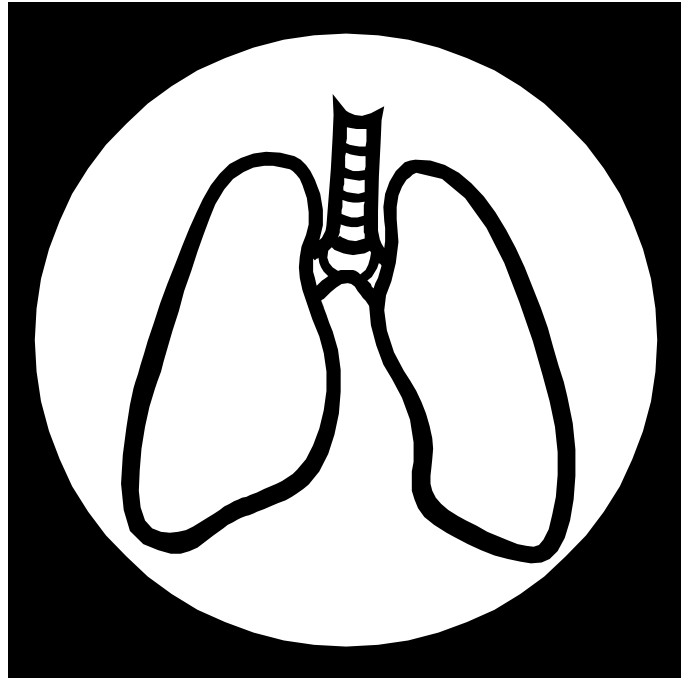


**Respiratory Care Program
Student Handbook
2017-2018**



750 Chase Parkway • Waterbury, CT 06708
www.nvcc.commnet.edu

**RESPIRATORY CARE PROGRAM HANDBOOK
2017-2018**

The Respiratory Care Program Handbook is a supplement to the Naugatuck Valley Community College Catalog and the Student Handbook. Please refer to those sources for additional information about college policies and services.

This handbook outlines policies specific to the Respiratory Care Program. Respiratory Care students are expected to become familiar with its contents and abide by the policies of the program and college.

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SECTION 1: PROGRAM INFORMATION

1.1: Program Faculty

Program Director	Margaret Guerrera MS, RRT
Director of Clinical Education	Susan Anderson, MS, RRT
Medical Director	David Hill, MD
Lab/Clinical Instructors	Lauren Alesio, BS, RRT
	Laura Bean, BS, RRT
	Stacey Camp, BS, RRT
	Cynthia Hillman, RRT
	Nikolas Galiatsatos, BS, RRT
	David Gourley, AS, RRT
	Betty Joseph, MS, RRT
	Kristy Morrone, AS, RRT

1.2: Program Description

The Respiratory Care program at Naugatuck Valley Community College is a two-year associate degree program designed to develop the competencies and knowledge required for entering the field of Respiratory Care.

The Respiratory Care program is accredited by The Commission on Accreditation for Respiratory Care (CoARC). Information regarding CoARC and the accreditation of respiratory care programs is available at www.coarc.com. The CoARC program number is 200460.

1.3: Program Mission Statement and Goals

Mission Statement:

The Respiratory Care Program at Naugatuck Valley Community College is designed to prepare students to enter the field of Respiratory Care with the skills necessary to practice as proficient and competent Respiratory Therapists. Our program is designed to meet the evolving health care needs of our diverse community and our faculty are committed to a student-centered approach to teaching and learning that focuses on the development of evidence-based, ethical, and collaborative practice among our students and graduates.

Program Goal:

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

Program Outcomes:

Upon the successful completion of the respiratory care program, the graduate will be able to:

- Assist physicians/licensed independent practitioners in the diagnosis, management, and treatment of patients affected by cardiopulmonary disorders.
- Collect and evaluate clinical information relevant to their role as a respiratory therapist.
- Participate in the inter-disciplinary plan of care.
- Provide patient education concerning health management of respiratory disease.
- Demonstrate proficiency in all skills and competencies required of a respiratory therapist as described by the Commission on Accreditation for Respiratory Care (CoARC).
- Promote evidence-based practice by using established clinical practice guidelines and evaluating published research for its relevance to patient care.
- Collaborate and communicate effectively with all members of the health care team to enhance patient care.
- Adhere to AARC statement of ethics and professional conduct.

1.4: Description of the Respiratory Care Profession

Respiratory therapists, as members of a team of health care professionals, work to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders in a wide variety of clinical settings. Respiratory therapists should demonstrate behavior and ethics that are consistent with the standards and ethics of all health care professionals. In addition to performing respiratory therapy procedures, respiratory therapists are involved in clinical decision-making (such as patient evaluation, treatment selection, and assessment of treatment efficacy) and patient education. The scope of practice for respiratory therapy includes:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies, such as drawing blood samples, performing blood gas analysis, and pulmonary function testing;
- utilizing data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with pulmonary diseases;
- initiating ordered respiratory care, evaluating and monitoring patients' responses to such care and modifying the prescribed respiratory therapy and cardiopulmonary procedures, and life support endeavors to achieve desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- participating in life support activities as required; and
- promoting evidence-based medicine; research; and clinical practice guidelines.

1.5: Professional Organization

The [American Association for Respiratory Care](#) and [The Connecticut Society for Respiratory Care](#) are the national and state respiratory care professional organizations. Students are strongly encouraged to join and show support for their future profession. A free web membership is available to students through the AARC. Information is available through the program director.

1.6: Code of Conduct

Students in the NVCC Respiratory Care program are expected to conduct themselves in a manner compatible with the high standards of the respiratory care profession and in accordance with the [Connecticut State University and College Policy on Student Conduct](#), the [NVCC Student Handbook](#) and the [American Association of Respiratory Care Statement of Ethics and Professional Conduct](#).

Respiratory care students are entering a profession that requires a high level of personal integrity and therefore are expected to adhere to these standards in all program settings and during their everyday life. In addition, respiratory therapists and respiratory care students must be able to cooperate and communicate effectively with individuals from diverse backgrounds and are expected to be respectful and understanding of others including their patients, co-workers, supervisors and instructors.

Students are expected to comply with established college, program and clinical site policies and procedures. Violations of any of these policies and procedures may result in disciplinary action up to and including dismissal from the program.

1.7: Continuing Notice of Nondiscrimination:

Naugatuck Valley Community College does not discriminate on the basis of race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, sexual orientation, gender identity and expression or genetic information in its programs and activities. In addition, the College does not discriminate in employment on the additional basis of veteran status or criminal record.

