Respiratory Care Program

STUDENT HANDBOOK
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Welcome
Welcome to the Respiratory Care Program. Our number one goal is to guide you to becoming a successful and competent Respiratory Therapist. The next two years will be demanding and challenging. As program faculty, we are here to help you through this journey. The policies and procedures in this handbook are in place to ensure your success.

Introduction
In order to be successful in the program, you will need to have a complete understanding of all the policies and procedures outlined in this Handbook as well as the Clinical Handbook. This Handbook provides the necessary information regarding policies, procedures, expectations, and requirements of the Respiratory Care Program. The Clinical Handbook provides the necessary information regarding policies, procedures, expectations, and requirements of Clinical Practice. The policies, procedures, and standards contained in this handbook apply to all program students.

Revision of the handbook is an ongoing process, and every effort will be made to keep students advised of any changes to the handbook, as well as to minimize the inconvenience such changes might create.

Read the handbook carefully. The contents of this Handbook and Clinical Handbook will be reviewed at the beginning of each semester, and a validation of your understanding will be obtained. Any questions regarding the handbook should be directed to Program Faculty.

Respiratory Care Program Mission Statement
The mission of the respiratory therapy program is to provide the instruction and resources necessary to enable students to develop the knowledge, skills, and attitudes which are necessary to become a competent Registered Respiratory Therapist.

Respiratory Care Program Purpose & Goals
1. Provide instruction necessary to prepare graduates to function as competent Respiratory Therapists who have competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of Respiratory Care as performed by Credentialed Respiratory Therapists.

2. To help satisfy the need in the local and regional communities for competent Respiratory Therapists.

Respiratory Care Program Description
Respiratory Care is a profession that involves supporting cardiopulmonary health, rehabilitation, therapeutics, and life support. Therapists are also extensively involved in cardiopulmonary diagnostic testing, patient evaluation, and care planning. They work with patients of all ages from premature infants to the elderly. Therapists use knowledge of patient physiology and advanced technology in the planning and delivery of respiratory care.

Classroom instruction in theory and application are provided on campus. Under the guidance
of program faculty, you can gain valuable experience in the care of clients of all ages in a number of different hospitals.

**Preparing Students To:**
- Recognize the role of the respiratory care practitioner as a member of the healthcare team.
- Develop a caring, ethical behavior.
- Develop a respect for the dignity and worth of a patient.
- Develop effective communication skills.
- Utilize a knowledge base in the sciences and technologies for the practice of respiratory care.
- Demonstrate the ability to practice independent clinical judgment under the direction of a physician.
- Assume responsibility for continued learning following graduation

**Length of Program**
The program consists of five consecutive semesters, with completion occurring in May, two years following entrance into the program. Courses are offered during four 16-week semesters and one 5 week summer semester (August – December and January – Jun). Lecture/Lab Classes are conducted between the hours of 8 AM - 3 PM. Clinical Practice times vary and are determined per the clinical rotation schedule. Early morning and evening rotations during clinical practice will be required.

Students will be accepted into the program in the late May, and begin their curriculum in the fall (Aug) of each year. Usually, the classes for both general education and the Respiratory Care program will be at Southcentral Kentucky Community and Technical College. Clinical courses will involve assignments to a variety of clinical affiliates. Travel and evening hours will be required.

Degree Offered in Respiratory Care Associate in Applied Science (AAS)
Respiratory Care Practitioner: 70 credit hours;

**General Education Requirements  (23 credits)**

<table>
<thead>
<tr>
<th>Courses Required</th>
<th>Hrs</th>
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<tr>
<td><strong>MAT 110 Applied Mathematics OR MAT146 Contemporary Math OR MAT 150 College Algebra</strong></td>
<td>3</td>
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<tr>
<td><strong>BIO 137 Human Anatomy &amp; Physiology I w/ Lab</strong></td>
<td>4</td>
</tr>
<tr>
<td>ENG 101 Writing I</td>
<td>3</td>
</tr>
<tr>
<td><strong>BIO 139 Human Anatomy &amp; Physiology II w/ Lab</strong></td>
<td>4</td>
</tr>
<tr>
<td>SOC 101 Intro. to Sociology OR PSY 110 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>COM 181 Basic Public Speaking OR COM 252 Introduction to Interpersonal Communications</td>
<td>3</td>
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<tr>
<td>Heritage OR Humanities</td>
<td>3</td>
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</tbody>
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BIO 139 must be completed prior to the third semester of the program. BIO 137, BIO 139 and mathematics course require a grade of “C” or better.  

[Estimated cost of the program]
Re-admission into the Respiratory Care Program
KCTCS Rules of the Senate, Section IV  3.11.1
Continuous enrollment (semesters) in the program and a grade of “C” or better are necessary for successful completion of the Respiratory Care program. A student who withdraws from or earns lower than a grade of “C” in a Respiratory Care course will be dropped from the Respiratory program. The readmission application must be submitted before May 15th. Readmission to the Respiratory Care Program will be dependent upon available resources.

In order to be considered for readmission by the Respiratory Care Admissions Committee, the applicant must: submit a written request to the program director presenting evidence to justify readmission. *If accepted to return to the program the student will begin the program at day one. The student will accept in writing this requirement. This program requirement is to help the student to be successful. The Respiratory Care Program is an intense and detailed program; with the student previously failing a course they are already at risk of not being successful. With the requirement of beginning at day one, this helps to increase the success of the student.

