Conduct Code and the Professional Conduct and Ethics Code found on pages 16-17 in this student handbook.

COMMUNICATION

Preferred method of communication is e-mail via STLCC e-mail accounts as well as Blackboard Announcements. STLCC Respiratory Care students are expected to check e-mail and blackboard routinely and respond to faculty and peers in a timely manner.

Blackboard may be used for quizzes, exams, announcements, discussions, submitting assignments, and posting grades. It is the student's responsibility to log into Blackboard *daily* to stay updated. Once a quiz or exam attempt is completed in Blackboard, the score will not be cleared. The student should make sure to use Firefox or Chrome browsers and utilize a reliable computer with reliable internet when taking quizzes or exams. A student who does not take a Blackboard quiz or exam within the dates it is available will receive a zero.

During the semester the instructor will attempt to respond to all student e-mails within a 24-hour period.

- E-mails received on Fridays or holidays may not be responded to until the next regular working day.
- If a technical problem has occurred, and the student does not receive a response within a 24-hour period, he/she should resend the message or call the instructor at her office and leave a message with a phone number for the instructor to return the call.

USE OF HUMAN SUBJECTS IN TRAINING AND HEALTH RISKS

For the purpose of becoming proficient in skills required by a respiratory care practitioner, students will be asked to volunteer to act as patients during classroom and lab activities. If a student does not feel comfortable acting as a patient for a particular skill(s), it is the responsibility of the student to communicate with the instructor(s) that he/she does not give consent for the instructor or students to practice the skill(s) on him/her. Without this communication, it is assumed that all students give consent for instructors and other students to practice respiratory therapy skills on them. It is also assumed that the student understands the risks involved in receiving these interventions.

APPENDIX A

ST. LOUIS COMMUNITY COLLEGE
AT FOREST PARK

RESPIRATORY CARE PROGRAM

TECHNICAL SKILLS
AND
COMPETENCIES

RESPIRATORY CARE PRACTITIONER'S GENERAL JOB DESCRIPTION

- Utilizes the application of scientific principles for the identification, prevention, remediation, research and rehabilitation of acute or chronic cardiopulmonary dysfunction thereby producing optimum health and function
- Reviews existing data, collects additional data, and recommends obtaining data to evaluate the respiratory status of patients, develop the respiratory care plan, and determine the appropriateness of the prescribed therapy
- Initiates, conducts, and modifies prescribed therapeutic and diagnostic procedures such as:
 - administering medical gases, humidification and aerosols, aerosol medications, airway clearance therapy, and cardiopulmonary resuscitation
 - providing support services to mechanically ventilated patients
 - maintaining artificial and natural airways
 - performing pulmonary function testing, hemodynamic monitoring and other physiologic monitoring
 - collecting specimens of blood and other materials
- Documents necessary information in the patient's medical record and on other forms, and communicates that information to members of the health care team
- Obtains, assembles, calibrates, and checks necessary equipment
- Uses problem solving to identify and correct malfunctions of respiratory care equipment
- Demonstrates appropriate interpersonal skills to work productively with patients, families, staff and co-workers
- Functions safely, effectively, and calmly under stressful situations
- Maintains composure while managing multiple tasks simultaneously
- Prioritizes multiple tasks
- Accepts directives, maintains confidentiality, does not discriminate, and upholds the ethical standards of the profession

ESSENTIAL FUNCTIONS: PHYSICAL AND MENTAL STANDARDS

The Respiratory Care Program requires agility and strength sufficient to move from room to room, lift and position patients, maneuver in small places, and perform clinical services. Students must possess gross and fine motor abilities as well as auditory, visual, and tactile acuity, which are required to assess health status and perform effective patient care. To achieve the necessary requirements for issuance of an Associate in Applied Science degree in Respiratory Care, the graduate must meet technical skills with or without reasonable accommodations. Students with disabilities who believe that they may need accommodations are encouraged to contact the Access Office to ensure that such accommodations are implemented in a timely fashion. See the chart below for specific requirements by the Respiratory Care program.