The following individual has been designated to handle nondiscrimination policies regarding disability policies: Robert Divjak, Director of Facilities/Section 504/ADA Coordinator, Room C216, Naugatuck Valley Community College, 750 Chase Parkway, Waterbury, CT 06708; 203-575-8235. The following individual has been designated to handle nondiscrimination policies regarding sex discrimination as well as other forms of prohibited discrimination: Jacquie Swanson, Associate Director of Human Resources/Title IX Coordinator, Room K704, Naugatuck Valley Community College, 750 Chase Parkway, Waterbury, CT 06708; 203-575-8043.
Naugatuck Valley Community College

1.8: Respiratory Care Program Confidentiality Agreement and Consent to Video Record

During participation in simulated clinical experiences, while a student in the Respiratory Care program, students are both an active participant and an observer.

The primary objective of simulation is to support and enhance clinical learning. The faculty believe these experiences will provide students with an additional method to identify student learning needs and improve clinical performance. Simulations are designed to challenge student response and judgement in a variety of clinical scenarios. Due to the possible sensitive nature of these experiences, strict confidentiality is required by all participants and observers.

By signing the [Respiratory Care Student Handbook Acknowledgement of Receipt and Agreement to Comply](#) indicates your agreement to maintain strict confidentiality about the details of any simulation experiences, it participant(s) and the performance of any participant(s). In addition, your signature indicates that you have authorized the Respiratory Care faculty to video record your performance during simulation as a participant or as an observer. Furthermore, your signature indicates that you have authorized the faculty and staff to use the video recording(s) of your participation in simulation for purposes including but not limited to: debriefing, faculty review and the education support of other learners by displaying the recording.

By signing the Acknowledgement of Receipt and Agreement to Comply, you acknowledge that your agreement is voluntary and that you have been provided the opportunity to seek further clarification about the program policies and procedures prior to signing the document.

SECTION 2: ACADEMIC POLICIES

2.1: Students with Special Needs

Students who may require academic adjustments on the basis of a disability are encouraged to contact the Counselor for Students with Disabilities (Terry Latella K519C) at the Waterbury and Danbury Campuses

After providing documentation and completing the disability disclosure process, students are then encouraged to meet with their instructor(s) to discuss the adjustments approved by the appropriate disabilities contact and to complete the Adjustments Agreement form. Students are therefore encouraged to meet with the Disabilities Counselor and their instructor(s) at the beginning of each semester. Adjustments are not retroactive. Instructors, in conjunction with appropriate college personnel, will provide assistance and/or adjustments only to those students who have completed the disability disclosure and academic adjustments process.

2.2: Student Records and Grades

Students' records and grades are confidential. The program maintains a file on each student. The file may be viewed by the faculty, and by the student upon their request. Any viewing of the file by another individual requires written release by the student. Any communication, whether verbal or written, requiring information about the student's academic record or progress will not be done without the written consent of the student.

All students must receive a "C" or better in all required (including general education and elective courses) and prerequisite courses to fulfill program and graduation requirements. Grading policies for respiratory care courses are included on the course syllabus.

An explanation of semester hours, academic load, and the college grading system are located in the college catalog which is available on line at <http://www.nv.edu/>.

Numerical grades will be converted to letter grades as follows in the respiratory courses:

<u>Letter Grade</u>	<u>Numerical Score</u>
A	95 – 100
A-	90-94
B+	87-88-89
B	83-84-85-86
B-	80-81-82
C+	77-78-79
C	73-74-75-76
C-	70-71-72
D+	67-68-69
D	63-64-65-66
D-	60-61-62
F	Below 60

Grades will be rounded at the .5 mark to the next whole number. For example if a student receives an average grade for a course of 72.5%, the grade will be rounded up to 73%. There are no exceptions to this rule.

Students who withdraw from the Respiratory Care courses will receive a grade of "W". Students must withdraw from the course or program by the last day of college-wide student initiated withdrawal period. Any student who decides to leave the program after this date, will receive a zero for any course work not completed (including the final exam) and the grade for the course will be calculated accordingly.

2.3: Performance Improvement Plan

When a student's performance does not meet expectations and/or learning outcomes, a [Performance Improvement Plan \(PIP\)](#) is developed by a faculty member, including lab and clinical instructors, and the student. The plan is time limited and is designed to promote the student's successful achievement of the course objectives. The clinical/lab instructor or

faculty must document that the student has successfully completed the objectives of the PIP.

Plans that are clinical in nature require the student to meet and review the plan with the Director of Clinical Education. Within two days of initiating a PIP, the faculty or DCE must notify the Program Director. The Program Director may request to meet with the student to discuss the PIP.

Students with two concurrent PIPs (i.e. academic and clinical) are automatically placed on program probation

2.4: Program Probation

A student is placed on [program probation](#) when the student fails to meet the requirements of a performance improvement plan (PIP) or commits a serious single violation of program policy such as a patient confidentiality breach or academic dishonesty or a serious patient safety error. See form in [Appendix B](#)

2.5: Severance Policy

Students are severed from the respiratory care program when any of the following occur:

1. Academic or clinical failure
2. Student initiated withdrawal ([See section 2.2 –Student Records and Grades paragraph 7 for further information on withdrawal](#))
3. Faculty initiated severance for reasons of health, safety, performance or other reasonable cause.

It is the responsibility of the student to contact the Program Director to complete the severance procedure. Students who do not complete the severance procedure are not eligible for readmission into the program. The procedure consists of the following steps:

1. Meeting with the Program Director
2. Completion of the NVCC Student Withdrawal Form

The student must complete this procedure within one month of the last day attended and not later than the last day for student initiated withdrawal which is indicated on the college academic calendar. Students who voluntarily leave the program at any point in the semester including the summer session and **do not** complete the NVCC Student Withdrawal form will receive grades of zero for any remaining course work not completed (up to and including the final exam) and the grade for the course will be calculated accordingly.

Permanent severance occurs when a student:

1. Earns a final course grade below a C in any respiratory courses being audited following readmission.

2. Earns a grade below C in any respiratory courses following readmission into the program.
3. Is found to have committed an act of academic dishonesty ([see section 2.10 of this handbook](#))

2.6: Readmission Policy

- Readmission to the program can only be granted if there are available openings, clinical resources and faculty.
- Students seeking readmission must apply directly to the Program Director within 6 months of severance from the program. The request for readmission must be submitted in writing to the program director.
- Readmission to the program is subject to faculty review, clinical evaluations, current GPA of 2.5 and evidence of interim efforts on the candidate's part to strengthen areas of weakness.
- A medical clearance is required prior to readmission if the withdrawal was due to health reasons ([See section 3.4 for additional information](#)).
- If readmission is granted, the student must re-enter the program within a year from his/her point of exit.
- Students will be allowed only one readmission into the program regardless of their reason for leaving the first time.
- Students who are readmitted to the program will be required to complete the program in sequence.
- An academic and clinical plan will be established by the Program Director and the Director of Clinical Education for readmitted students. The plan is individualized according to each readmitting student's needs. This plan may include auditing respiratory courses that the student had successfully completed in the past or the demonstration of clinical competence prior to enrolling in a clinical course.
- Health requirements, background checks, drug screens and CPR certification must be up-to-date.
- Students who were dismissed from the program due to violations of the BOR Student Code of Conduct may be ineligible for readmission to the Respiratory Care program.