Respiratory Care Program Technical Standards
The respiratory therapist specializes in the application of scientific knowledge and theory to practical clinical problems of respiratory care as outlined in a description of the occupation found in the guidelines and essentials of the accredited educational program for the respiratory therapist. Therefore, in order to be successful in the program, a candidate should possess:

1. sufficient tactile and visual acuity, such as is needed in the accurate monitoring or life support systems and for the observation necessary for patient assessments;
2. sufficient auditory perception to receive verbal communication from patients and members of the healthcare team to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, inhalers and fire alarms, etc.;
3. sufficient gross and fine motor coordination to respond promptly and to implement respiratory therapy skills including the manipulation of equipment to meet health needs;
4. sufficient communication skills (verbal, non-verbal, and written) to interact with individuals and to communicate their needs promptly and effectively; and
5. sufficient intellectual and emotional functions to plan and implement respiratory care.
Library Resources
The library at Southcentral Kentucky Community and Technical College Campus provides the following to students:
Computers are available for student use for:
  - Internet access
  - Kentucky Commonwealth Virtual Library (KCVL) [http://legacy.kyvl.org/databases.shtm](http://legacy.kyvl.org/databases.shtm)
    User ID: southcentralktctcs3    Password: fuzzyforce16
On-line databases: [http://www.kyvl.org/az.php](http://www.kyvl.org/az.php)
Respiratory Care resources [http://southcentral.libguides.com/respiratorycare](http://southcentral.libguides.com/respiratorycare)

A large number of professional print journals are available at the Main Library Campus
  - Student Services
  - Counseling for career/personal needs
  - Tutoring

Student Support
Students enrolled in the Respiratory Care Program at Southcentral Kentucky Community & Technical College have access to a variety of student support services. These include advisement services, the Learning Center, Career Services, the Ready to Work Program, Workforce Connections, Disability Resources, Financial Aid, the Book Store and Library services. Contact information for these services can be found on the website of Southcentral Kentucky Community and Technical College under the current students tab.

Program Resources
Respiratory Care classes are web-enhanced, using multiple platforms to deliver content and evaluate understanding. This includes the Program’s web page [www.bgrcp.net](http://www.bgrcp.net). BlackBoard (which are interlocked) additional worksheets, lectures, lecture notes, clinical forms and other resources. Students have continuous access to program faculty, email, phone, and an open door always.

Student Progress
It is essential that each program student be aware of their progress toward course and program competencies/goals. Therefore, the following steps will be taken by program faculty to assure this standard.

All students are required to check all course online grades in Blackboard at least weekly. This activity may be monitored by program faculty to assure compliance. Any student who makes less than a 75% on any exam in a didactic course is required to receive remediation on course material prior to taking the next written examination.

Any student whose course average is less than 80% will be contacted by program faculty to discuss the students’ deficiencies. The program faculty will work with the student to create a plan of action to assist the student in meeting course/program competencies and or goals.

All students who are in clinical rotations who receive an evaluation rating of less than 3 in any area will be counseled by program faculty. If a student continues to earn score below 3 after counseling and mediation, will be removed from the program. The student is required to follow
all standards outlined in the programs clinical manual.

**Grading Policies**

Students enrolled in the Respiratory Care Program are required to maintain a minimum grade of “C” in each Respiratory Care course.

**Program Grading Scale:**

<table>
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<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Letter</th>
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<tr>
<td>A</td>
<td>93 - 100</td>
<td></td>
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<tr>
<td>B</td>
<td>84 - 92</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>75 - 83</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Below 75</td>
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</tbody>
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A grade of “I” means part of the work of the course remains undone. It is given only when there is a reasonable possibility that a passing grade will result from the completion of the work. The instructor will give an “I” grade when the reason for incompleteness is unsatisfactory to the instructor. Within each Respiratory Course, there are ungraded completion requirements throughout the program all are to be completed to complete each course.

The method of meeting the course competencies (student learning outcomes) for each course will be determined by the instructor and be included in the syllabus. Students will be informed of their progress at midterm and at the end of each semester. When a student has trouble mastering competencies in any course, he/she is expected to seek extra help from the instructor of the course.

As a healthcare professional, program students are held to a high standard by the nature of the position with regard to integrity. All class members are assumed, to be honest. Cheating during any graded activity will not be tolerated. This will result in a grade of “0” for that activity. This will affect the student’s credibility for future graded activities and may be grounds for removal from the program. Evidence of plagiarism, copying, or any other form of cheating or fraudulence will result in forfeiture of the grade for the work and may be grounds for removal from the program.

**Remediation Policy**

A student who has a class average of less than 80% or fails any exam will be counseled, and a student action plan will be established. The student will follow-up with the instructor as required and noted in the action plan. APPENDIX FORM
Work Place Ethics Agreement

Southcentral Kentucky Community and Technical College is committed to student success and improving employability of the students. Based on feedback from educators, community leaders, and business and industry partners, workplace ethics practices promoting success in the classroom are incorporated into course expectations. In addition to course and program competencies, student success will be measured by:

- being present and punctual
- participating in academic activities
- maintaining professional behavior

Present and Punctual

Students are expected to demonstrate a strong work ethic by being present and punctual for all class sessions. Students will be considered absent if they are tardy or leave before class is dismissed. If a student is absent for more than 15% of the scheduled class sessions, the student will be withdrawn from the course. If this occurs prior to the official withdrawal date, the student will be withdrawn from the course and a “W” issued on their transcript. After the official withdrawal date, the student will be issued a failing grade “E” on their transcript.

*Note: Due to programmatic requirements, some programs may require students to be present for a higher percentage of classes (more than 85 percent).

Participation

Students are expected to demonstrate strong work ethics by actively participating in all class sessions and completing academic activities. Participation includes but is not limited to:

- engaging in and completing activities
- putting forth full effort for the entire class session
- seeking assistance when needed
- maintaining clean and orderly work areas

If at any time a student does not participate in a class session, laboratory, clinical or other scheduled academic activity, it is the student’s responsibility to make satisfactory arrangements for any make-up work, if permitted by the instructor.

Professional Conduct

Students are expected to conduct themselves professionally, as outlined in the Student Code of Conduct located on the KCTCS website. Professional conduct includes but is not limited to:

- dressing appropriately
- engaging instructors, college employees, and students with respect
- utilizing technology appropriately
- refraining from disruptive behavior
- modeling behavior appropriate to his/her chosen profession

Any conduct within a course that disrupts the learning environment will result in the student being dismissed and counted absent and may result in disciplinary action.
Classroom and Lab Behavior

General:
In addition to the College’s Work Place Ethics Agreement. The following program general, classroom, lab, and daily dress and appearance standards to be followed by each student. Failure to abide by these standards will be grounds for removal from class that day and an absence being counted; depending on the seriousness of the given infraction dismissal from the program.