Frequency: O = Occasionally (1-33%) F = Frequently (34-66%) C = Constantly (67-100%)

Physical Stamina Required (Description)	Frequency	Specify need for accommodation
<i>Lift</i> - up to 50 lbs. to assist moving patients, supplies, equipment.	F	
<i>Lift</i> - up to 200 lb. when moving patients	O	
<i>Stoop</i> - adjust equipment.	F	
<i>Kneel</i> - manipulate equipment, perform CPR, plug in electrical equipment	O	
<i>Reach</i> - overhead lights, equipment, cabinets, attach oxygen to outlets, stocking	C	
<i>Motor skills, manual dexterity</i> – small and large equipment for storing, moving; apply sterile gloves; take BP; operate computers; perform CPR; utilize syringes, tubes, catheters; set up and maintain sterile field	C	
<i>Stand</i> for prolonged periods of time (to deliver therapy, check equipment and patient; perform surgical procedures).	C	
<i>Climb Stairs</i> to respond quickly to an emergency on another floor when elevators are unavailable or full.	O	
<i>Feel</i> - palpate pulses; perform physical exams; feel arteries or veins for puncture; assess skin temperature.	C	
<i>Push/Pull</i> large wheeled equipment, i.e. mechanical ventilators, wheelchairs, patients, x-ray, equipment, EKG machines, and office equipment.	C	
<i>Walk</i> for extended periods of time.	C	
<i>Walk quickly or run</i> to respond to emergency calls or assist in critically ill patient transports	O	
<i>Manipulate</i> - knobs, dials associated with diagnostic or therapeutic devices; small instruments, syringes.	C	
<i>Respond</i> - verbal directions, alarms, telephone; hear through a stethoscope for heart sounds, lung sounds, and blood pressure.	C	
<i>Assess</i> - patient conditions such as skin color, work of breathing; read small print and calibration on equipment; perceive color.	C	
<i>Communicate</i> - goals and procedures to patients in English.	C	
<i>Communicate</i> - pertinent information (patient assessment, outcome assessments) in English.	C	
<i>Comprehend</i> - typed, handwritten, computer information in English.	C	
Mental Attitude (Description)		
Function safely, effectively and calmly under stressful situations.	C	
Maintain composure and concentration while managing multiple tasks simultaneously.	C	
Prioritize multiple tasks.	C	
Social skills necessary to interact with patients, families, co-workers - of the same or different cultures; respectful, polite, discrete; able to work as a team.	C	
Maintain personal hygiene consistent with close contact during direct patient care.	C	
Display actions, attitudes consistent with ethical standards of the profession.	C	
<i>Exposure to blood borne pathogens</i> – Hepatitis, HIV.	F	

COMPETENCIES EVALUATED THROUGHOUT THE RESPIRATORY CARE PROGRAM

The graduate's performance requires demonstration of the knowledge, ability, and initiative to perform as a Respiratory Therapist as outlined in the general job description. To achieve the necessary requirements for issuance of an Associate in Applied Science degree in Respiratory Care, the graduate must perform all required competencies in lab and clinic with or without reasonable accommodations.

REQUIRED COMPETENCIES

Performance Evaluation	Performance Evaluation
Hand washing	Manual Resuscitation
Isolation Procedures	Assisting Intubation
Vital Signs and Pulse Oximetry	Extubation
Breath Sounds	Nasotracheal Suctioning
Advanced Chest Assessment	Endotracheal Suctioning
Bedside Pulmonary Mechanics	Cuff Pressure Monitoring
Basic Spirometry	Tracheostomy Care
Arterial Puncture	Initiation of NPPV
Oxygen Supply Systems	Initiation of Volume Control
Oxygen Administration	Initiation of Pressure Control
MDI Administration	Initiation of CPAP/PSV
DPI Administration	Monitoring Mechanical Ventilation
Humidity and Aerosol Therapy	Advanced Modes
Small Volume Nebulizer	Ventilator Graphics Analysis
Chest Physical Therapy	Spontaneous Breathing Trial
PEP Therapy	Initiation of Neonatal/Pediatric Mechanical Ventilation
HFCWO (Vest) Therapy	Monitoring Neonatal/Pediatric Mechanical Ventilation
Incentive Spirometry	Neonatal CPAP
IPPB Therapy	CXR Interpretation

APPENDIX B
St. Louis Community College
Respiratory Care Program

VERIFICATION OF READING AND UNDERSTANDING
THE 2017 STUDENT HANDBOOK

I have read the “*Student Handbook*” for St. Louis Community College’s Respiratory Care Program. These guidelines were also explained to me verbally by the program faculty. I understand that these guidelines will be adhered to during the program.

I understand that any new or changed policies will be made known to me at the beginning of each course or in that course syllabus and that the most current policy will apply. I understand that it is my responsibility to ascertain understanding of the current policies.

I also understand that violation of these policies will jeopardize my standing in the program and may result in dismissal. I agree to keep a copy of the “2017 Student Handbook” for the Respiratory Care Program for reference.

Signed: _____ Date: _____