



**MONROE COUNTY COMMUNITY COLLEGE  
DIVISION OF HEALTH SCIENCES  
RESPIRATORY THERAPY PROGRAM**

**STUDENT HANDBOOK**

**2018-2019**

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The purpose of this handbook is to articulate the MCCC Respiratory Therapy Program policies and information needed to be a respiratory therapy student specifically and those which apply to all MCCC students in the instructional setting. This information is meant to be stable, but there may arise a condition imposed by the college, clinic agency, or accreditation agency that change one or more of the sections of this document. Students will be informed of any changes if this happens.

## **RESPIRATORY THERAPY PROGRAM**

### **Philosophy**

The intent of this philosophy is to express the values that underpin all aspects of the program. Regardless of the overall goal, the program is responsible to serve three distinct interest groups: the student, the community, and the profession of Respiratory Care. The faculty are responsible to provide a reasonable exposure to the theory, skills, and behaviors expected of a respiratory therapist in the workplace enabling a graduate to pursue the necessary license and credentials to practice. As a result, faculty wish to establish a learning environment that instills a feeling of self-worth and self-confidence to explore various avenues of development. The faculty also wish to encourage students to develop an excitement about learning that will convert to a passion for continued professional development and engagement in the future workplace and field of Respiratory Care.

These aims are met after much hard work on the part of faculty and students alike.

Responsibilities borne by the faculty in establishing a learning environment that facilitates program goals include that the faculty will:

- demonstrate personal conduct directed toward the overall goal of learning
- prepare classroom materials that reflect the most current thought and research on a topic
- establish academic policies and standards that apply equally to all students and faculty regardless of location (classroom, lab, clinic sites) and that are handled in a fair and consistent manner
- establish clinical performance standards that can be measured, attained, and correlate to the work performed after graduation
- perform assessments of student clinical skills that are honest, objective and are directed toward improving cognitive, psychomotor, and behavioral performance
- listen to suggestions, ideas, and criticisms initiated by students as they concern improvement of the Respiratory Therapy Program

Responsibilities borne by the student in maintaining an optimal learning environment include that the student will:

- maintain honesty and personal integrity in all dealings with faculty, patients, hospital staff and fellow students
- engage actively in the learning process, especially in the clinical setting, where one would seek out opportunities to learn
- assume responsibility for one's own actions
- accept constructive criticism in a mature and responsible manner
- treat other students, instructors, respiratory therapists, and fellow healthcare workers with respect

- maintain a patient's dignity and right to privacy as outlined in the Health Insurance Portability and Accountability Act (HIPAA) and clinical agencies
- bring program related problems to the attention of the appropriate faculty member
- follow the MCCC Respiratory Therapy Program policies and procedures

In responding to the needs of our second interest group, the community, the faculty must first and foremost graduate individuals who have demonstrated the knowledge, skills, and behaviors that are consistent with safe and appropriate practice in the workplace. The second responsibility to the community is to provide an opportunity for qualified local citizens to have access to a high quality education in Respiratory Care.

In responding to the needs of our third interest group, the profession, the program faculty believe that by satisfying the requirements of the community it will also satisfy the requirement of the profession. A knowledgeable, skilled, and appropriately engaged therapist is one who can become a valuable addition to the health care team and an asset to the Respiratory Care profession.

In closing, it must be noted that the program will assume a position of dynamic change with the goal of a high quality program that exceeds industry standards. This commitment to excellence may be difficult for many students to appreciate during the program because it results in considerable personal dedication and sacrifice. Generally speaking, graduate surveys indicate that, although the program is very difficult, the graduate is ultimately glad the program prepared him/her to be an excellent therapist, able to pass the boards and to assume a staff therapist position in any area department. As a result, the faculty believe the efforts are worthwhile for the individual, the community, and the profession.

### **MCCC Mission Statement**

Monroe County Community College enriches and transforms lives by providing opportunity and excellence in higher education.

### **Vision Statement**

Monroe County Community College will be an innovative and progressive higher education institution and our community's first choice for quality post-secondary education.

### **Core Values**

Monroe County Community College is dedicated to these core values

- Comprehensive educational offerings
- Instructional Excellence
- Transformational Learning
- Cultivation of informed and participating citizens
- Entrepreneurial and responsive leadership to community needs
- Cultural enrichment
- Affordability
- Accessibility
- Valuing human diversity
- Ethical integrity
- Accountability to students and stakeholders
- To be a source of pride for the residents of Monroe County

Monroe County Community College does not discriminate against individuals because of race, color, religion, national origin or ancestry, age, gender, marital status, disability, genetic information, sexual orientation, height, weight or veteran's status.

### **Accreditation--Institutional**

Monroe County Community College is accredited by the North Central Association Higher Learning Commission (NCA-HLC). The next accreditation cycle for self-study and full site-visit is 2021-2022.

### **Accreditation--Respiratory Therapy Program**

The Registered Respiratory Therapist Program at Monroe County Community College is accredited by the Commission on Accreditation for Respiratory Care (CoARC) located on the web at:

<http://www.coarc.com/>

They may also be contacted at:

1248 Harwood Road  
Bedford, TX 76021  
(817) 283-2815

The accreditation number for the Monroe County Community College program is 200295. The public can access the board exam pass rate, program attrition, job placement and other important outcomes of interest through the CoARC website ([www.coarc.com](http://www.coarc.com)). This would also show the MCCC Respiratory Therapy Program outcomes in comparison to all programs in the United States arranged by state.

The MCCC RT program is required to maintain accreditation from CoARC in order for graduates to be eligible to take board exams for the registered respiratory therapist (RRT) administered by the National Board for Respiratory Care (NBRC). As part of the accreditation process, the MCCC program does a yearly formal evaluation of the program and its resources by the students, graduates, employers, advisory committee members, and program personnel. Students will be provided access to the survey with the hope that there will be serious, and thoughtful answers, responses, and comments in order to help improve the program.

The program undergoes a self-study and site visit process on a ten-year cycle or less. The next cycle is the 2021-2022 academic year.

### **Goal and Standards: Respiratory Therapy Program #200295**

**GOAL #1** Upon completion of the program, the graduate will be a competent advanced level respiratory therapist.

**Standard A:** Upon completion of the program, the student will have demonstrated the ability to gather, comprehend, evaluate, apply, and problem solve using clinical information relevant to his/her role as a registered respiratory therapist. (Cognitive Domain)

**Standard B:** Upon completion of the program, the student will have demonstrated the ability to perform the clinical technical skills relevant to his/her role as a registered respiratory therapist. (Psychomotor Domain)

**Standard C:** Upon completion of the program, the student will have exhibited the personal behaviors consistent with professional standards and employer expectations of a registered respiratory therapist. (Behavioral Domain)