- SKYCTC is a smoke-free campus. The use of any type of tobacco products or E-type cigarettes is not allowed on campus.

- The drug and alcohol policy of the College will be enforced. This is not allowed on campus.

- The student must tell the instructor if he/she is leaving the College or clinical site any time class or clinical is still in session. No excuse is necessary; this is a safety factor.

- All policies set by KCTCS, SKYCTC, Program Policy and Procedures, Program Student Handbook, and Clinical Handbook will be enforced.

- If caught cheating or copying during any graded activity will be grounds for a 0 (zero) being given and may lead to removal from the program. Refer to the Cheating paragraph and Co-responsibility paragraph.

Classroom and Lab:

- Attendance will be taken daily. Each student is required to sign in at the beginning of every class. Failure to sign in may be counted as an absence. It is required that prior to the start time of a class to notify the instructor if a student is going to miss or be late for class. Failure to do so is considered, “No Call, No Show.” No call, no show, will be counted as two absences. The purpose is to enforce a professional work ethic.

- Unannounced quizzes may be given in any course without prior warning and cannot be "made-up" in the case of absence.

- Makeup exams are scheduled by the instructor at a specific assigned time upon return to school. If the exam is not taken at the scheduled time, a grade of zero will be assigned.

- For grades see Grading Policy. A "C" is required in each Respiratory course to receive course credit. Some courses are prerequisites for the next Respiratory course.

- Food and Beverages: Drinks are permitted in class as long as they have lids. Small snacks are permissible only with instructor approval during class. Eating is allowed during lunch time. Spills must be cleaned up immediately. When the computers are out, all drinks must be off the tables.
• Cellular phone usage: texting /having the phone visible on the table/using a cell phone during class or lab is prohibited. If this rule is violated, you will be asked to leave the class, and it will be counted as an absence. Cell phones may be used during breaks and before or after class. Phones are to be turned off or muted. Use of a watch that can receive and send text is considered the same as a phone. Students are not allowed to carry cell phones on their person during clinical practice.

• Each student is responsible for cleaning up the area they sit at and returning equipment as directed by the instructor after the completion of classroom or lab activities.

Clinical Rotations:
• Refer to the clinical manual for all the information/expectations and standards regarding clinical practice.

Daily Classroom and Lab Dress Policy:
• Neat clean and appropriate. All garments must be clean and intact. No see-through or fishnet material.

• Slacks and jeans are acceptable; as long a neat and clean.

• All shirts tails (if not tucked in) must extend below the waist of the pants.

• No tank tops, muscle shirts, halter-tops, midriffs or low cut tops. No low hanging shirt’s showing cleavage or chest.

• No short - shorts or skirts: Shorts of the "walking style," shorts and skirts are permitted. The bottom of ALL shorts and skirts MUST be below the level of the fingertips when the fingers and arms are extended downward with shoulders relaxed. No gym shorts or cut-offs.

• Jewelry: Note: a lot of time will be spent in the lab practicing procedures that may damage jewelry or injure classmates.

• No sunglasses or hats are allowed to be worn in the classroom.

• No garments with offensive language, pictures, or suggestions are allowed to be worn on campus. This is a violation of the dress policy of the college.

Student Academic Offenses And Academic Sanctions
KCTCS Rules of the Senate, Section IV   3.0
When a student is believed to be guilty of any of the following academic offenses (cheating, Student Co-responsibilities, Falsification of Academic Records) concerning disposition of the case by the college and responsibilities of college personnel can be found in sections 5.2.1 through 5.2.3.
Cheating

KCTCS Rules of the Senate, Section IV  3.1
Cheating includes buying, stealing, or otherwise obtaining unauthorized copies of examinations or assignments for the purpose of improving one’s academic standing. During examinations or in-class work, cheating includes having unauthorized information, and/or referring to unauthorized notes or other written or electronic information (i.e., programmable calculators). In addition, copying from others, either during examinations or in the preparation of homework assignments, is a form of cheating.

Student Co-Responsibility

KCTCS Rules of the Senate, Section IV  3.1.2
Anyone who knowingly assists in any form of academic dishonesty shall be considered as guilty as the student who accepts such assistance. Students should not allow their work to be copied or otherwise used by fellow students, nor should they sell or give unauthorized copies of examinations to other students.

Misuse or Student Falsification of Academic Records

KCTCS Rules of the Senate, Section IV  3.1.3
The misuse or actual or attempted falsification, theft, misrepresentation, or other alteration of any official academic record of the college is a serious academic offense. As used in this context, “academic record” includes all paper and electronic versions of the partial or complete academic record. * In addition; includes all clinical assignments, records of procedures and attendance.

Clinical Rotations

Students are assigned to rotations by the Director of Clinical Education. The clinical schedule is established to meet the student’s education requirements for each semester. Once the schedule is established the student is required to attend that assignment at the scheduled time.

Changing / switching clinical sites without the approval of the faculty is prohibited.
Assignments may be changed by program faculty due to certain situations, but for the most part, will be followed as posted. Each student will be assigned required rotational assignments that many times can only be fulfilled at one facility. Clinical assignments (rotations) are not always even but are scheduled to be as equal as possible. If the student fails to attend an assigned clinical assignment; they will be rescheduled at the same location. The standards and all requirements for clinical practice are outlined in the Programs Clinical Manual.

Cell Phone Usage

Students are not allowed to have personal phone conversations or texting any time while class or lab is in session. Cell phone use during scheduled breaks is ok. In class, phones are to be out of site off the desktop and silenced. If a student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary. Use of a watch that can receive and send text are considered the same as a phone. Students are not allowed to carry cell phones on their person during clinical practice. They may secure their phones in the respiratory department or in their car during clinical practice. If approved by the clinical instructor the student may access their phones during breaks only. APPENDIX FORM
Use of Social Media

Social media is defined as mechanisms for communication designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the technological foundations of the web that allows the creation and exchange of user-generated content. Examples include but are not limited to Snapchat, blogs, Twitter, Facebook, YouTube, and MySpace.

Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.

Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.).

There is no such thing as a “private” social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. Think before you post.