2.7: Academic Appeals Policy

When a withdrawal or exclusion of a Nursing/ Allied Health student from classes and/or clinical is contemplated, there are two jurisdictional authorities:

1. The authority of the divisions faculty to withdraw a student for reasons of health, safety, performance, or other reasonable cause.
2. The right assured to a student by the Board of Regents of the CT State Colleges and Universities' policy to appeal any decision affecting them (academic appeals, disciplinary withdrawal, or other).

There two types of Academic Appeals at NVCC:

1. General Academic Appeals are for appeals by students in any program or discipline. This process applies to any student who fails the academic aspect of a course.
2. Allied Health/Nursing Clinical Academic Appeals are for those appeals which deal specifically with failure of the clinical portion of a course.

Time of appeals:

Allied Health/Nursing General Academic Appeals and Clinical Academic Appeals require immediate decisions in order for students not to miss either critical classes or the next cycle of classes. Appeals in these categories must be initiated by the student within 48 hours of an unsatisfactory grade.

The Academic Appeals policy is contained in [Appendix A](#). Copies of necessary forms are available from the division secretary located in room F105 or they are available in [NVCC Student Handbook](#).

2.8: Program Attendance Policy

Classroom and Laboratory

- The Faculty expects that each student will exercise personal responsibility regarding class attendance.
- All students are expected to attend every class session of each course for which they are registered.
- Students are responsible for all that transpires in class whether or not they are in attendance, even if absences are the result of late registration or add/drop activity at the beginning of a term as permitted by college policy.
- The Faculty defines excessive absence or lateness as more than the equivalent of one week of class meetings during the semester. Distance Learning courses will use criteria established by the Instructor.
- When presence counts towards a class participation grade, excessive absence or lateness may, at the discretion of the instructor, lower a student's course grade.
- Specific attendance policies are included in the syllabus for each course.

Clinical

Students are expected to attend all clinical assignments, arrive on time and remain at the clinical site for the scheduled hours. In the event of illness or other

unforeseen circumstance that prevents a student from attending all or part of the clinical day, the student is expected to call the clinical site at least one hour before the start of the clinical shift for an absence and at least 15 minutes before the start of the clinical shift for a tardy. Students are to speak directly to the charge therapist or their clinical instructor when calling in an absence or tardy. The charge therapist can be reached through the hospital operator. Students are to also notify the Director of Clinical Education of their attendance incident. Students are to inform their clinical instructor at the beginning of a shift if they must leave early.

Any student who fails to notify the hospital charge therapist of an absence (No show/No call) will be placed on clinical probation. A repeated offence will result in removal from the program and a failing grade for that clinical course.

Students will be allowed **one excused** clinical attendance incident without receiving a deduction in their clinical grade for the semester.

Clinical attendance incident is defined as any excused absence, tardy, or early dismissal

A student who has **two** excused clinical attendance incidents will receive a **6-percentage point decrease** in their final clinical grade for the semester.

A student who has **three** excused clinical attendance incidents will receive an additional **8 percentage point decrease** in their final clinical grade for the semester (**total of 14 percentage point decrease**).

Any student who has **more than three** clinical attendance incidents will be withdrawn from the respiratory care program and receive a **failing grade** for clinical.

Students may be sent home from clinical if, in the opinion of the clinical instructor, the student poses a health hazard to their patients. This will count as an excused clinical attendance incident.

2.9: CPR Certification

Students must be CPR certified with the American Heart Association or the American Red Cross, Basic Life Support (BLS) for health care providers. CPR certification is not part of the respiratory care curriculum. Students are expected to have a current CPR card (BLS for health care providers) before beginning the clinical component of the program. Students are to assume full responsibility for maintaining current CPR certification while in the respiratory care program. Students are not allowed to attend clinical with an expired CPR card. Clinical days missed for this reason will be counted as absences. ([See section 2.6 - Clinical Attendance Policy](#))

2.10: Academic Integrity

ACADEMIC INTEGRITY & PLAGIARISM

Allied Health and Nursing students are entering professions that require academic, professional, and personal integrity. Students are expected to conduct themselves in a manner consistent with the standards of that profession and the program in which they are enrolled. Any violation of appropriate conduct will be dealt with according to the policies outlined in the program handbook, the NVCC College Student Handbook and the Connecticut Community Colleges Board of Trustees Policy on Student Conduct.

ACADEMIC INTEGRITY*

Academic integrity is demonstrated by not engaging in conduct that has as its intent or effects the false representation of a student's academic performance, including but not limited to:

- cheating on an examination,
- collaborating with others in work to be presented, contrary to the stated rules of the course,
- plagiarizing, including the submission of others' ideas or papers (whether purchased, borrowed or otherwise obtained) as one's own,
- stealing or having unauthorized access to examinations or course materials,
- falsifying records or laboratory or other data,
- submitting, if contrary to the rules of a course, work previously presented in another course, and
- knowingly assisting another student, in any of the above, including an arrangement whereby any work, classroom performance, examination, or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.

False representation of a student's academic performance also includes knowingly giving or accepting assistance in the clinical area contrary to the stated rules of the course.

PLAGIARISM is the intentional copying of another's idea(s) or phrases(s) and representing that/those idea(s) as your own, either intentionally or unintentionally. This includes copying a friend's paper as well as a published work. Penalties for plagiarism are as follows:

First incident: The first incident of plagiarism will be documented as unintentional plagiarism and as such will be treated as follows – Conference with instructor followed by the mandatory resubmission of the work with all materials correctly documented as stated in the course syllabus.

Second incident: The second incident of plagiarism will be documented as intentional. There will be no opportunity to re-submit the paper and the grade for that paper will be recorded as an "F" and will result in a grade of "F" for the course. A copy of the paper will

be sent to the Division Director who may forward it to the Dean of Students for additional sanctions.

Selected portions of the curriculum are taught, reinforced or reviewed through the use of educational software/instructional media such as videotapes, computer programs, audio cassettes, and/or online learning activities. Students are required to adhere to all copyright polices.

Students determined to be in violation of the Board of Regents' Policy on Student Conduct and the policies of the Division of Allied Health, Nursing and Physical Education as stated above will not be eligible for readmission to their respective program or admission to any other NVCC Allied Health or Nursing Program. The Dean of Students will determine if the student remains in 'good standing' at the college.

2.11: Expected Graduation Date

It is the expectation of the program faculty that students complete the program within two years from the year the student was admitted into the program. Students readmitted to the program are expected to complete the program no more than three years from their original admission date.

2.12: Respiratory Care Laboratory Use

The laboratory is located in F351. Students are supervised in the laboratory setting by designated laboratory instructors and other program faculty during designated laboratory instruction.