**Curriculum and Admission to the Respiratory Therapy Program**

<u>(Pre</u>	<u>Admission</u>		<b>Billable</b>
<b>Contact Hours</b>			
3 credit hours	(C3)	ENGL 151 English Composition I	3
4 credit hours	(C2)	MATH 151 Intermediate Algebra	4
4 credit hours	(C1)	BIOL 151* Biological Sciences I	6
4 credit hours		BIOL 157 Anatomy & Physiology I	6
0-3 credit hours	(C4)	Computer Literacy Competency <sup>1</sup>	0-3
<b><u>Fall Semester (1<sup>st</sup>)</u></b>			
6.5 credit hours		RTH 100 Respiratory Care Techniques I	9
2 credit hours		RTH 102 Pharmacology for Respiratory Therapists	2
3 credit hours		RTH 104 Cardiopulmonary Assessment	3
4 credit hours		BIOL 158** Anatomy & Physiology II	6
<b><u>Winter Semester (2<sup>nd</sup>)</u></b>			
5 credit hours		RTH 110 Respiratory Care Techniques II	7
4.5 credit hours		RTH 111 Respiratory Care Clinical Practice I	14
4 credit hours		RTH 116 Cardiopulmonary Pathophysiology	4
<b><u>Spring/Summer Semester (3<sup>rd</sup>)</u></b>			
4 credit hours		RTH 120 Respiratory Care Techniques III	6
2 credit hours		RTH 121 Respiratory Care Clinical Practice II	6
0-3 credit hours	(C4)	Computer Literacy Competency (suggested semester) <sup>1</sup>	0-3
<b><u>Fall Semester (4<sup>th</sup>)</u></b>			
4.5 credit hours		RTH 211 Respiratory Care Clinical Practice III	14
4 credit hours		RTH 212 Advanced Cardiopulmonary Physiology	4
3 credit hours		RTH 214 Adult Critical Care	4
2 credit hours		RTH 216 Neonatal/Pediatric Critical Care	3
<b><u>Winter Semester (5<sup>th</sup>)</u></b>			
4 credit hours		RTH 221 Respiratory Care Clinical Practice IV	13
2 credit hours		RTH 222 Seminar	2
2 credit hours		RTH 226 Respiratory Care Techniques IV	3

(C5) Human Experience Competency (suggested semester)

(C6) Social Systems Competency (suggested semester)

\* Required pre

-requisite course to BIOL 157. May be completed prior to

\*\* Required non

-respiratory course: must be completed

<sup>1</sup>Can be satisfied through a competency test (Computer Literacy Competency) or approved college course to satisfy computer literacy (3<sup>rd</sup> semester)

**Additional courses to satisfy General Education Graduation Requirements:** These courses are not program requirements; however, have to be completed in order to be eligible to graduate from the college. Students may choose a satisfier course from the College Catalog and take the course during a semester of their preference.

Suggested semesters to take the courses are listed below.

(C4)	Computer Literacy Competency	(Suggested: 3 <sup>rd</sup> semester)
(C5)	Human Experience Competency	(Suggested: 5 <sup>th</sup> semester)
(C6)	Social Systems Competency	(Suggested: 5 <sup>th</sup> semester)

HOURS	CREDIT HOURS	BILLABLE CONTACT
Total Program	71.5	Total Program 119
Respiratory	52.5	Respiratory 94

Additional General Education	up to 9	General Education	up to 9
<b>TOTAL</b>	max	<b>80.5 TOTAL</b>	max <b>128</b>

MCCC charges students tuition by the billable contact hour. A student can calculate the costs associated with tuition by multiplying the applicable rate (in-district, out-district\*) by the number of contact hours. Additional costs of approximately \$2,500 for the entire program are associated with registration fees each semester, lab fees, books and supplies. Consulting the financial aid office to apply for PELL grant and scholarships on-line through the STARS program is suggested to help offset costs to attend the program.

\*at this time, Respiratory Therapy students are eligible for reciprocity agreement between Michigan and Ohio to allow Ohio residents to be charged out-of-district rather than out-of-state for tuition.

### **Program Competencies**

The following competencies are the areas for which every student is evaluated each clinical semester and represent a pass/fail component for the course and program. These represent important competencies for any respiratory therapist in the workplace.

Reviewing the list and descriptions of excellent to poor performance should give the student a good idea of expectations in the clinical environment. The symbols (e.g. F-3) represent the statement number as found on the program's formative evaluation, a clinical document that instructors use to evaluate a student's clinical performance. A more thorough review and explanation will be provided to students prior to entering the first clinic rotation in January.

Note: H.D. = Highly Desirable (targeted behavior)  
 M.A. = Minimally Acceptable (barely acceptable)  
 N.I. = Needs Improvement (not quite acceptable)

#### **CATEGORY 1: COGNITIVE TRAITS**

##### 1. KNOWLEDGE AND COMPREHENSION (F-3)

H.D. = Demonstrates comprehension well beyond that required at this point in the program.

M.A. = Displays adequate knowledge of essential concepts (is safe).

N.I. = Has limited understanding of basic concepts; is unsure of essentials.

##### 2. LEARNING RATE AND ADAPTABILITY (F-10)

H.D. = Learns and applies new experiences exceptionally quickly; rapidly adjusts to new or altered conditions.

M.A. = Grasps new experiences and adjust to changes in a satisfactory time period.

N.I. = Is rather slow in learning new tasks and has some difficulty accommodating to changing conditions.

##### 3. INTEGRATION AND TRANSFER OF THEORY (F-15)

H.D. = Readily transfers theoretical knowledge to all clinical situations.

M.A. = Can usually demonstrate how essential aspects of theory relate to specific clinical activities.

N.I. = Exhibits a superficial understanding of the application of theory in most clinical activities.

##### 4. MATHEMATICAL CALCULATIONS (F-23)

H.D. = Pursues use of applied math in clinical situations. Recalls relevant clinical formulas without fail. Rarely, if ever, makes a mistake in calculations.

M.A. = Can perform math operations essential for basic clinical competency.

N.I. = Tends to avoid use of math. Has difficulty recalling basic clinical formulas. Shows frequent inaccuracies in required calculations.

#### **CATEGORY 2: CLINICAL PERFORMANCE**

##### 5. CARE/USE OF EQUIPMENT OR SUPPLIES (F-11)

H.D. = Demonstrates exemplary competence and resourcefulness in the utilization and care of equipment and supplies.

M.A. = Exhibits satisfactory care and use of equipment in most situations; is never negligent, wasteful or abusive.

N.I. = Is often inefficient in the use or maintenance of equipment and occasionally provides less than adequate care.

##### 6. USE OF INSTRUCTIONS AND DIRECTIONS (F-19)

H.D. = Grasps directions quickly and applies instructions accurately.

M.A. = Seldom requires repetition of explanations or referral to previous instructions.

N.I. = Requires needless re-explanation; does not accurately recall instructions.



**7. ORGANIZATION AND GOAL ACHIEVEMENT (F-2)**

- H.D. = Always plans and sets goals; organizes activities to achieve optimum and efficient patient care.  
M.A. = Usually establishes priorities and plans activities efficiently; most goals achieved as intended.  
N.I. = Makes some attempt to set goals and organize activities but many priorities are not achieved.

**8. JUDGEMENT (F-20)**

- H.D. = Clinically insightful; displays outstanding use of clinical judgement.  
M.A. = Demonstrates good judgement in most clinical situations.  
N.I. = Has difficulty in making rational, logical judgements.

**9. ASSESSMENT & REPORT OF PATIENT STATUS (F-6)**

- H.D. = Consistently astute and conscientious in the observation, assessment and reporting of patient's status or needs to appropriate personnel.  
M.A. = Provides satisfactory observation and assessment of patient's status and needs; generally assures that appropriate personnel are notified.  
N.I. = Is often careless in observing and assessing patient's condition or needs; often fails to communicate changes to appropriate personnel.