Clinical Affiliates

Respiratory Therapy – Clinical Practice Affiliates
- Medical Center at Bowling Green - Clinical Affiliate - Bowling Green, Kentucky 42101
- Medical Center at Franklin - Clinical Affiliate - Franklin, Kentucky 42134
- Medical Center at Scottsville - Clinical Affiliate - Scottsville, Kentucky 42164
- TJ Samson Hospital - Clinical Affiliate - Glasgow, Kentucky 42141
- Hardin Memorial Hospital - Elizabethtown, Kentucky 42701
- Logan Memorial Hospital - Clinical Affiliate - Russellville, Kentucky 42276
- SKY Rehabilitation Hospital - Clinical Affiliate - Bowling Green, Kentucky 42104
- Greenview Regional Hospital - Clinical Affiliate - Bowling Green, Kentucky 42104
- MedEquip - Clinical Affiliate - Bowling Green, Kentucky 42101
- Vanderbilt Children’s Hospital - Clinical Affiliate - Nashville, Tennessee 37206
- Twin Lakes Regional Medical Center - Clinical Affiliate - Leitchfield, Kentucky 42754
- Graves-Gilbert Clinic - Clinical Affiliate – Bowling Green, Kentucky 42101

Student Employment Policy

Students who are enrolled in an accredited Respiratory Care program may be employed as a student Respiratory Care Practitioner (RCP). The Limited Mandatory Certificate issued by the Kentucky Board for Respiratory Care (KBRC) governs the duties of the student RCP. The Limited Certificate must be applied for after beginning employment. The license
requires the license number of the Respiratory Department Director and the Program Director. The hiring director will fill out their portion of the application, and then the Program Director will sign and verify the application is complete.

The following are requirements of the program:

- The student must not be on probation (grade trouble < 80% or attendance issues) at any time during the time of employment.
- The student must maintain a “C” average at 80% or greater in each course, and clinical performance must be evaluated as satisfactory.
- The student must complete specific competencies to be eligible (RCP120 & 150).
- The student must meet the requirements of the Work Place Ethics Agreement, (attendance & participation).
- If the student is too ill to attend scheduled clinics or didactic sessions, then the student is considered too ill to work as a student RCP. The student must attend clinical or class for the full day. Should the student call in for clinics or class, and work as a student RCP the same day, it is considered as a violation of program policy. The employer will be contacted and informed.
- Employment time is not substituted for clinical experience.
- Clinical performance evaluations may not be completed during the time the student is employed.
- Students will sign an acknowledgment statement of these standards before the Program Director will complete their portion of the Limited License Application.

The delineation between Clinical Time and Clinical Site Employment

While enrolled in and attending the Respiratory Care Program many students are employed at various clinical sites. There must remain a clear distinction between the student and employee roles, and to that end:

- Students must not be utilized at facilities to substitute for clinical, instruction, or administrative staff.
- Students must not complete clinical coursework while working in an employee status at any clinical site.
- Students may not receive/accept compensation in exchange for work performed at or during their clinical education, coursework, and experiences.
- Students will sign an acknowledgment statement of these standards before the Program Director will complete their portion of the Limited License Application. Form APPENDIX FORM
Graduation Requirements
The application for graduation will be completed by the student and submitted by the Program Director at the beginning of the last semester in the program.

All courses specifically state the required objectives, goals, and outcomes of each course, which will lead to all terminal objectives being met and the Program's mission accomplished.

Program Graduation Requirements
Successful completion of all clinical and program competencies.
Successful completion of all RCP coursework with a minimum of “C” in each course.
Successful completion of all required general education coursework.
Successful completion of all required clinical performance evaluations.
Successful completion of a mock NBRC TMC Exam
Successful completion of 100 question Predictor Exam at 80% or >.

Program Competencies

AAS RESPIRATORY THERAPIST

General Education Competencies
Students should prepare for twenty-first-century challenges by gaining:

A. Knowledge of human cultures and the physical and natural worlds through study in the sciences and mathematics, social sciences, humanities, histories, languages, and the arts.

B. Intellectual and practical skills, including
   • inquiry and analysis
   • critical and creative thinking
   • written and oral communication
   • quantitative literacy
   • information literacy
   • teamwork and problem solving

C. Personal and social responsibility, including
   • civic knowledge and engagement (local and global)
   • intercultural knowledge and competence
   • ethical reasoning and action
   • foundations and skills for lifelong learning

D. Integrative and applied learning, including synthesis and advanced accomplishment across general and specialized skills.

Technical Competencies

1. Perform cardiopulmonary diagnostic procedures, patient assessment, and respiratory care planning.
2. Administer therapeutic and life support procedures in the management of patients with cardiopulmonary impairment.

3. Evaluate appropriateness of prescribed respiratory care and recommend modifications where indicated.

4. Select, assemble, check, correct malfunctions, and assure cleanliness and calibration of respiratory care equipment.

5. Maintain an ethical and effective relationship with the healthcare team.


7. Demonstrate an awareness of organizational and management principles as related to respiratory care.

8. Perform and act on the results of advanced patient assessment techniques.

9. Assist the physician in special procedures of cardiopulmonary care.

10. Demonstrate skills and attitudes needed to maintain professional and technical competence.

11. Demonstrate the ability to think abstractly, reason logically, and apply problem-solving skills in the practice of respiratory care.

**Right to Fair Disciplinary Proceedings**

**KCTCS 6.6 Student Discrimination Grievance Procedures**

The Kentucky Community and Technical College System has zero tolerance for illegal discrimination of any kind. Any student who feels he/she may have been discriminated against or subjected to harassment by students or employees because of their race, color, national origin, sex, sexual orientation, marital status, religion, beliefs, political affiliation, veteran status, age, or disability (including denial of a request for an accommodation), has the right to pursue an informal and/or formal discrimination grievance. The informal student discrimination grievance procedure is described below. The chief student affairs officer or his/her designee shall be responsible for investigating student discrimination grievances. If appropriate, this shall be conducted in collaboration with the college human resources director. Each college shall provide a letter, statement, or poster containing information regarding the KCTCS Student Discrimination Grievance Procedure with the name, address, and phone number of the local chief student affairs officer. Most difficulties can be resolved by talking to someone. Therefore, students are encouraged to discuss these problems promptly and candidly with the chief student affairs officer or his/her designee.
If a student thinks that he/she has been discriminated against, the student shall inform the chief student affairs officer or his/her designee within thirty (30) calendar days of the occurrence of the alleged incident. The chief student affairs officer or his/her designee shall conduct a preliminary investigation of the discrimination grievance.