Students are allowed to practice skills independently in the laboratory but are required to notify program faculty or allied health staff of their intention to use the laboratory for independent practice. Students who are using the laboratory independently either to study or practice skills are required to sign in when they enter the lab and sign out when they leave. The binder is located on the counter to the right of the laboratory entrance.

The laboratory is available to students during breaks/vacations when the college is open and faculty/division staff is available to monitor student activities; however students are required to make arrangements in advance with faculty/staff to use the lab during these times.

The laboratory is not available on weekends nor is it available on holidays when the college is officially closed.

Children are not allowed in the laboratory at any time.

Laboratory safety is extremely important. Students are required to read and sign off on the laboratory safety rules and regulations at the beginning of the program. All students are expected to comply with these rules and regulations as long as they are enrolled in the program and use the laboratory either during scheduled lab time or during independent practice ([see Appendix B](#))

2.13: Academic Advising

The purpose of academic advising is to help students become more aware of their program and career choice and also become increasingly independent in their program and life planning. In addition, the student and faculty review the student's progression toward completion of graduation requirements.

The full-time program faculty serves as academic advisors to all students enrolled in the program including any students who are seeking readmission to the program. It is the student's responsibility to arrange to meet with their advisor each semester prior to the course registration period for the upcoming semester and on an as needed basis. No advising appointments for upcoming semester scheduling and course registration are allowed during the last two weeks of the semester. Students should plan accordingly.

2.14: Student Responsibilities

Once a student has been accepted into the respiratory care program, he/she must assume the following responsibilities:

- Purchase required books, manuals and clinical supplies.
- Purchase required uniforms for clinical practice which conform to the program dress code.
- Transportation to and from clinical facilities.
- Participate fully in class and clinical and take responsibility for completing all course objectives and assignments.
- Meet deadlines for the submission of course assignments and required program materials.
- Follow established college policies and procedures.
- Follow established program policies and procedures as outlined in this handbook

SECTION 3: STUDENT HEALTH AND SAFETY POLICIES

3.1: Student Health Requirements

Documentation of specific student health requirements is mandatory to participate in any clinical experiences. The program will provide students with the Health Assessment form and procedures for submission of the form and other health requirements. Students are required to follow all instructions for documentation of immunization status and required laboratory reports and the health care provider's signature. Certain items may require additional follow-up during the Respiratory Care program (i.e. Tuberculin screening, flu

vaccination). Students will not be allowed to continue in the respiratory program unless all medical compliancy requirements listed below are completed and submitted by the stated deadlines. [See the Report of Health Evaluation form](#) for details regarding the information below:

- Physical examination by a qualified medical professional dated no earlier than May 1st of the year of admission into the program.
- Proof of immunization or positive immunity for measles, mumps, and reubella (MMR). Proof of immunity through any laboratory titer test must be accompanied by the laboratory report. There is no longer an age exemption for rubella.
- Proof of immunity through a laboratory titer test for varicella (chicken pox). Individuals who are not immune must then receive an immunization for chicken pox.
- Tetanus/Diphtheria/Pertussis (TD/Tdap) booster within the previous ten years.
- Annual influenza vaccination no later than October 15 of each year
- Tuberculin testing dated no earlier than May 1st of the year of admission into the program. Initiation of the Hepatitis B series with dose #1 and #2 (given 30 days apart) completed prior to the first day of classes. The remaining series must be completed in a timely manner as explained in the medical compliancy admission information that was mailed at the time of acceptance into the program.

Updates to the requirements (e.g. annual PPD) are due by May 1st of each subsequent year. ([see above for influenza vaccine requirement](#))

Students who are hospitalized or who have a major change in health status are required to notify the Program Director. Documentation from a health care provider that clearly states the student is able to fully participate in class, lab and clinical must be submitted to the Program Director before returning to the program and/or to participate in clinical. Students who require academic adjustments to participate in the program refer to section [3.5 Medical Clearance](#)

3.2: Accident Insurance

All students enrolled in the Allied Health programs at NVCC are automatically covered by accident insurance when participating in a required clinical placement or related course. This is a limited health benefits plan and is not intended to cover all accrued medical expenses. This insurance plan contains specific dollar limits for medical services and will pay reasonable and customary medical costs after payment has been made by a student's personal medical insurance or it will provide primary coverage if the student does not have individual insurance. If the cost of the required medical services exceeds the stated limits, the student will then be responsible for the remaining costs.

Students injured while participating in a required clinical placement or related course must comply with the following insurance procedures.

- If the student's personal insurance plan denies payment, or does not cover the total amount, they must bring the insurance denial and medical bill(s) to the Office Disability Services (K519D).
- If the student does not have medical insurance, **ALL** bills must be brought to the Office of Disability Services (K519D).
- If the student needs to be seen by a physician or are taken to an emergency room, services cannot be billed directly to this College. Bills received listing this College as the responsible billing agent will be returned to the student and/or medical provider. The student's name or insurance provider must be utilized for all billing.
- Medical treatment must be initiated and a claim submitted to the insurance company within 30 days following the date of the injury. Only expenses incurred within one year from this date will be considered for payment. Bills must be received by the company within 90 days of service to be considered for payment. Bills submitted after one year of the date of injury will not be considered for payment except in the absence of legal capacity.
- It is the student's responsibility to complete the college incident reporting procedure within 24 hours of the occurrence. Students must notify the Program Director of any accidents or medical emergencies within 24 hours of the occurrence.
- Incident/accident reports will be completed by the appropriate staff or faculty and forwarded to the Office of Disability Services within 4 days of the injury. Insurance claims cannot be processed without a completed incident/accident report.

3.3: Infectious Disease / Infection Control Policy

- If a student is exposed to and placed at risk for contracting an infectious disease or while at a clinical site, please follow the site exposure/injury policy. The student will be billed for services rendered at the clinical site. An incident report shall be completed by the Program Director or designee within 24 hours of notification of the exposure. Subsequent follow-up will be provided by Concentra Medical Center, 8 South Commons Road in Waterbury. If the student prefers follow-up from a different source, the student will be required to sign a form absolving the college of the responsibility for the follow-up.
- Any student who has not had chicken pox or the vaccine should not treat a patient with this disease. The student should notify his/her clinical instructor of this situation so that an alternate assignment can be given.
- Students are not to care for patients in airborne isolation unless they have been properly fit tested for an N95 mask at the particular clinical site. Fit testing at one clinical site does not carry over to other sites as the N95 masks used often vary from one site to another. If there is a high suspicion of an airborne disease (e.g. tuberculosis), students who have not been fit-tested should not be assigned to care for or assist in any procedures for that patient.

- Students should use caution when reporting to clinical with an illness. The clinical instructor has the final decision in determining whether the student will be permitted to continue with clinical for the day. The clinical instructor will be guided by the respective policies of the clinical affiliate.

All patients are to be treated with standard precautions. If additional isolation is warranted, follow the infectious control policy of the clinical site while treating that patient.