**10. RECORD KEEPING (F-8)**

- H.D. = Always maintains exceptionally complete, accurate and concise records in full accord with hospital and departmental policy and procedure.  
M.A. = Usually maintains records which are satisfactory; occasionally makes minor errors or fails to provide complete description of actions/ assessments.  
N.I. = Is frequently careless in completing proper records; commits many errors or is often inaccurate and incomplete.

**11. QUALITY OF PERFORMANCE (F-5)**

- H.D. = Consistently demonstrates thoroughness, accuracy, attention to detail; performance is essentially error free.  
M.A. = Demonstrates an acceptable level of performance with occasional (though not critical) errors; safety considerations are rarely overlooked.  
N.I. = Is frequently careless or negligent, lacking in attention to detail; errors occur frequently and safety considerations are often overlooked; requires close supervision.

**12. QUANTITY OF WORK PERFORMED (F-16)**

- H.D. = Works consistently and with excellent output; utilizes time efficiently.  
M.A. = Maintains satisfactory output; is usually able to complete delegated tasks in appropriate time interval.  
N.I. = Frequently is unable to complete assigned functions within a satisfactory time limit.

**CATEGORY 3: INTERPERSONAL SKILLS****13. RESPONSE TOWARDS SUPERVISION AND GUIDANCE (F-13)**

- H.D. = Consistently collaborates with supervisors and instructors to maximize learning and implement optimum patient care.  
M.A. = Willingly accepts supervision and guidance; generally applies recommendations and is receptive to constructive criticism.  
N.I. = Sometimes reacts negatively towards supervision; often rejects guidance or fails to apply recommendations; has difficulty accepting constructive criticism.

**14. PATIENT RAPPORT AND CONSIDERATION (F-18)**

- H.D. = Communicates readily with patient; always attentive to their emotions, needs, rights and comfort; is consistently considerate, patient, and accommodating.  
M.A. = Generally sensitive to patients' needs and rights in planning care; communicates adequately to gain patients' confidence and is usually considerate and respectful.  
N.I. = Often ignores or is inattentive to patients' rights and comfort; has difficulty communicating sincerity or consideration; generally fails to achieve rapport with patients.

**15. VERBAL THERAPEUTIC COMMUNICATIONS WITH PATIENTS (F-1)**

- H.D. = Routinely and assertively elicits relevant data from patients. Actively pursues patient coaching; is very effective in teaching therapy purpose and technique due to clearness of instruction.  
M.A. = Communicates well enough to deliver minimally acceptable safe and effective therapy.  
N.I. = Seldom requests therapeutically relevant data from patient. Patients frequently perform sub-optimal therapy due to inadequate verbal instructions.

## 16. VERBAL COMMUNICATIONS WITH ALLIED HEALTH PEERS (F-22)

H.D. = Actively but tactfully pursues relevant communications; always uses proper medical terminology; communications are always direct, concise, and unambiguous.

M.A. = Conveys to or elicits from respiratory therapists, nurses, and others minimal information necessary for the delivery of adequate patient care.

N.I. = Displays difficulty in communicating with other allied health professionals. Improperly uses medical terminology. Communications are seldom concise or unambiguous.

## 17. COMMUNICATIONS WITH PHYSICIANS (F-14)

H.D. = Unhesitatingly communicates professionally using correct medical language in a direct, concise, and unambiguous manner. Asks appropriate questions during lectures, rounds, and medical procedures.

M.A. = Conveys to or elicits from medical staff minimal information necessary for the delivery of adequate patient care.

N.I. = Displays difficulty in communicating with physicians. Improperly uses medical terminology. Communications are seldom concise or unambiguous.

**CATEGORY 4: PERSONAL ATTRIBUTES**

## 18. GENERAL ATTITUDE/INTERACTION (F-4)

H.D. = Always pleasant, courteous, friendly and tactful; fosters positive response in others.

M.A. = Usually courteous and pleasant; exhibits tactlessness or abruptness only in extenuating circumstances.

N.I. = Abrupt and anxious at times, often detached or unresponsive; must be reminded occasionally to be tactful and courteous.

19. PUNCTUALITY (F-21) NOTE: A student is tardy if they are not totally prepared to begin clinic by the official start time for the shift. Even 1 minute past is tardy!

H.D. = Is never tardy.

M.A. = Has been tardy only 2 times/15 clinical days due to extenuating circumstances and has given proper notification when possible.

N.I. = Has been tardy more than 2 times/15 clinical days or has had an incidence where proper notification was not given when possible.

## 20. ATTENDANCE (F-24)

H.D. = Is never absent and arrives as scheduled or early for all clinical events.

M.A. = Is absent only 2 times/30 clinical days due to extenuating circumstances, gives proper notification. Promptly schedules 1 make-up day at the instructor's convenience.

N.I. = Is absent more than 2 times/30 clinical days or has failed to give proper notification. Fails to promptly schedule make-up days.

## 21. INITIATIVE (F-17)

H.D. = Exhibits enthusiasm and initiative in performing assigned tasks and completing published course requirements; continually seeks out learning experiences beyond those scheduled.

M.A. = Keeps pace with regular work assignments and course requirements; occasionally seeks out new activities.

N.I. = Requires occasional prodding to keep up with delegated tasks, has difficulty in using time constructively.

## 22. ABILITY TO WORK INDEPENDENTLY (F-7)

H.D. = Assumes full responsibility for actions and exhibits self-direction in all activities; can independently initiate positive action and rarely requires direct supervision.

M.A. = Is dependable and self-directed in assuming most responsibilities; is aware of limitations and seeks supervision and assistance when necessary.

N.I. = Reluctant to assume self-direction or independently initiate actions; requires close observation and supervision in most activities.

## 23. PERSONAL APPEARANCE (F-9)

H.D. = Always presents a clean and well groomed appearance which exceeds the basic dress code requirements.

M.A. = Usually presents clean and satisfactory appearance, rarely untidy or inappropriate.

N.I. = Often forgetful of standards of appearance or grooming, at times untidy or inappropriately dressed.

## 24. ETHICS AND INTEGRITY (F-12)

H.D. = Consistently shows concern for the dignity and welfare of patients and others; maintains confidentiality; prevents hostile/aggressive confrontations; is always forthright and honest.

M.A. = Seldom fails to recognize the importance of the dignity and welfare of patient's and others; rarely involves self or others in conflict; usually is forthright and honest.

N.I. = Often disregards the dignity or welfare of patient's or others; is sometimes negligent in maintaining confidentiality; is frequently involved in situations of conflict; has failed to be forthright or honest at times.

# Technical Standards for Health Occupational Programs at Monroe County Community College

The purpose of the technical standards is to inform students choosing to enter into a health occupation program of the basic minimal technical standard requirements which must be met in order to complete all course work objectives and student outcomes. The listed standards encompass what is minimally required to perform the tasks necessary, with a few associated examples provided. This list is not exhaustive, and can be modified as the College deems necessary at any time. Students enrolled in a health occupation program at MCCC must provide care that is safe and effective. These technical standards apply to any student enrolling in any one of the health occupations programs. The student must be able to demonstrate sufficient cognitive, professional, motor (physical), sensory, and other abilities, with or without accommodation, to meet program technical standards.

Students with documented disabilities, or who believe that they may have a protected disability, can request accommodations which may assist with meeting the technical standards for Health Professional Programs at MCCC. Please contact the MCCC Disability Services Office at 734-384-4167 to schedule an appointment with a Disability Services Counselor.