The student, chief student affairs officer or his/her designee, and other involved parties shall work informally to negotiate a solution within fourteen (14) calendar days. The informal student discrimination grievance procedure shall be completed within forty-four (44) calendar days of the occurrence of the alleged incident.

If the grievance is not resolved to the satisfaction of the student through the informal grievance procedure, the student may file a formal appeal according to the KCTCS

**Student Appeals and Responsibilities**

KCTCS Rules of the Senate, Section VII 4.1
Responsibility Involving Academic Rights of Students (section 2.0) When a student believes his/her academic rights have been violated, the student shall report the matter in writing to the appropriate Dean* as soon as possible and no later than ten calendar days after the first class day of the following semester. The student shall specify which right(s) enumerated in Section 2.0 have been violated. This letter is the formal notification that begins the appeals process. At this point, the Dean tries to resolve the case. If the case is not resolved within fifteen (15) calendar days, the Dean will refer the case to the chief executive officer. If the student does not accept the decision of the chief executive officer or designee, the student has ten calendar days to request in writing a hearing before the College Appeals Board. (Refer to sections 6.0, 7.0, and 8.0 for Appeals Board responsibilities, authority, and composition.) No new matter may be appealed which was not identified by the student in the original appeal to the Dean.

**Student and Faculty Safety**

**Security at SKYCTC**

SKYCTC is concerned with the safety and security of students, faculty, staff, and visitors to all our locations/campuses.

To Contact Campus Security Call: (270) 901-1154 after hours: (270) 790-9304. For emergencies call 911 first before contacting campus security.

**Parking**

1. Park in a designated spaces only.
2. Only park in handicap if you are the one with the legitimate pass, do not use someone else’s pass.
3. **Security has the authority to tow your vehicle; the student is responsible for the cost incurred.**
Lost and Found
Security oversees the lost and found program. If you find an item or are looking for an item, please contact security by way of one of the contact numbers, and we will meet you at the security department in building D. Please bring your student ID or your driver’s license if you going to claim an item.

Personal Security
If you leave any valuable items in your personal vehicle, make sure that they are out of sight: (trunk, glove box or console) and that your vehicle is locked. Always be aware of your surroundings. Call Security if you see anything suspicious. Security will escort you to your vehicle upon request, (270) 901-1154-main security number.

Medical Incidents
The security department is trained in First Aid and CPR. If you have a medical need, please give us a call. If it is a medical emergency, please call 911 before calling us.

Miscellaneous
Please do not play your music loudly while on campus. Follow the established speed limits around campus; pedestrians have the right away. The campus is Smoke-free per KCTCS’s Policy.

Incremental Weather Policy
Inclement Weather Policy (hazardous driving conditions), may require Southcentral Kentucky Community and Technical College (SKYCTC) to delay or cancel classes/clinical’s. In the event, severe weather poses a threat to the safety of SKYCTC students the College President (or designee) will determine one of three types of schedules that all campuses will implement, Delayed, Closed, or Normal

Snow Schedule
DELAY CLASSES - at all locations; these classes will begin at 10:00 a.m., If this happens on a lecture day students are to report to class at 10:00 a.m. If classes are delayed on a clinical day, students are to report to the assigned clinical site at the normal clinical time. In the event that the snow schedule is in effect and the weather situation worsens, the college reserves the right to change the schedule to a “closed” status. If the college is closed after the student is at the clinical site. The student will stay at the clinical site and leave later in the day when the roads improve.

CLOSED - All campuses are closed. Classes/clinical’s will not meet. Once this schedule change is made it will be in effect for all day and night classes and will not be reversed. Announcements regarding delays or closings will be communicated using

1. The college weather line (270-901-1100)
2. The main switchboard message (270-901-1000)
3. Selected area radio stations
4. Bowling Green’s (WBKO-TV) television station
5. SNAP notification
6. College e-mail
7. The college website http://southcentral.kctcs.edu

During the winter months, the college’s website will have a stoplight posted in the “News and Event” section of the homepage. The light color will indicate the current schedule. Green = Regular schedule Yellow = Snow schedule Red = Closed Below is an example of what will be displayed on the website.

**Safety First**
Safety is the most important issue when traveling to clinical sites. If the roads are hazardous (snow & ice), and too dangerous to be driven on, then **STAY HOME!** Leave a voicemail message for the Director of Clinical Education at 270-901-1127, 60 minutes prior to your assigned time. Call the facility as well and notify them. Snow days will be made up, but as long as you follow the instructions of calling 60 minutes prior, then no infraction points will be assessed.

**Field Trips**
During the course of the students’ training field, trips may be scheduled. All students are expected to participate in these trips. The trips will be announced in a timely manner to allow sufficient time to make any arrangements that need to be made.

**School Related Accident and Injury Reports**
When an incident occurs, notify a clinical instructor as soon as possible and then notify program faculty. An incident report is written documentation of the facts concerning injury to patient or student. Fill out a form as soon as possible no matter how trivial the incident may appear to be at the time (within 24 hours). In addition to the incident form, submit a summary of the incident to be kept in the student’s program file. Personal injuries and illness requiring medical treatment becomes the financial responsibility of the student.

**Accident and Injury Report Procedure**

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Notifies clinical instructor or supervisor (in the absence of instructor) as soon as possible after the incident (within 24 hours). Notifies program faculty as soon as possible. KCTCS incident form must be filled out within 24 hours of the incident. Clinical instructor or program faculty will direct the student to the proper place to seek treatment depends upon the severity of the injury. Gives fully completed incident form to appropriate person.(facility form to radiology supervisor and school form to program director) Gives incident summary to program faculty, as well as a copy of the incident form. Arranges payment for personal injury or sickness.</td>
</tr>
</tbody>
</table>
Clinical Instructor | Assists the student in filling out appropriate forms.  
Advises the student to seek medical attention if injured.  
Reports documentation to clinical coordinator or program director.