3.4: Medical Clearance

Students enrolled in the Respiratory Care Program must adhere to the following process when a medical condition exists that may require accommodations ([See section 3.6: Technical Standards](#)):

- The student must report the medical condition to the Program Director and the Director of Clinical Education.
- The student will be required to submit a physician's clearance which states any limitations related to participation in the required class and/or clinical activities.
- After each office visit, it will be the responsibility of the student to submit a physician's statement to the Director of Clinical Education indicating their continued ability and/or limitations related to participation in the required class and/or clinical activities.
- Limitations identified by the physician will be reviewed by the Office of Disability Services and the student. The Office of Disability Services will work with the Program Director and Director of Clinical Education to develop a reasonable and appropriate plan for the student based on the student's limitations. It is the student's responsibility to communicate the plan to all clinical and laboratory faculty. Appropriate forms that include the plan will be provided to the student by Office of Disability Services. These forms are to be reviewed, signed by the appropriate faculty and returned to this office.
- Students are expected to adhere to the attendance policy of the program.
- Withdrawal from the program is the student's decision. A student, who withdraws for medical reasons and is in satisfactory academic standing, may be readmitted the following year at the point of exit on a space available basis.

3.5: Latex Allergies

The NVCC Respiratory Care and other Allied Health Laboratories are **not** latex-free. Latex-free gloves are available, but other equipment or surfaces that students are required to use in the labs may contain latex or its residue. Also, during off-campus clinical experiences, students may be assigned to a health care facility where latex-free gloves and equipment are not available for student use. In that case, the students are required to provide their own latex-free gloves and to arrange for avoidance of contact with latex. Any student with a known latex allergy should disclose this information to the Program Director.

3.6: Program Technical Standards

In order to perform the tasks required of a respiratory therapist certain physical/behavioral capabilities are required. Students must demonstrate the ability to perform required functions, as a routine part of classroom, laboratory, or clinical education. Students should be aware that successful completion of the Respiratory Care Program will depend upon the ability to meet the following technical standards:

1. A reasonable amount of strength and mobility are required for but not limited to the following:
 - a. lift, (up to 50 lbs) move or push heavy equipment, specifically ventilators, therapy equipment, stretchers and/or wheelchairs with patients in them
 - b. assist in lifting(up to 50 lbs) or repositioning patients who may be paralyzed, comatose or otherwise incapacitated, from patient beds and stretchers or wheelchairs
 - c. provide physical assistance and care for patients in a timely manner in all circumstances which may involve the activities of sitting and standing in one place for 60-90 minutes
 - d. reach overhead (stretching) and below waist level (bending) to manipulate equipment.
 - e. administer CPR without assistance

2. Manual dexterity, effective motor skills and eye-hand coordination are required for but not limited to the following:
 - a. manipulate and calibrate equipment
 - b. don surgical gloves
 - c. fill syringes
 - d. set up equipment
 - e. perform routine therapies, i.e. SVN, suctioning and manual ventilation
 - f. document patient assessment and outcome of therapy
 - g. draw blood

3. Sensory function in at least one upper limb is required for but not limited to the following:
 - a. palpate vessels for blood sampling
 - b. palpate pulses
 - c. assess skin surface texture and temperature

4. The auditory ability (corrected as necessary) to recognize and respond to faint or muffled sounds is required for but not limited to the following:
 - a. assess breath sounds
 - b. respond to patient needs since ventilator alarms may be muffled due to ICU noise

- c. monitor equipment operation or dysfunction which may be indicated by low-sounding bells or buzzers
 - d. function when the use of surgical masks are required for protection of the patient or hospital personnel
 - e. respond to pages and emergency calls from the hospital public address system and beeper system
5. Visual acuity (corrected as necessary) is required for but not limited to the following:
- a. read patient monitor values and ventilator values in dimly lit surroundings
 - b. read waveform graphic monitors
 - c. recognize and interpret facial expressions and body language
 - d. identify normal and abnormal patterns of movement and breathing
 - e. discriminate color changes
 - f. interpret and assess the environment
6. The ability to effectively communicate orally and in writing in the English language is required for but not limited to the following:
- a. ascertain and record patient histories
 - b. monitor and document patient progress
 - c. provide clear and audible directions to patients face-to-face
 - d. provide accurate information when discussing patient management with physicians and other support staff
 - e. assess information and to communicate and document effectively via a computer.
 - f. collect, interpret, and analyze information
7. Possess acceptable mental/attitudinal standards are required for but not limited to:
- a. function safely, effectively, and calmly in stressful situations
 - b. maintain composure while managing multiple tasks simultaneously
 - c. prioritize multiple tasks
 - d. exhibit social skills necessary to interact effectively with patients, families, supervisors, classmates, instructors and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, and discretion
 - e. display attitudes/actions consistent with the ethical standards of the profession

These standards reflect reasonable expectations of the Respiratory Care student for the performance of common functions of the Respiratory Therapist.

3.7: myCommnet Alert System

- **myCommNet Alert** is a notification system that delivers critical information to students, faculty and staff of the Connecticut Community Colleges in the event of an emergency.
- The system delivers emergency messages through text messaging over cellular phones. Emergencies may include campus-related immediate health or safety situations and may also include weather-related class cancellations.
- Enrollment in **myCommNet Alert** is free and voluntary for all students, faculty and staff.
- Enrollment is strongly recommended to all Respiratory Care students and faculty.
- Enrollment information is available at the [myCommnet](#) homepage.

SECTION 4 : CLINICAL INFORMATION

4.1: Clinical Dress Code

- The respiratory care clinical uniform is as follows:
 - a. white waist length lab coat (**optional**)
 - b. charcoal gray pants
 - c. charcoal gray scrub top / polo shirt
 - d. clean white or black leather sneakers or nursing shoes*** Students are to purchase their uniform before the beginning of clinical*
- Students are required to wear and clearly display hospital and student identification badges at all times while in the clinical areas.
- Students are required to have the following at all times while in clinic:
 - a. stethoscope
 - b. watch with a second hand
 - c. small pocket notebook
 - d. black/blue ink pen
 - e. pocket calculator
 - f. small bandage scissors***Students are to have the above by the first day of clinical*
- No body scents of any kind or excessive jewelry should be worn to clinical. Long hair should be pulled back off the shoulders. Long or dangling earrings are not to be worn to clinical. Fingernails are to be short and clean. Polish, if used, should be light in color. Artificial nails/tips are prohibited.
- Students are expected to appear neat and clean. Clinical uniforms are to be laundered after each clinical day. Deodorant should be worn. Men should be neatly shaved or have neatly trimmed beards/mustaches.
- Students are not allowed to smoke while in clinical nor are they to arrive to clinical smelling of cigarette smoke.
- Students who do not adhere to the above clinical dress code may be asked to leave clinical and remedy the problem. This will count as a clinical absence.