**DISCLAIMER: EXAMPLES PROVIDED ARE NOT AN EXHAUSTIVE LIST OF ASSOCIATED TASKS TO MEET PROGRAM TECHNICAL STANDARDS.**

Requirements	Standard	Examples
Critical Thinking and Cognitive Competencies	Sufficient critical thinking and cognitive abilities in classroom and clinical settings	Make safe, immediate, well reasoned clinical judgments. Identify cause/effect relationships in all clinical situations and respond appropriately. Utilize the scientific method and current standards of evidence based medicine/practice (EBM) to plan, prioritize, and implement patient care. Evaluate effectiveness of health related interventions. Accurately follow course syllabi, assignments, directions, academic and facility patient protocols, and any action plan(s) developed by the dean, faculty, administration, or healthcare institution. Measure, calculate, reason, analyze and/or synthesize data as it applies to patient care and medication administration.
Professionalism	Interpersonal skills sufficient for professional interaction with a diverse population of individuals, families and groups	Establish effective, professional, relationships with clients, families, staff and colleagues with varied socioeconomic, emotional, cultural, and intellectual backgrounds. Capacity to engage in successful conflict resolution. Capacity to comply with all ethical and legal standards, including those of the healthcare profession and the corresponding policies of the College and Clinical Placements Facilities. Ability to relate to clients, families, staff and colleagues with honesty, integrity, and non-discrimination. Ability to self regulate behavior and maintain composure during stressful or sensitive care of clients in all areas of the healthcare environment. Respond appropriately to constructive criticism. Effectively work independently and cooperatively in team situations. Displays attributes of professionalism such as: integrity, honesty, responsibility, accountability, altruism, compassion, empathy, trust, tolerance, and unbiased attitudes.
Communication	Communication sufficient for professional interactions	Explanation of treatment, procedure, initiation of health teaching (e.g. teach-back or show-me method). Accurately obtain information from clients, family members/significant others, health team members, and/or faculty. Documentation and interpretation of health related interventions and client responses. Read, write, interpret, comprehend, and legibly document in multiple formats using standard English. To relay accurate and thorough information in oral, written, and electronic forms for continuity of care with all health care team members appropriately. Communicate in a courteous, non-aggressive, non-defensive manner with instructors, peers, staff, patients and health care team members.
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Functional movement about patient's room, workspaces, and treatment areas. Administer rescue procedures such as cardiopulmonary resuscitation. The physical ability to transition quickly to accommodate patient needs and to maneuver easily in urgent situations for client safety.
Motor Skills	Gross and fine motor abilities which are sufficiently effective and safe for providing allied health care	Ability to effectively calibrate and use equipment. Strength to carry out patient care procedures, such as assisting in the turning and lifting/transferring of patients. Perform and/or assist with expected procedures, treatments, and medication administration using appropriate sterile or clean technique (for example, medication administration, CPR, insertion of catheters). Physical endurance sufficient to complete all required tasks during the assigned period of clinical practice, including the physical and mental demands of a 12-hour clinical shift. To physically be able to control falls by slowly lowering patient to floor. Lift or move (turn, position) clients or objects, pull or push objects weighing up to 35 pounds to accommodate client care needs.
Sensory	Auditory and visual ability sufficient for observing, monitoring and assessing health needs	Ability to detect monitoring device alarm and other emergency signals. Ability to discern sounds and cries for help. Ability to observe client's condition and responses to treatments. Ability to collect information through listening, seeing, smelling, and observation and respond appropriately. Ability to detect foul odors, smoke, changes in skin temperature, skin texture, edema, and other anatomical abnormalities.
Observation	Ability to sufficiently make observations in a health care environment, consistent with program competencies	Accurate interpretation of information obtained from digital, analog, and waveform diagnostic tools such as temperatures, blood pressures, and cardiac rhythms as well as diagnostic tools that monitor or obtain physiological phenomena with client care. Observation and interpretation of the following: client heart and body sounds, body language; color of wounds, drainage, urine, feces, expectoration; sensitivity to heat, cold, pain and pressure; and signs and symptoms of disease, pain, and infection.
Tactile Sense	Tactile ability sufficient for physical assessment	Ability to palpate in physical examinations and various therapeutic interventions. To detect temperature changes, and feel vibrations (pulses) and palpate veins for cannulation.

**Program Personnel**

The Respiratory Therapy Program is part of the Health Sciences Division. Registered Nursing, Practical Nursing, Nurse Aide, Phlebotomy, and ECG technician are other programs in the division. The division dean is Kimberly Lindquist (734) 384-4101 who is also the director of the Nursing Program. Rachel Lehr is the Administrative Assistant and can be reached at (734) 384-4102. The fax number for the division is (734) 384-4187. There are several identified positions that will impact your education in the Respiratory Therapy Program. The positions and those who occupy them are as follows:

- **Program Director** — Ijaz Ahmed, MBBS, MD, MS, RRT, directs the day-to-day operations of the program, may assist with coordination of clinics, and teaches classroom courses. Office hours are flexible and by appointment or drop-in basis Monday through Friday in H-155. Office is (734) 384-4103 and you can also reach at [iahmed@monroeccc.edu](mailto:iahmed@monroeccc.edu).
- **Director of Clinical Education** — Angela Prush, BAS, RRT is in charge of directing clinical education and teaches many of the classroom and laboratory courses. Office hours vary each semester and are posted outside of her office door room H-154. Office phone is (734) 384-4268 and you can reach at [aprush@monroeccc.edu](mailto:aprush@monroeccc.edu).
- **Classroom faculty** —Helen M. Stripling, BA, RRT-ACCS is teaching a full-classroom load as full time faculty. This is a new, expanded full-time teaching position. Office hours vary each semester and are posted outside of her office door room H-150. Office phone number is (734) 384 6055 and you can reach at [hstripling@monroeccc.edu](mailto:hstripling@monroeccc.edu).
- **Medical Director**—Raheel Jamal, MD, is a practicing pulmonologist at St. Vincent Mercy Hospital in Toledo, OH. He is board certified in internal medicine and pulmonary medicine. Students will have an opportunity to do rounds with Dr. Jamal in the second year of the program. Students who are assigned clinic at St. Vincent Mercy Medical Center will also have opportunities to interact with him, generally in the intensive care units (ICU).
- **Part-time Classroom Instructors**--Students will have a few classes taught by part-time instructors. There are no required office hours, but many of them are generally available before or after the class. These individuals are hired for their expertise in their specialty area and should be able to give students the most recent information available for their topic.
- **Clinical Instructors**--Whenever a student is assigned to a hospital for clinical experience, an instructor from the hospital will be responsible for the student. Within guidelines from MCCC's RT program, these individuals plan and supervise student activities, evaluate performance and report student progress to the clinical coordinator or program director. The grade for clinic is assigned through one of the program's full time faculty who are coordinating the clinical classes.

**Clinical Agencies**

Students are assigned to several hospitals throughout the program. A student will not go to all the hospitals listed below, but can expect to go to several of them in his/her geographic area, if it is appropriate for the educational experience. The following are the Respiratory Care department or general hospital phone numbers at the clinical agencies used by the college. You will be given more specific numbers before the rotations.