Program Faculty | Assists student in filling out forms.  
Files summary in student program file.  
Reports documentation to Program Director.  
Provides student with school accident form.

Program Director | Accepts responsibility for a student in absence of the instructor.  
Assists student in filling out forms.

**School Related Accidents and Incident Reports**

A student who becomes ill or is injured at the clinical site must report to the assigned instructor and the Director of Clinical Education as soon as possible. A determination, if it is necessary for the student to be seen by the employee health nurse or the emergency department will be made.

The student is required to fill out an incident report at the school and the facility in the event of an injury or incident. An incident report is written documentation of the facts concerning injury to the patient or student.

Fill out the incident report as soon as possible no matter how trivial the incident may appear at the time. The form must be completed within 24 hours of the accident or incident. A copy of the form will be kept in the student’s program file. Personal injuries and illness requiring medical treatment are the financial responsibility of the student.

If the student is required to have continuing medical treatment for a limiting disability or condition, the student is responsible for notifying the program faculty as soon as it is made known to the student. It is recommended that the student maintain individual health insurance coverage.  **APPENDIX FORM**

**Liability Insurance**

All students are required to carry professional liability insurance. Insurance is purchased through a group plan offered by Southcentral Kentucky Community & Technical College and is paid through a Tuition. Proof of coverage must be provided to all the clinical affiliates by the Director of Clinical Education and student packets before a student begins clinical assignments.  **APPENDIX FORM**

**Communicable Disease Prevention**

**Immunizations**

Written proof of the following required immunizations must be submitted to the Director of
Clinical Education. Required immunizations include TB Skin Test -- Mantoux method tuberculin skin test within one calendar year. Must be negative (< 5mm) reading. If a student has had a positive TB skin test, documentation that appropriate medical follow-up has occurred must be provided.

Measles (Rubella) immunity. Those students born in 1957 or after must submit one of the following: Documentation of 2 MMR or Rubella vaccines; OR Positive Rubella titer; OR Written documentation from a physician that student has had the disease (10 day- measles, Rubella).

Although not mandatory, is highly recommended that persons at occupational risk of Hepatitis B infection/exposure to blood and body fluids should be vaccinated when they are in training. The vaccination series is the responsibility of the student. If you choose NOT to be immunized for Hepatitis B, you must sign a declination form. If the student does not have documentation of current TB skin test and/or Rubella immunity, testing and/or vaccinations are available at local county health departments for a nominal fee, or through the physician of your choice. The testing/vaccination is the responsibility of the student. Documentation must be submitted at least 2 weeks prior to beginning clinical affiliation, to prevent delay of rotation.

Disease Prevention

All Respiratory Care students, in order to protect themselves, fellow health care workers, and patients will comply with each of the following: All of the program’s clinical affiliate policies regarding infection control will be observed. Uniforms/street clothes and lab coats will be fresh each day.

All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient's diagnosis. Disposable gloves will be worn in all cases when contact with blood or body fluids is anticipated. Disposable gloves are MANDATORY for all patient transfers.

Masks with eye shield or safety goggles will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated. Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids. Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.

Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away. Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.

Good hand washing practices will be carried out before and after each patient contact. Students with a communicable disease will avoid patient contact until resolved. Any student who has or who contracts a communicable disease as so stated by a physician will be dismissed from class and clinical with an excused absence. It is the student’s responsibility following any absence due to a communicable disease to complete tests and assignments missed during their absence. Re-entry following an absence due to a communicable disease is contingent on a signed
physician’s statement stating the student is no longer communicable.

**Bloodborne Pathogens**

Prior to beginning clinical experience, the Respiratory Care student will have completed instruction in the policy regarding Bloodborne Pathogens. This instruction will be in accordance with the OSHA Bloodborne Pathogen Disease training standard. Once the clinical experience begins the respiratory care student will abide by the following rules: Participate in any clinical affiliate required Bloodborne Pathogen training. Follow the clinical affiliate policy and procedure concerning Bloodborne Pathogens.

Report any exposure to bloodborne pathogens to the Clinical Instructor & Director of Clinical Education immediately. If he/she is not immediately available contact the clinical instructor and the program director.

Disposable gloves will be worn in all cases when contact with blood and body fluids is anticipated.

Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.

Eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.

Blood or body fluid inadvertently coming into contact with the skin should be quickly and thoroughly washed away.

Students that experience exposure to blood or body fluid will report to their clinical instructor and the Director of Clinical Education and follow clinical exposure protocol.

Cuts, scratches or other non-intact skin will be covered to avoid blood and body fluids.

All of the program’s clinical affiliate policies regarding infection control will be observed.

**Student Injury-Exposure to Blood or Bodily Fluid Infectious Diseases**

Each clinical facility is expected to practice universal precautions in the care of all patients. The student respiratory therapist is educated in, and is expected to be knowledgeable in the practice of these precautions in the care of all patients.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner that follows the clinical facilities guidelines will result in disciplinary action and may result in dismissal from the program. APPENDIX FORM

**Procedure for Accidental Exposure to Blood or Body Fluid**

All contaminated needle sticks of bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

If a student sustains a puncture wound:

- Withdraw the needle or another object immediately.
- Immediately wash hands/area of puncture wound using soap and water; follow with an application of iodine or alcohol
- Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture. Wipe away any blood.
If a student receives a spray or splash of body fluids:
   To the eyes, nose or mouth – irrigates with a large amount of water.
   To a break in the skin, follow, the procedure for puncture wound (above)

The student will report the incident immediately to the Clinical Instructor and the Director of Clinical Education. The student must complete an exposure form according to the policy of the clinical facility. The student will follow the clinical facilities procedure for reporting and follow-up of exposure. Any required incident report must be completed before leaving the facility.

The student will seek a risk assessment and determination of recommended screening, treatment, and follow-up from the Infection Control Practitioner.