- If the dress code at a particular clinical site is stricter or has additional stipulations than the policy stated above, the clinical site dress code will supersede the program dress code.

4.2: Clinical Affiliates

Bridgeport Hospital
Danbury Hospital
Hospital for Special Care
Gaylord Hospital
Saint Mary's Hospital
Waterbury Hospital
The Charlotte Hungerford Hospital
Connecticut Children's Medical Center
Yale-New Haven Hospital
Waterbury Pulmonary Associates

The respiratory care student is to consider herself/himself as a guest in the clinical facility and must adhere to the administrative rules and regulations of that hospital. The clinical instructors will review these policies during the orientation period. This information will include but is not limited to the following:

- parking (may include a parking fee)
- cafeteria
- library facilities
- emergency, fire and disaster plans
- charting and paperwork
- infection control policy

Students are expected to provide their own transportation to the clinical site. Generally, most clinical shifts will begin by 7:00 am; however, some sites may have earlier start and end times. Students will adhere to the clinical affiliates shift start and end times.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) took effect on April 14, 2003. Under this act, federal rules govern the use and release of a patient's personal health information. The rules protect medical records and other individually identifiable health information, including paper records, electronic records and oral communication of medical information. Students must follow the privacy procedures set forth at each of the clinical sites. Patient confidentiality must be maintained at all times. Failure to comply will result in disciplinary action up to and including removal from the program.

Using social media such as Facebook, Twitter, YouTube and any blogs to share patient care experiences is not permitted even when protected health information (PHI) is not included.

For patient case presentations, profiles and any other patient presentations, students must only use MS PowerPoint.

4.3: Clinical Evaluations

Students are evaluated in the cognitive, psychomotor, and affective domains **during** their clinical rotations. Students are to complete a “daily instructional log” for each clinical day. These forms are turned into the clinical instructor who then provides feedback to the student regarding their clinical performance for the day. A summative evaluation is completed on each student at the end of the clinical rotation. ***The grading criteria for this evaluation are specified on the clinical evaluation form.*** The Director of Clinical Education and clinical instructor will counsel any student whenever clinical progression is not satisfactory. Remediation may include a laboratory referral where the student will be required to practice specific procedures in the laboratory setting before continuing practice in the clinical setting. **Continued failure to progress** will require a PIP ([see section 2.3: Performance Improvement Plan](#)) between the student and the clinical instructor describing the nature of the deficiency, additional plans for remediation, and defined time limits to demonstrate improvement. Failure to fulfill the PIP in the stated time frame will result in a failing grade for that clinical course and withdrawal from the program.

4.4: Liability Insurance

All Respiratory Care students are covered by professional liability insurance while participating in clinical experiences.

4.5: Criminal Background Check/Drug Screen

Due to clinical affiliate requirements, criminal background checks and toxicology (drug) screening are required for all Respiratory Care students prior to participating in the program. Due to these requirements, students’ refusal of either the background check or drug screening will result in dismissal from the respiratory care program due to the inability to complete clinical learning requirements. Students must follow instructions provided to them for obtaining the criminal background checks and toxicology screening. The following guidelines apply to the toxicology screening and criminal background check for all students:

1. Fees for all screening are the responsibility of the student
2. The need for additional screening/checks beyond the initial screenings/checks is related to clinical affiliate requirements and/or results of the initial screening/assessments;
3. Notification and recordkeeping of toxicology screening results and/or criminal background checks are performed in a manner that insures the integrity, accuracy and confidentiality of the information;
4. Students are not allowed to hand-deliver results of either the toxicology screening or criminal background checks;
5. Students are required to sign a release that allows the vendor that provides the service to release the results of the toxicology screenings and criminal background checks to the Respiratory Care program and the Allied Health and Nursing Division Leader.

Criminal Background Checks: Standards and Guidelines:

If a criminal background check reveals that a student has been found guilty or convicted as a result of an act which constitutes a felony or misdemeanor and the student is unable to be placed at a clinical learning site, then the student is unable to meet the clinical learning outcomes of the course. The Program Director notifies the student and the student is provided with the opportunity to withdraw from the program. Should the student refuse to withdraw, the student will be dismissed from the program.

Students have an ongoing duty to inform the Director of the Respiratory Care program of any conviction that occurs after the initial criminal background check is done.

Toxicology Screening: Standards and Guidelines:

The following guides the response to a positive toxicology screening for all students:

1. All specimens identified as non-negative/positive on the initial test shall be confirmed, reviewed and interpreted by the vendor;
2. The student is required to provide documentation by a healthcare provider in the event there is a medical explanation for a positive result (i.e. the result of a legally prescribed medication).¹
3. Toxicology screening that requires retesting:
 - a. Vendor reports that the screening specimen was diluted;
 - b. A student challenges a result, in which case, only the original sample can be retested.
4. If a student tests positive for drugs that are illegal substances, non-prescribed legal substances, or the student is deemed unsafe for the clinical setting by a healthcare provider, the student is immediately dismissed from the Respiratory Care program.
5. Readmission to program following dismissal in response to a confirmed positive toxicology screen is guided by a confirmed negative toxicology screen immediately prior to readmission and that the student meets all other requirements for the readmission. [\[See section 2.6 Readmission\]](#)

1. In accordance with federal law, a positive toxicology screen for legally prescribed marijuana may prohibit a student from being placed in clinical setting that accepts federal funding.

SECTION 5: GENERAL INFORMATION

5.1: Inclement Weather

Check local TV and radio stations for late openings or class cancellation. Students are strongly encouraged to sign up for the myCommnet Alert system ([See section 3.7](#)).

On clinical days, if NVCC classes are announced as canceled, clinical is automatically canceled. If a delay has been announced, students are expected to arrive to clinical at the delayed time. If the delay is called for any time after 11:00 AM, then clinical is cancelled for that day. The official start time for the college is 8:00 AM therefore if a delay is called it will count from the 8 AM start time. For example, if a 90 minute delay is called, students are to arrive at clinical by 9:30 AM.

5.2: Mobile Devices and Cell Phones

Mobile devices and cell phones are allowed in class only if they are turned off or turned to silent mode. Under no circumstances are phones to be answered in class. Texting, checking social media, taking pictures, listening to music and playing games on these devices during class is also prohibited. Students who ignore this policy may be asked to leave class. When there are extenuating circumstances that require that a student be available by phone, the student should speak to the instructor prior to class, so that together they can arrive at an agreement concerning the device.

The above mobile device policy applies in the clinical setting. In addition, the use of cell phones and mobile devices are not allowed in the patient care areas. Students are to follow the hospital policy regarding the usage of these devices while they are in clinical.