DMC Harper Hospital	(313) 745-1510
Promedica Flower Hospital	(419) 885-1444
Henry Ford Hospital Wyandotte	(734) 284-2400
Henry Ford Hospital Detroit	(313) 916-0627
Promedica Monroe Region Hospital	(734) 240-1648
C.S. Mott Children's Hospital (U of M)	(734) 763-2420
Beaumont Wayne (formerly Annapolis)	(734) 467-2525
Beaumont Taylor (formerly Heritage)	(313) 295-5153
Beaumont Trenton (formerly Southshore)	(734) 671-3886
St. Joseph Mercy Hospital	(734) 712-3089
St. Vincent Mercy Medical Center	(419) 251-4222
Promedica Toledo Hospital	(419) 291-4460
University of Michigan Hospital	(734) 936-5240

**Clinical Rotation Expectation**

**CoARC Standard 5.09 explicitly provides as follows:** Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

**CoARC Standard 5.10 provides as follows:** Students must not complete clinical coursework while in an employee status at a clinical affiliate.

**Advisors**

Either the program director, director of clinical education, or classroom instructor will be assigned to you as an advisor. We are interested and concerned about you and would like to know if you need help in **any way** to stay in the program. Appointments or drop-in visits can be made during posted office hours and as we are available.

**Drugs, Intoxicants, and Mind Altering Substances**

Success in respiratory therapy, both as a student and as a practitioner, requires sound judgment and positive professional relationships with the community, the clinical personnel, and the client. Behavior which threatens these relationships or alters judgment will endanger this effectiveness. For this reason students are expected to abstain from the use of any illegal or mind altering substance before or during **any** contact with faculty, staff, or clients. Students should also abstain from any prescribed drugs prior to clinical experiences that could impair judgment or function. Students who arouse the suspicion of the instructor must give permission for immediate laboratory screening for any substances. Declining to do so will result in dismissal from the program. There is zero tolerance for breaches of this policy.

Documented use of mind-altering and/or illegal drugs or substances in the clinic will result in immediate dismissal from the program and failure in the course that the student is enrolled. Students will be ineligible for readmission to the program under these circumstances.

### **Drug Testing and Dilute Urines**

Upon entry to the program, all students will be drug tested at the student's expense for the presence of controlled or mind-altering substances through Corporate Connection at Promedica Monroe Regional Hospital. Students will receive a letter identifying the date and process for drug testing. Students will have a limited, 72-hour time period in which to complete the testing. Students who do not meet this time commitment to complete the initial drug testing may be dismissed from the program.

There are instances in which a student may need to take prescribed medications, which could be in a drug classification that would typically be restricted from a clinical setting. An example might be a prescribed medication such as benzodiazepines or Phenobarbital. When a student is taking medications that could be an issue in the clinical setting; we advise that the student participate in a medical review of prescribed medications and therapies in order to receive clearance to practice in the clinical setting. The medical review is an additional cost and is at the student's expense. The physician must be specifically trained in drug screening protocols (the medical review shall be done at Corporate Connection to meet this requirement.) The student must not be mentally impaired and therefore must be able to function optimally in the clinical setting in any case. A student may need to work with the primary physician for alternative treatments if the prescribed drugs impair function.

If the result of the drug test comes back indicating that the urine sample is 1) too dilute to measure, 2) the temperature is not appropriate or 3) if the time deadline is not met, an additional hair sample drug test is required to be collected as soon as possible, at the student's expense. Inability to measure any compounds or parts of the urine sample due to a dilute sample is suspicious and will be construed as a positive test. A student will be required to return to the testing site for either an expanded urine test or a hair sample test. Two dilute specimens will be grounds for immediate dismissal. In the event of two dilute urine specimens, the student may opt for a medical review as noted previously. Once the medical review is completed, the findings of the physician will be considered a final determination and the student will either be cleared for clinical or not cleared.

In the event the student is not cleared for clinical, following the medical review, the student will be dismissed from the program. There is no appeal in the case of a student who is not cleared by the medical review.

Any student who receives an initial dilute specimen result or other abnormality such as temperature may be randomly drug tested at the student's expense throughout the length of the program.

### **Criminal Background Checks**

In order to practice with a license in Respiratory Care, a criminal background check is required. The purpose of the criminal background check as a student is to screen for potential problems in applying for a license and to satisfy the Michigan State Law (HB 4057) which states that all nursing home workers, hospital employees, students and faculty included, must have criminal background checks before providing services in a healthcare facility, nursing home, county medical facility, or

home for the aged. Students, faculty, and employees are restricted from providing any direct services if convicted of a:

1. Felony or conspiracy to commit a felony within the past 15 years, or
2. Misdemeanor that involved abuse, neglect, assault, battery, or criminal sexual conduct or fraud or theft against a vulnerable adult (as defined under the Michigan Penal Code) within ten years.

Note: Any criminal behavior as described above will prevent your ability to meet the respiratory therapy program requirements. All students participate in the care of the elderly and it is an essential part of the curriculum.

All students must consent to a criminal background check (and fingerprinting when requested) at the student's expense. Criminal background checks and fingerprinting are done at the beginning of the program and may be repeated at later times during the program. Failure to give consent for the criminal check and fingerprinting will prevent admission and/or completion of a respiratory therapy course. Criminal activity of any sort could prevent clinical placement which could result in program dismissal.

Criminal convictions must be reported to the clinical agency(ies) and a determination will be made by the agency(ies) to admit that student for clinical experiences. If a student cannot be placed for clinical experiences due to past criminal activity, the student will be dismissed from the program of study without recourse or appeal.

**All information will be held in the strictest confidence!**

**Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. The Michigan Board for Respiratory Care is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete. This process will be done after graduation when you apply for a license.

### **Professional Portfolio**

In the second year of the program you will be required to complete a professional portfolio which will be graded and part of RTH 222 Seminar. It will contain your resume, CPR card, professional membership cards, transcripts, good examples of clinic paperwork and other important documents of your skills and activities during the program. This will be impressive for a job interview and make it easier for the employer to hire you if all the required documents are easily copied for you employee file. If you received a scholarship, thank you letter or other correspondence to show your activities, please start gathering this during the first year and make a habit of keeping these in a central location. Students should "keep" items for their portfolios throughout the program, but they complete the portfolio during the 2<sup>nd</sup> year. As a result, you will begin collecting documents that can be placed in your portfolio in the first semester. Faculty will help you identify suitable items to include.

### **Textbooks**

The faculty realizes respiratory therapy textbooks are expensive. However, it is important you purchase the books listed for respiratory therapy courses. Books purchased for any respiratory

therapy course will serve as a reference for future respiratory therapy courses and be a solid foundation for your personal library and studying for the board exams.

### **Grading Scale for All Respiratory Therapy Courses**

A = 92.5 - 100

B = 83.5 - 92.49

C = 75.5 - 83.49

E = Below 75.49

### **Examination Policy**

All examinations must be attended at the designated time and place. If illness or circumstance prevents a student from meeting the exam, it is expected the appropriate instructor will be notified before the exam. The instructor will determine alternate exam arrangements. There are penalty points for taking late exams. Instructor contact information is listed in the course syllabi.

### **Cell phones and pagers**

Personal cell phones and pagers cannot be used on the clinical unit. If brought with students to clinic, they must be kept in the locker except on break or lunch. If brought to class or laboratory, they should be turned off. They may be on in class or lab, in a silent or vibrate mode, in emergency situations **only**. Do not use text messaging or tweeting services while in class, clinical, or lab. You may be asked to leave class if this is violated.