Hepatitis B Vaccination Information
Hepatitis B virus, one of at least three Hepatitis viruses, is an important cause of viral Hepatitis. The illnesses caused by or related to Hepatitis B are serious, resulting in death in about 1% of those infected. Complications of the disease include a variety of liver disorders, including cirrhosis and cancer. Most patients recover completely, but about 6 – 10% become chronic carriers and can continue to transmit the virus to others. There may be as many as 0.5 to 1.0 million carriers in the United States.

Transmission and Risks
The disease is transmitted chiefly through contact with infected blood and blood products. Healthcare providers therefore at increased risk of acquiring the disease. The risk for health care providers can vary depending upon the amount and type of patient contact. Though the risk of acquiring Hepatitis B through the clinical experience is probably lower in some facilities due to the low incidence of the disease, the decision to receive or decline the vaccine deserves your careful consideration.

The Vaccine
Various pharmaceutical companies have developed vaccines that provide protection from Hepatitis B. Field trials have shown 80 – 95% efficacy in preventing infection among susceptible persons. The duration of protection and the need for booster doses is not yet known. Adult vaccination consists of three intramuscular injections of the vaccine. The second and third doses at one and 6 months respectively, after the first.

Waiver Format
Consistent with guidelines developed by the CDC and the American Hospital Association, certain employees have been identified as being at relatively higher risk of exposure to Hepatitis B. Respiratory Care has been designated in this group.

Perhaps one in 50 employees of health care institutions have an acquired immunity to Hepatitis B through previous illness or exposure and would not need the vaccine. This can be determined by a laboratory-screening test.
## Southcentral Kentucky Community & Technical College
### RESPIRATORY CARE PROGRAM
#### STUDENT ACTION PLAN

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Courses:</th>
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<table>
<thead>
<tr>
<th>Current GPA:</th>
<th>Follow Up Meeting Date</th>
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### Consequences

Consequences, as detailed in the student handbook, have been discussed and the student is aware of possible outcomes if the issues leading to this Action Plan are not corrected.

<table>
<thead>
<tr>
<th>Instructor:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Student:</th>
<th>Date:</th>
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</table>
ACADEMIC PROGRESS REPORT

Name: ___________________________                 Date:_____________

Course: __________________________                Term:_____________

Instructor:________________________

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<thead>
<tr>
<th></th>
<th>Needs Improvement</th>
<th>Good</th>
<th>Above Average</th>
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<tbody>
<tr>
<td>Work Ethics Agreement</td>
<td></td>
<td></td>
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<tr>
<td>Module Assignments</td>
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<tr>
<td>Quiz Scores</td>
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<tr>
<td>Test Scores</td>
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<tr>
<td>Class Participation</td>
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<tr>
<td>Lab Participation</td>
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Absences: ______

At the time the student has an (circle)  A  B  C  D  E  I  for the course.

The student requires remediation (circle)  YES  NO

Comments: ________________________________________________________________
          ________________________________________________________________
          ________________________________________________________________

_____________________________________                           ____________________
Instructors Signature                                                Date

_____________________________________                            _______________________
Student’s Signature                                                   Date
CLINICAL PROGRESS REPORT

Name: ___________________________                 Date:_____________

Course: __________________________                Term:_____________

Instructor:________________________

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<thead>
<tr>
<th></th>
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<tr>
<td>CPG Checkoff</td>
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<tr>
<td>Assessment Exam Scores</td>
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<tr>
<td>Rotation Assignments</td>
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<tr>
<td>Performance Checkoff</td>
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<td>Clinical Evaluations</td>
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<td>Clinical Feedback</td>
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<tr>
<td>Involvement Records</td>
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</tbody>
</table>

Absences: ______        Missing Items ________________________________

At the time the student has an (circle)  A  B  C  D  E  I for the course.
Current Grade Percentage: __________

The student requires remediation (circle)  YES  NO

Comments: _______________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

____________________________________  _________________________
Instructors Signature                                                Date

____________________________________  _________________________
Student’s Signature                                                   Date
Student Employment Policy Acknowledgement

I __________________ understand and acknowledge and will follow the statements with regard to working as a Respiratory Student.

- I must not be on probation (grade trouble < 80% or attendance issues) at any time during the time of employment.
- I must maintain a “C” average at 80% or greater in each course and clinical performance must be evaluated as satisfactory.
- I must complete specific competencies to be eligible (RCP120 & 150).
- I must meet the requirements of the Work Place Ethics Agreement, (attendance & participation).
- If I am too ill to attend scheduled clinics or didactic (lecture) sessions, then I am too ill to work as a student RCP. I must attend clinical or class for the full day. Should I call in for clinics or class, and work as a student RCP the same day, it will be considered a violation of policy. The employer will be contacted and informed.
- I understand that I cannot substitute employment time for clinical time / experience.
- I understand that clinical performance evaluations & involvement record may not be completed during the time that I am working as a student.
- I will maintain delineation between clinical time and clinical site employment. I cannot schedule time to work or work during clinical or class hours.
- I acknowledge that I am aware of the standards in this policy and will follow them.

Student Signature:_______________________________      Date:_______________

Faculty Signature: _______________________________
Student Injury-Exposure Report

Student Name: ___________________________ Date: ___________________________

Clinical Facility: ___________________________ Clinical Instructor: ______________

Description of injury/exposure:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completion of required reports and evaluation as required.
Screening, advice, referral for testing, treatment and counseling.
Analyze the occurrence regarding implication, if any for future practice.

Student Signature ___________________________ Date ___________________________

Instructor Signature ___________________________ Date ___________________________

Director of Clinical Education
Signature ___________________________ Date ___________________________

Upon completion, this form will be placed in the student’s clinical file.
Program Counseling

RCP______                                Date: ____________

___________ this is to inform you that you will not be able to continue in the Respiratory Care Program. The letter grade you have received is below 70% or a letter grade of “C”.

Additional comments: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Program Director:                              Instructor:
Print Name:__________                            Print Name: ____________
Signature:______________                         Signature: ________________

Student:
Print Name:__________
Signature:____________
STATEMENT OF UNDERSTANDING

Student Name: __________________________________________________________

Program: RESPIRATORY CARE PROGRAM

College: Southcentral Kentucky Community & Technical College

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.

2. For educational purposes and practice on "live" models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the college as to any problem that might be incurred as a result of these procedures.