5.3: Children on Campus

For the purpose of this policy, children are defined as minors under the age of 18 who are not enrolled in a Naugatuck Valley Community College course or program. Children must be attended at all times by a responsible adult. Children may accompany an adult to class on an occasional basis and only with the prior permission of the class instructor. In an emergency situation that is not repetitive, a request may be made to the instructor of the course or supervisor of the activity for permission to bring a child to class or on campus. The student must notify the instructor or supervisor prior to the beginning of the class or activity that a child is present. Pre-k, elementary and high schools that are not in session are not emergency situations. Arrangements must be made for child care outside of NVCC.

It is expected that this accommodation will be made only when there is no disruption to the teaching and learning process. Instructors and/or supervisors are authorized to ask the student or program participant to leave should the presence of the child be disruptive.

Children are never permitted in any test, exam or final exam session.

(Full policy can be found in the [NVCC Student Handbook](#))

5.4: International Students

International students are strongly encouraged to investigate whether Respiratory Therapy is a recognized profession in their country of origin. It is the student's responsibility to ensure that their visa will allow employment in the US following graduation.

5.5: Email Policy:

College Email Policy:

Official Student Email

All Naugatuck Valley Community College students are given an official student email address. This email address is the primary mode of communication with the college. It is a student's responsibility to check this e-mail for all communications from their instructors and the college. Emails will no longer be sent to personal email accounts. The College gives free access to web applications of Microsoft Word, Excel, PowerPoint and OneNote. Visit nv.edu/email for details on setting up your account or for help, call or visit IT: 203-575-8092 or nv.edu/IT.

Program Email Policy:

Once a student is admitted to the program, all email communication between program faculty and staff will be done through the college email system or through Blackboard. Emails will not be sent to personal email accounts. See above college policy for setting up a college email account.

5.6: Gift giving to faculty and staff:

The faculty and staff of the NVCC Respiratory Care program respectfully ask students not to give us personal gifts of any kind. As employees of the state of CT, accepting gifts is governed by state law and is a complicated matter. Any gifts given to the faculty or staff will be returned to the student.

Appendix A: Academic Appeals Process

Student Academic Appeals Process

Revised June 17, 2010

This document applies to General Academic and Clinical Academic Appeals.

Any student has the right to appeal a decision of a faculty, adjunct faculty, staff, program director, clinical coordinator, or employee of the college. Definition of an academic appeal is an allegation by a student that, as to him or her, an employee of the college has violated federal or state laws and regulations, college or department policies, accreditation standards, or the faculty member's own stated policy relating to student's assignment of grades or other academic evaluation.

Step One: The student is advised to discuss the concern or issue with the college faculty member, clinical instructor or other employee of the college directly involved within fourteen (14) business days of the incident (48 hours if it is a clinical appeal). (Appeal Form 1)

Step Two: If the student is not satisfied with the resolution or outcome of Step One, the student may bring the concern with additional supporting information (within fourteen business days of the previous resolution or 48 hours if it is a clinical appeal) to the college employee who is one level above the college employee previously consulted. (Use Appeal Form 2) The clinical coordinator, course leader, department chair/coordinator, program director or other involved college employee will review the concern with the Division Director. The resolution or outcome will be put in writing and a copy sent to the student, department chair, and faculty member or other college employees involved in the concern and to the Dean of Academic Affairs within 5 days.

Step Three: If the student is not satisfied with the resolution or outcome to Step Two, the student may request that an appeals committee review the matter. (Appeal Form 3) The appeal must be filed within fourteen (14) days of receipt of the response to Step Two. For academic matters, the Academic Appeals Committee will review the concerns, outcomes and resolutions from the previous steps. If it is a clinical decision or concern, the resolutions and outcomes will be reviewed by the Clinical Appeals Committee. The Clinical Appeals Committee will convene within 48 hours.

The Academic Appeals Committee/Clinical Appeals Committee can dismiss an appeal where:

1. No new evidence has been presented to change a consistent decision emanating from the initial appeal steps;
2. The appeal is untimely;
3. The appeal is being pursued in another college procedure or tribunal;
4. The appeal is intended to harass, embarrass, or has otherwise been filed in bad faith.

If a quorum is not available, the Dean of Academic Affairs hears the appeal. A response will be made to the student within five (5) days of receipt of the appeal (48 hours if a clinical appeal). The student may still appeal to the Dean if the appeal is dismissed by the Committee.

Step Four: If the student is not satisfied with the resolution or outcome to Step Three, the student may bring the concern to the Dean of Academic Affairs. (Appeal Form 4) The appeal must be filed within five (5) days of receipt of the response to Step Three (48 hours if clinical appeal). The student will submit the appeal in writing along with any other relevant documents

and the Dean of Academic Affairs will need to respond within 5 days of the receipt of the appeal (48 hours if it is a clinical appeal).

Step Five: If the student is not satisfied with the resolution or outcome to Step Four, the student will appeal to the President directly in writing. (Appeal Form 5) The appeal must be filed within five (5) days of receipt of the response to Step Four (48 hours if a clinical appeal). The President will respond within 14 days.

Appendix B: Performance Improvement Plan and Program Probation Forms

**Naugatuck Valley Community College
Respiratory Care Program
Performance Improvement Plan**

Student Name: _____

Date: _____

Course: _____

Part I: Performance Improvement

Objectives Not Being Met or Areas of Concern: *(If this is a clinical course, reference clinical evaluation form):*

As Evidenced By: *(Cite specific performance example(s).)*

Instructor Recommendations: *(Include date for completion of an action plan & follow-up evaluation)*

Student Comments: *(Student to complete action plan. See page 3 for action plan form)*

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Use additional sheets/supportive documents as needed

Part II: Follow up Evaluation Due Date _____

_____ Student has completed the action plan and is now meeting the objectives cited.

_____ Student is not meeting the objectives cited and is placed on program ***Probation.***

As Evidenced By: *(Cite specific performance examples)*

Student Comments:

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Use additional sheets/supportive documents as needed

Action Plan (to be completed by student and reviewed by clinical coordinator or course/lab instructor)

Due Date: _____

Students are to identify strategies for improvement for each objective or area cited:

Objective/Area: _____

Objective/Area: _____

Objective/Area: _____

Use additional sheets/supportive documents as needed.

Student Signature: _____ **Date:** _____

Clinical Coordinator Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____

Naugatuck Valley Community College
Respiratory Care Program
Notice of Placement on Program Probation

Student Name: _____

Date: _____

Part I: Reason for Program Probation: (Note whether this a policy violation or Clinical probation)

Check all that apply:

____ Policy Violation (Reference Respiratory Care Student Handbook for specific policy)

____ Clinical Probation (Reference Performance Improvement Plan)

____ Academic Probation

As Evidenced by: (Describe in detail why the student is being placed on program probation. Reference previous warnings and performance improvement plans)

Program Director/DCE Comments: (include consequences related to a repeat of the violation)

Student Comments:

Student Signature: _____ Date: _____

Director of Clinical Education Signature: _____ Date _____

Program Director Signature: _____ Date: _____

Appendix C: Laboratory Safety

Laboratories pose a risk of injury or illness because of the physical and chemical hazards present in them. This risk can be lowered substantially or completely eliminated by following these general safety rules:

- Follow your instructor's directions at all times;
- Know the types of hazards that the lab work involves;
- Conduct yourself in a responsible manner at all times in the laboratory;
Protect your eyes, face, hands, feet, and body;
- Never perform unauthorized experiments/procedures.
- Independent practice is allowed with instructor permission
- Never bring food or drinks into the lab;
- Never apply cosmetics (lip gloss, etc.) while in the lab; and
- Abide by the additional rules listed below.