Photographs taken with any camera (any type of stand-alone camera or camera component of a cell phone, computer or any other device) are prohibited in class, lab, or in the clinical setting unless permission is granted by the faculty member or a member of the hospital staff.

### **Academic Dishonesty**

A student is expected to follow the Student Code of Conduct and the ethics and integrity as outlined in the MCCC Catalog. The following statement is found in the MCCC catalog under Academic Dishonesty:

*Acquisition of knowledge and the development of the skills necessary for success in one's chosen field are among the aims of education. Academic dishonesty is inconsistent with those aims and will not be tolerated. Academic dishonesty is an intentional act of fraud in which a student seeks to claim credit for the work or efforts of another without authorization or uses unauthorized materials or fabricated information in any academic exercise. The college considers academic dishonesty to include forgery of academic documents, intentionally impeding or damaging the academic work of others or assisting other students in acts of dishonesty. It is the student's responsibility to know what constitutes academic dishonesty. If a student is unclear whether a particular act constitutes academic dishonesty, he or she should consult with the instructor of the class involved.*

*Any act of academic dishonesty will result in disciplinary action by the college. The maximum penalty under the provisions of this policy is permanent expulsion from the college.*

A student found to be cheating on an exam or quiz will receive the grade of 0 (zero) for that exam. A student found cheating on a second exam or quiz will be dismissed from the program. A student who falsifies either clinical documents or patient charting will be dismissed from the program on the first offense. Students who observe other students in an act of academic or professional dishonesty are responsible as health care practitioners to report any such occurrences to the proper



faculty member. Students are not allowed to copy any exam from the Respiratory Therapy Program unless there is specific written permission by an instructor. Students found to have copies of exams in any format without permission will be subject to the same penalty as though found cheating. This would include electronic versions of exams in both of the above.

### **Attendance**

Attendance will be taken in each Respiratory Therapy Program class. Attendance in class may be a requirement for some classes and attendance points may be assigned. Due to the critical nature of a respiratory therapist's job, his/her knowledge, skills and behaviors are held to a high standard. To miss class and the knowledge from the class may result in lower and even failing grades even if an attendance clause is not included in the grade. As a result, it is assumed that a student will attend classes, labs and clinical courses as well as to be on time for the start. All clinic courses will have attendance/tardiness standards of conduct that if not followed will result in dismissal from the program. In general, all clinic absences are to be made up.

An emergency alert system is available to notify students by phone and email regarding closure of MCCC due to weather or other emergencies. It is required that students enroll in this free service to avoid communication issues with weather and other problems common in Michigan. To enroll, go to the link at the MCCC website and follow the prompts.

### **Student RT Club**

Each class will have its own Respiratory Therapy Student Club with officers, advisor and budget. All students in the program are considered members. Activities include social functions and fundraisers to accumulate resources that can be applied to reduce the out-of-pocket costs associated with attending professional seminars, workshops and in some cases, fees for credentialing exams. In addition, community service activities are encouraged to inform the public about respiratory health and other topics related to the profession. Clubs will elect their officers, hold at least 8 meetings per year with minutes and a list of attendees, and complete MCCC report documents for an audit of the account. Election of officers is typically in October of the fall semester for first year students and at the beginning of fall for second year students.

### **Service Learning**

The respiratory therapy program has a service learning component in the curriculum. All first year students will participate in the heart and lung dissection program during the fall and/or winter semester of their first year. This program involves presentations to area grade school students regarding heart and lung anatomy and the consequences of tobacco use. Many students may choose to assist with sessions in the second year of their program and to help teach the first year students how to do their part. Additionally, the student club will sponsor an American Heart Association BLS Instructor Class. The subsequent BLS classes are used as both a service learning opportunity as well as a fundraiser for the club.

### **Respiratory Therapist Program Progression, Remediation and Completion**

In order to graduate from the Registered Respiratory Therapist Program a student must receive a "C" or better grade for all courses in the curriculum. In order to achieve a "C" grade in RTH 110 and RTH 120 the student must achieve a numerical average greater than or equal to 75.49% (as in all RTH classes) and, **additionally**, must pass a minimum number of exams as set forth in the class syllabus.

Remediation for classroom is available in the form of faculty suggestions to improve grades with study strategies, test-taking strategies, tutoring and referral to the Learning Assistance Lab. The program does not routinely offer extra credit papers, quizzes, or retake exams to raise a failing grade to passing grade for a class. Clinic probation is a condition where a student has been deemed either deficient and must remediate before passing the class or has violated one of the conditions stated in the disciplinary actions.

If the student achieves a “C” or better in the professional courses (RTH prefix), but receives a failing grade for BIOL 258 or any of the required general education courses, he/she will need to repeat and pass the course prior to being granted the associates degree in the Respiratory Therapy Program.

### **Transfer, Advanced Standing and/or Prior Work Experience**

Applicants who have completed coursework in another accredited respiratory therapy program may apply for transfer to the MCCC program. The student must provide the College with a letter of recommendation from the program director of the transferring institution indicating that the student has not been dismissed from the program for academic or disciplinary reasons.

The program director will evaluate the student’s transcript and any course materials related to the request in order to determine correct placement. A review of the pre-requisite courses will also be made in order to determine graduation requirements and parity to native students in the program. The intent of this evaluation is to identify the proper semester or course placement and ultimate success of the in-coming student.

There is no classroom recognition of prior work experience for an applicant who does not possess a credential or license in Respiratory Care. These students must enter the program as a regular applicant, but may apply for early completion of the first semester of clinic (see clinic policy 1.10.1). In some cases, a CRT individual who has completed a program in the past may apply for completion of the RRT program or a returning-to-the-field RRT may wish to have classroom and clinic courses to refresh his/her knowledge and employability. This will be handled on an individual basis following the same tenets as the transfer student. An evaluation of cognitive placement using NBRC SAE exam and observation of clinical skills may be part of the process for this type of applicant.

The acceptance and placement of all students above is predicated on an available seat in the program and completion health requirements, criminal background check, drug screen and active BLS CPR card.

### **Re-Admission to the Program**

Re-admission to the Respiratory Therapist Program is on an individual basis and based upon the reason for termination. Persons who leave the program due to academic performance in the classroom in the second or subsequent semesters, or due to health, financial, or other personal reasons are generally re-admitted for the semester when the problem or situation arose. Many students will re-enter the semester prior to the problem semester with an independent study class in order to refresh skills and improve success. If a student has academic difficulty in the first (fall) semester, he/she will need to follow the program application process for re-entry with the next class, including an updated application verification form by the June 1 deadline. Re-entry is not automatically guaranteed for these students and is dependent upon the points accumulated compared to other applicants.

Persons having been dismissed for clinical performance reasons may or may not be re-admitted based upon the nature of the problem (example excessive tardiness compared to unsafe clinic

practice). Upon re-entry, the student will be placed on clinical probation which results in more frequent evaluations and supervision for a minimum of one semester. In the case of pregnancy, illness, or military service, every effort will be made to work with the student to continue the program, if possible, but at the discretion of the program director.

A student wishing to re-enter should provide a written request to the program director in sufficient time to evaluate and locate an appropriate clinic placement.

### **Appeal Procedures for Grades**

Students who wish to appeal the assignment of a grade should refer to the College Catalog on this matter. Generally, the first stage of an appeal would start with talking to the instructor involved. The second stage of the appeal would be to talk with the Respiratory Therapy Program Director. The third stage of the appeal is to the Division Dean. The final appeal stage is to a student-faculty committee appointed by the Vice President of Instruction. The decision of the committee is final.