3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.

4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.

5. I have been provided a copy of, read, and agree to adhere to the college's policies, rules, and regulations related to the program for which I am applying.

6. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.

8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.

9. I understand that I am liable for my own medical and hospitalization expenses.

10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum $1,000,000/$3,000,000 (or a greater amount of ___ as required by the Facility) limited professional liability insurance during the clinical phase of the program.

I have read and understand each term above, and agree to abide by this statement of understanding.

Student Signature: ______________________________________________________

Date: _____________________
STATEMENT OF CONFIDENTIALITY AGREEMENT

I, ____________________________, by signing this Statement of Understanding, do hereby represent that I have read and understand the following:

1. The program in which I am enrolled requires a period of assigned guided clinical experiences in facilities other than school.
2. The clinical experiences will be assigned for their educational value. Thus, I will not be entitled to any wages, worker's compensation or other benefits, either from the School or from the Hospital.
3. While in the hospital facility, I will conduct myself in accordance with its rules, regulations, and policies. Further, I will be subject to the supervision of both Hospital personnel and the School facility.
4. I understand that neither the Hospital nor the School is responsible for injuries which I incur solely as a result of my own negligent or intentional acts and omissions. I understand that I am encouraged to have personal medical and hospitalization insurance coverage and I will be solely responsible for covering all costs associated with any medical care or hospitalization services I receive.
5. I have read and agreed to the School's policies, rules and regulations related to the program for which I have enrolled. I will follow all administrative rules, regulations, policies, standards and practices of HOSPITAL.
6. I understand that information regarding patients or former patients is confidential and is to be used only for clinical purposes. I acknowledge that individually identifiable health information constitutes Protected Health Information ("PHI") as defined by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and that I am bound by law to maintain permanently the confidentiality of all PHI obtained during my clinical experience. I further acknowledge that I am not permitted to disclose PHI to School faculty, School staff, or any other person outside the Hospital clinical setting to which I am assigned.
7. I understand that the educational experience in which I am involved will in no way entitle me to a job at the Hospital.
8. I understand that I am to act only within the scope of my assigned and supervised activities and am not to act independently of such supervision or instruction.
9. I understand that I may not submit for publication any material relating to the clinical education experience without prior written approval of both the School and the Hospital.
10. I understand that I am to appear in dress/uniforms with proper identification as prescribed by and acceptable to the Hospital and the School.
11. I understand that any action on my part which is not fully consistent with the above statements may warrant removal from the clinical experience at the Hospital.
12. I understand that I must introduce myself as a student, by name and college/university affiliation, and obtain the patient's consent prior to participating in the care of treatment of a patient.

I have read and understand the above statements and the rules, regulations and policies of SCHOOL and HOSPITAL and voluntarily agree and accept them as conditions of my participation at Hospital. I understand that my failure to abide by these rules, regulations and policies may result in my removal from the HOSPITAL program and possible removal from the SCHOOL program. I further understand that I will in no way be considered a servant, agent, or employee of HOSPITAL, and I am not entitled to any compensation, fringe benefits, workers' compensation, or other rights offered to employees of HOSPITAL.

Student ____________________________ Date __________________

Witness ____________________________ Date __________________
Southcentral Kentucky Community & Technical College
BLOODBORNE PATHOGENS INSTRUCTIONAL SESSION

Faculty/Staff/Student

I attended the instructional session on bloodborne pathogens on:

__________________________
(Date and time)

Taught by __________________________

I understand the regulatory text (Title 29 CFR 1910.1030) and Southcentral Kentucky Community & Technical College OSHA Infection Control Compliance Plan is available as part of Southcentral Kentucky Community & Technical College’s Safety Manual and also in the following areas: Maintenance and Operations, Human Resources, Chief Academic Officer, Student Services, Allied Health Building, The Library, and the Nursing Coordinator’s Office.

I understand the symptoms of bloodborne diseases and the modes of transmission of bloodborne pathogens. An explanation was given on the exposure control plan and appropriate engineering controls, work practices, and personal protective equipment I need on my job or in the instructional area.

I understand how to locate, use, remove, decontaminate and/or dispose of appropriate personal protective equipment for the tasks that I do.

I have received information on the Hepatitis B vaccine and understand my options for taking the vaccine. I understand the signs and labels used to identify biohazardous materials.

__________________________
NAME (PLEASE PRINT)

__________________________
SIGNATURE

__________________________
DEPARTMENT
Standard Precautions Statement of Understanding: I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that makes standard precautions mandatory in all healthcare settings.
Student’s Signature: __________________________ Date: ______________

Hepatitis B Vaccination Declination:

I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that Southcentral Kentucky Community & Technical College recommends that I take the hepatitis B vaccination prior to entering clinical training. I understand that by declining this recommendation to take the hepatitis B vaccine I will be at risk of acquiring hepatitis B, a serious disease. I understand that if in the future if I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish, Southcentral Kentucky Community & Technical College with proof of Vaccination within 10 days of taking the vaccination.
Student’s Signature: __________________________ Date: ______________

-OR-

I have had the hepatitis B vaccination on and have submitted proof of vaccination to that Southcentral Kentucky Community & Technical College (documentation attached). 
Student’s Signature: __________________________ Date: ______________
I ______________________________ understand that if I am involved in an exposure incident, I will immediately contact the program coordinator and complete the Exposure Incident Investigation Report.

I further understand that I am to seek medical assistance for a post-exposure evaluation and follow up.

Student Name (Print): __________________________ Date:___________

Student's signature: __________________________

Instructor Signature __________________________ Date:___________
Student Injury-Exposure Report

Student Name: ___________________________ Date: ______________________

Clinical Facility: ________________________ Clinical Instructor: __________

Description of injury/exposure:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completion of required reports and evaluation as required.
Screening, advice, referral for testing, treatment and counseling.
Analyze the occurrence regarding implication, if any for future practice.

______________________________ Date ________________________________
Student Signature

______________________________ Date ________________________________
Instructor Signature

______________________________ Date ________________________________
Director of Clinical Education
Signature

Upon completion, this form will be placed in the student’s clinical file.