PREPARE FOR LABORATORY WORK

1. Study laboratory procedures prior to class and understand the types of hazards you may encounter.
2. Keep your work area organized and free of apparel, unnecessary books, and other clutter.
3. Know your exit routes.
4. Put away all distractions such as cell phones and laptop computers.

DRESS FOR LABORATORY WORK

1. Open-toe shoes, sandals, or other footwear that exposes skin of the foot are **NOT** allowed at any time.
2. Avoid wearing overly loose clothing (i.e. long draping sleeves, long fringe) when working in the lab.
3. Tie back long hair when working in the laboratory.
4. Avoid wearing excessively long or bulky jewelry.

*Don't risk it!
You will be
asked to leave
the lab if you do
not have proper
footwear and
clothing!!*

AVOID HAZARDS

1. Never taste or touch solutions.
2. Take extra care when handling sharp items such as needles. Dispose of sharps in the appropriate sharps container.
3. Use and store oxygen tanks as directed by your instructor. Do **NOT** leave tanks unsecured. Use appropriate storage receptacles.
4. The laboratory is not latex-free. Notify your instructor if you have a latex allergy.

CLEAN UP AT THE END OF LAB

1. Always follow your instructor's directions regarding the proper disposal of equipment/materials.
2. Wash hands thoroughly following procedures AND before leaving the lab.
3. Leave your work area clean and neat. Return all equipment to the proper location.
4. Before storing oxygen tanks, close the cylinder valve and bleed the oxygen regulator.

IN CASE OF ACCIDENT

1. Report all accidents and spills (no matter how minor) to your instructor immediately.
2. Place broken glass in designated boxes. Never pick up broken pieces with your hands. Use a dust pan & broom.
3. Wash all chemicals from your skin immediately using plenty of running water.
4. Treat minor cuts with the first aid kit. Injuries that cannot be easily treated with the contents of the first aid kit are medical emergencies!

*Immediately report all
emergencies to the
Public Safety Department
at 575-8112.*

LABORATORY SKILL PRACTICE

1. Students are expected to perform procedures such as nebulizer treatments, CPT and IPPB treatments on one another. Notify your instructor if you are unable to participate in this way or you have concerns regarding the procedures.

Common Hazard Warnings



Warning



Irritant



Corrosive



Flammable



Toxic or Poison



Oxidizer



Explosive



Environmental Toxin



Biohazardous



Eye or Face Protection Required



Body Protection Required



Hand Protection Required

Appendix D: Health Evaluation Form

**Naugatuck Valley Community College - Respiratory Care Program Report
of Health Evaluation**

Student Name _____ Banner ID@ _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Student Phone Home _____ Cell _____ Email _____
Emergency Contact Name _____ Phone (1) _____ (2) _____

Student DENIES Latex Allergy Student CONFIRMS Latex Allergy

TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER (HCP): Date of Exam: _____

On the basis of my health assessment and physical exam:

Student is clear to participate in Respiratory Care clinical/laboratory courses **with no restrictions** *(please check) **yes** **no**

*See the attached Technical Standards for Respiratory Care Students.

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

Healthcare Provider Name Healthcare Provider Signature DEA Number Date

Address: _____ Telephone () _____ - _____

IMMUNIZATION ASSESSMENT

Please refer to the CDC *Healthcare Personnel Vaccination Recommendations*, attached
TITERS MUST BE POSITIVE PER LABORATORY STANDARD: REPORT(S) MUST ACCOMPANY THIS FORM.
If titers show student is not immune, please state plan of how non-immunity will be addressed.

1. MMR: MEASLES (RUBEOLA), MUMPS & RUBELLA (GERMAN MEASLES)^

Documentation of one of the following must be provided as evidence of immunity:

- a) Vaccination against measles, mumps, and rubella. 2 doses of MMR, 4 weeks apart, dates of dose(s) and/or date for remaining dose.
- b) Laboratory confirmation of disease or immunity (titer). **Qualitative or Quantitative Titer, Laboratory report must be attached.**

2. VARICELLA (CHICKEN POX)

Documentation of one of the following must be provided as evidence of immunity:

- a) Verification of history of varicella or herpes zoster (shingles) by HCP (must be attached)
- b) Laboratory confirmation of disease or immunity (titer) **Qualitative or Quantitative Titer, Laboratory report must be attached.**
- c) Vaccination against varicella, 2 doses of varicella vaccine at least 28 days apart, dates of dose(s) and/or date for remaining dose.

3. TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)

Documentation of one of the following must be provided as evidence of immunity:

- a) Tdap vaccination within 10 years.
- b) TD Booster if Tdap was received greater than 10 years ago.

Note: all healthcare personnel (HCP) **must** receive a single dose of Tdap. A Td booster is required every 10 years.

For further information see: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/td.html>

4. HEPATITIS B (Hep B):

Documentation of one of the following must be provided as evidence of immunity:

- a) Anti-HBs ≥ 10 mIU/ml **IF** Hep B series vaccination has been completed. **Laboratory report must be attached.**
- b) Documentation of Hep B series in progress: dates of dose(s) / remaining dose(s) and Anti-HBs serologic testing 1-2 mos after dose #3. **Laboratory report must be submitted.** Mandatory follow-up on negative lab report per <http://www.immunize.org/catq.d/p2017.pdf>

5. TUBERCULOSIS TESTING: is **required annually**, options as below: see <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

- a) TB Skin Test (TST): **INITIAL TST MUST BE TWO-STEP TEST** **OR**
- b) TB Blood test (IGRA)
- c) If either test is positive, a chest x-ray report showing no evidence of active TB disease **MUST** be provided for the first positive test; the TB screening form must be completed each year thereafter.

6. INFLUENZA (FLU) VACCINATION: is required each year **after September 1st and before October 15th.**

Appendix E: Respiratory Care Student Handbook
Acknowledgement of Receipt and Agreement to
Comply Form

**Naugatuck Valley Community College
Respiratory Care Program**

I _____ have received and read the Respiratory
(Please Print Name)

Care Program Student Handbook. I understand its contents and agree to abide by the policies of the college and the program. In addition, I understand that I may be videotaped during clinical simulations and that these videotapes will be used by program faculty for purposes including but not limited to: debriefing, faculty review and the education support of other learners by displaying the recording.

STUDENT'S NAME (PRINT)

STUDENT'S SIGNATURE

DATE