Students who are dismissed from clinical courses due to a disciplinary action during the course of the semester do not need to wait until the end of the semester to receive a failing grade. This student may appeal the action immediately using the grade appeal model. If the dismissal from the clinical course is upheld by the student-faculty committee, continuation in the classroom courses for that semester is not affected. Proceeding to the next semester's clinic and classroom, however, is affected. If the dismissal is denied, the student will be allowed to re-enter the clinical course pending appropriate placement. Appropriate clinical placement is defined as a clinical site that is equivalent to the rotation from which the student was dismissed if the original site does not accept the student back for clinic. Any clinic time missed will be made up through mutual arrangements between the student and at the convenience of the clinical site.

### **Insurance**

Respiratory Therapy students are required to have current professional liability and hospitalization insurance. The College provides professional liability insurance when a student enrolls in clinical classes. The liability insurance premium is assessed once a year in the form of a lab fee attached to a clinic class (RTH 111 and RTH 211). The student provides hospitalization insurance. If a student does not have health insurance, a student policy application is available from the Admissions office. Enrollment forms are on-line. Proof of insurance will be kept in the student's RT program file.

### **Privileged Information and Confidentiality**

Students are asked to remember that they are guests within the hospital institution and as such have access to privileged information. Students will have questions regarding patients/clients, staff, policies, and/or procedures. It is expected that professional and legal standards will be maintained at all times. Confidential client information must not be discussed outside the educational setting. Confidential records of the client must remain in the hospital setting. Care must be taken for proper disposal of any personal notes or care plans about clients. ***Student photographing, photocopying, and/or faxing client information from any source is inappropriate and will not be tolerated.*** Students may collect information about **their assigned client** only. Any other information gathering would be considered a breach of confidentiality. A breach or misuse of confidential information may result in program dismissal and also may result in court action. Extreme care should be taken in dealing with client information. Do not use names or specific client identifiers on program documents. Students should also expect to sign a pledge to insure client confidentiality in clinical settings that is part of the clinical site orientation.

### **Health Insurance Portability and Accountability Act (HIPAA)**

#### Privacy Standards: Protected Health Information (PHI):

Health and Human Services issued a final rule to protect the confidentiality of medical records and other personal health information. The rule limits the use and release of individually identifiable health information; gives clients the right to access their medical records; restricts most disclosure of health information to the minimum needed for the intended purpose; and establishes safeguards and restrictions regarding disclosure of records for certain public responsibilities, such as public health, research and law enforcement. Improper uses or disclosures under the rule are subject to criminal and civil sanctions prescribed in HIPAA.

It is the linkage of the client's name or demographics to information about their treatment or condition that makes information "protected health information" (PHI). Any information that can be used to identify an individual will be considered protected health information (PHI). (This includes address, SS# or Driver's License Numbers.)

#### Disclosure vs. Use:

Protected health information (PHI) may be used without restrictions when providing direct care to your client and/or consulting with other healthcare professionals regarding the direct care of your client. Restrictions/Disclosure come into play when someone who is not directly involved in the treatment and care of the client requests and is given PHI. A "Patient Authorization" is a special kind of consent defined by HIPAA. It allows disclosure of PHI to individuals with a client's permission. As a member of the healthcare provider team, you are required to protect the PHI.

Be aware of your surroundings. Do not repeat protected health information you see or overhear. Avoid discussion about clients in public areas in and outside of the hospital. You may be liable for breaches of confidentiality.

#### Security Standards:

Health and Human Services adopted final regulations for security standards to protect electronic health information systems from improper access or alteration. Under the security standards, covered entities must establish procedures and mechanisms to protect the confidentiality, integrity and availability of electronic protected health information. The rule requires covered entities to implement administrative, physical and technical safeguards to protect electronic protected health information in their care. The standards use many of the same terms and definitions as the privacy rule to make it easier for covered entities to comply. Be careful and know to whom you are faxing, e-mailing or phoning protected health information. Include warnings about confidentiality.

Other standards covered under the law include:

#### Electronic Transaction Standards:

These standards streamline the processing of health care claims, reduce the volume of paperwork and provide better service for providers, insurers and clients. It establishes standard data content, codes and formats for submitting electronic claims and for other administrative health care transactions.

#### Employer Identifier:

These rules standardize the identifying numbers assigned to employers in the health care industry.

National Provider Identifier: These standards require hospitals, doctors, nursing homes, and other health care providers to obtain a unique identifier when filing claims.

National Health Plan Identifier:

These standards create a unique identifier for health plans, making it easier for health care providers to conduct transactions with different health plans. (An identifier may be your social security number or your student ID number.)

In addition, HIPAA requires that clients be given a notice of the health care provider's privacy practices and their rights.

It is expected that students follow HIPAA rules and regulations at all times. Breaches in confidentiality may result in program dismissal without recourse and potential legal action.

Excerpts taken from (2003.03.03 -Fact Sheet- Administrative Simplification under HIPAA: National Standards ... p. 1 of 4. US Department of Health & Human Services and from area Hospitals information/ guidelines on HIPAA)

### **Student Care of Patients with Serious Infectious Diseases**

Health Science faculty believe that we have the responsibility for the quality of educational offering within the division. We also recognize that we share with the student the responsibility for the quality of patient care delivered by students in the clinical agency. In addition, faculty acknowledge partial responsibility for safeguarding the reputation and liability of the College and the affiliated clinical agencies.

When considering the issue of care of patients diagnosed with serious infectious disease, we recognize that students have varying degrees of skills, both psychomotor and cognitive. We recognize that faulty technique when caring for these patients could prove harmful or even fatal to the student. In addition, we realize that graduate health care workers are expected to have the skills and knowledge necessary to provide safe and compassionate care for all patients, regardless of diagnosis. To that end, we have adopted the following approach to the infectious disease education of health science students.

#### **Standard Precautions**

(www.cdc.gov, May 2014)

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Check specific agency policies and procedures.

#### **A. Hand Hygiene**

Hand hygiene procedures include the use of alcohol-based hand rubs (containing 60-95% alcohol) and handwashing with soap and water. Alcohol-based hand rub is the preferred method for decontaminating hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus), in which case soap and water should be used.

### **1. Performing Hand Hygiene**

**Using Alcohol-based Hand Rub (follow manufacturer's directions):**

- Dispense the recommended volume of product
- Apply product to the palm of one hand
- Rub hands together, covering all surfaces of hands and fingers until they are dry (no rinsing is required)

**Handwashing with Soap and Water:**

- Wet hands first with water (avoid using hot water)
- Apply soap to hands
- Rub hands vigorously for at least 15 seconds, covering all surfaces of hands and fingers
- Rinse hands with water and dry thoroughly with paper towel
- Use paper towel to turn off water faucet

**2. Indications for Hand Hygiene**

Always perform hand hygiene in the following situations:

- Before touching a patient, even if gloves will be worn
- Before exiting the patient's care area after touching the patient or the patient's immediate environment
- After contact with blood, body fluids or excretions, or wound dressings
- Prior to performing an aseptic task (e.g., accessing a port, preparing an injection)
- If hands will be moving from a contaminated-body site to a clean-body site during patient care
- After glove removal

**B. Personal Protective Equipment**

Personal Protective Equipment (PPE) use involves specialized clothing or equipment worn by facility staff for protection against infectious materials. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents.

**1. Use of PPE****Gloves**

Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, nonintact skin or contaminated equipment.

- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

**Gowns**

Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

- Do not wear the same gown for the care of more than one patient
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

**Facemasks (Procedure or Surgical Masks)**

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood or body fluids
- May be used in combination with goggles or face shield to protect the mouth, nose and eyes

### **Goggles, Face Shields**

Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.

- Personal eyeglasses and contact lenses are *not* considered adequate eye protection
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes

## **2. Respiratory Hygiene and Cough Etiquette**

All persons with signs and symptoms of a respiratory infection (including facility staff and students) are instructed to:

- Cover the mouth and nose with a tissue when coughing or sneezing;
- Dispose of the used tissue in the nearest waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

### **C. Emergency Needle stick Information**

If exposed to a needle stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of clinical work, **immediately follow these steps:**

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigantes
- Report the incident to the clinical instructor and agency supervisor immediately
- Immediately seek medical treatment

### **D. Transmission-based Precautions**

(www.nlm.nih.gov, May 2014)

Transmission-based precautions are extra steps to follow for illnesses that are caused by certain germs. Standard precautions and these extra precautions will both need to be followed. Some infections require more than one type of transmission-based precaution. Check specific agency policies and procedures.

Start following transmission-based precautions when the illness is first suspected. Stop them only when the illness has been treated or ruled-out and the room has been cleaned.

Patients should stay in their rooms as much as possible while these precautions are in place. They may need to wear a mask when they leave their room.

**Airborne precautions** may be needed for germs that are so small they can float in the air and travel long distances.

Airborne precautions help keep staff, visitors, and other patients from breathing in these germs and getting sick.

- These germs include chicken pox, measles, and active tuberculosis (TB).
- Patients who have these germs should be in a special room where the air is gently sucked out. This is called a negative pressure room.
- Students should NOT be assigned to patients requiring airborne isolation (use of a N95 or PAPR hood) due to OSHA training requirements that students do not partake in.

**Contact precautions** may be needed for germs that are spread by touching.

- Everyone who enters the room who may touch the patient or objects in the room should wear a gown and gloves.
- These precautions help keep staff and visitors from spreading the germs after touching a patient or an object the patient has touched.
- Some of the germs that contact precautions protect us from are *C. difficile* and norovirus, and respiratory syncytial virus (RSV). These germs can cause serious infection in the intestines.

**Droplet precautions** are used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs.

- When a patient talks, sneezes, or coughs, droplets that contain germs can travel about 3 feet.
- Illnesses that require droplet precautions include influenza (flu), pertussis (whooping cough), and mumps.
- Everyone who goes into the room should wear a surgical mask.

### **Classroom Content - Respiratory Therapy**

First year of the program:

Receive information on universal precautions in the infection control module with specific reference to AIDS, Hepatitis B and TB. Receive information on the etiology, mode of transmission, clinical manifestations and preventive measures for contraction of HIV and Hepatitis B by health care workers. Review universal precaution techniques as they apply to specific patient care procedures (arterial puncture and suctioning, specifically).

Second year of the program:

Review and amplify information covered in the first year with emphasis on patient care procedures associated with the intensive care patients, home care, and other sites associated with respiratory care.

### **Clinical Content**

**First Year** Because the focus of first year clinical is on commonly encountered and less complex problems, the first year students will rarely be assigned to care for patients diagnosed with serious infectious diseases. However, students will be taught, tested on, and expected to utilize universal isolation precautions.

**Second Year** Students may be assigned to care for any patient at the discretion of the instructor. Consideration will be given to the patient's complexity of care and the student's dexterity and psychomotor skills. Students who are not fit-tested for appropriate masks needed to care for airborne diseases and who are not provided the appropriate equipment should not be expected to care for patients that have these diagnoses (example TB, H1N1 virus, etc)

**Both Years** Pregnant and immunosuppressed students should not be assigned to a diagnosed AIDS patient. Respiratory therapy students will not be assigned arterial punctures on patients with the diagnosis of HIV, AIDS, Hepatitis B, or other blood borne diseases. Students will be assigned to



care for diagnosed AIDS patients only in facilities where agency policy offers specific, safe guidelines for dealing with AIDS.

**SOCIAL NETWORKING STATEMENT: Health Sciences Division**

The Health Sciences faculty and administration recognize that social networking websites and their applications are an important and timely method for communication. However, students, staff and faculty who use these websites and other applications must be aware of the critical importance of privatizing their websites so that only trustworthy “friends” have access to the website/applications. Students, faculty and staff should take advantage of privacy settings available on many social networking sites in their personal online activities, and see to separate their personal and professional sites and information online. They must also be aware that posting certain information is illegal (see below). Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders may be subject to adverse academic actions that range from a letter of reprimand to dismissal from the occupational program and/or school.

The following actions are strictly forbidden:

1. With respect to information that you have in your role as a caregiver, you may not reveal the personal health information of other individuals except as specifically proscribed by law and regulation. Removal of an individual’s name does NOT constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photography may still allow the reader to recognize the identity of a specific individual. This is a HIPAA violation and may violate other laws and clinical agency regulations as well.
2. You may not report private (protected) academic information of another student or graduate. Such information might include, but is not limited to: course or clinical grades, narrative evaluations, examination scores, or adverse academic or clinical actions. This may be a violation of state and/or federal privacy laws or regulations.
3. Do not represent yourself as someone else or as a representative of Monroe County Community College.

**Health Science Division: Professional Boundaries**

The purpose of this policy is to provide guidelines for students and faculty regarding the use of social networking technology. Maintaining professional boundaries can be a challenge for students and faculty in the information technology age. Social networking technology can obscure the client-caregiver and faculty-student relationships, creating a friend relationship versus a friendly professional one. Professional boundaries exist in order to maintain: 1. a therapeutic relationship between clients and caregivers and, 2. an objective relationship between faculty and students.

To assure professionalism it is imperative to set clear boundaries for both therapist-client and faculty-student communications and relationships. This policy establishes guidelines for these relationships and for professional behaviors related to communications that utilize information technology, including e-mail and social networking sites, such as Facebook, Snapchat, and Twitter. Violations of these guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

**Faculty-Student Communications**

- The appropriate use of information technology between faculty and students is the utilization of the college email, not personal email.
- Social networking sites (For example, Facebook, Snapchat, and Twitter, LinkedIn, Four-square or mobile devices, etc.) are not appropriate for communications between faculty and students.

**Therapist-Client Communications**

- Do not become a friend on a client's social networking site, or allow clients to become a friend on your site.
- Do not reveal the personal health information of individuals that you access in your professional role. This is considered a HIPAA violation.
- Do not use your MCCC or clinical facilities computers for personal business. These resources are provided for academic or clinically related business.

**Professional Behaviors Related to Social Networking**

- Do not report private academic information of other students on these sites.
- When using social networking sites, always present self in a mature and professional manner. Be aware that future employers review these network sites when considering potential candidates for employment.
- Refrain from the following actions on social networking sites:
  - Display of vulgar language.
  - Display of language or photographs that are disrespectful of any individual or group secondary to age, race, gender, ethnicity, or sexual orientation.
  - Posting of personal photographs or photographs of others that may be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
  - Posting of potentially inflammatory or unflattering material on another's website, e.g. on the "wall"; of that person's Facebook site.
- Maintain professional conduct between colleagues on social media networks.