



CENTRAL OHIO TECHNICAL COLLEGE

Mission: To meet the technical education and training needs of students and employers in the area.

POLICIES AND PROCEDURES

OF THE

RESPIRATORY THERAPY TECHNOLOGY PROGRAM

The Program Faculty and College reserve the right to make changes in order to assure the quality, quantity, and effectiveness of education.

This handbook is designed to serve as a reference. It is not a contract, nor is it an invitation to contract.

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Description of the Respiratory Care Profession

Respiratory therapists (RTs) are an integral part of the healthcare team. RTs perform both diagnostic and therapeutic procedures on patients with cardiopulmonary disease. RTs work primarily in hospitals providing care for patients of all age groups. RTs are a part of all emergency response teams in the hospital setting. RTs work with a variety of different types of equipment and work in all areas of the hospital such as the emergency department, the intensive care unit, the cardiac care unit, the pediatric care unit, the special care nursery, surgery, and general medical/surgical floors. In short, RTs are everywhere. RTs also work in long-term care facilities, home care organizations, and sub-acute care facilities. Other RTs have chosen to pursue careers in academia, research, and case management. What makes the field of respiratory therapy so unique is that it is both diagnostic and therapeutic.

Scope of Practice

The Respiratory therapist works as part of an interdisciplinary care team to treat patients with mild to severe cardiopulmonary disease. RTs work directly under the supervision of a licensed physician. RTs are often asked to provide recommendations on appropriate oxygen devices and other therapeutic modalities. RTs establish and/or assist providers in establishing artificial airways. RTs perform arterial blood gas draws as well as analyze the results to optimize patient ventilation and oxygenation status. RTs manage patients receiving invasive and non-invasive ventilation. Many hospitals allow RTs to practice through the application of evidence-based protocols to help ensure optimal patient outcomes. Nearly all RTs are required to be certified in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and complete the Neonatal Resuscitation Program (NRP).

Credentialing Agency: The National Board for Respiratory Care (NBRC)

With the mission of promoting excellence in respiratory care by awarding credentials based on high competency standards, The National Board for Respiratory Care shares in the goal of protecting and enhancing patient lives. Nearly 40,000 candidates test for NBRC credentials each year, seeking to demonstrate how excellence defines them across seven specific areas of respiratory care.

NBRC credentials provide recognition for hard work and dedication to quality. Success brings respect among colleagues and instills a sense of pride in those who earn the NBRC badges of distinction. Why? For the same reason all 49 states regulating the profession recognize NBRC examinations as standards for state licensure: success requires exceptional knowledge and competency. Our NCCA-accredited examinations—which are developed by respiratory care professionals and predictive of job performance—provide the opportunity to prove readiness for excellence in patient care.

NBRC CREDENTIALS:

Certified Respiratory Therapist (CRT): The Therapist Multiple-Choice (TMC) Examination objectively measures essential knowledge, skills, and abilities required of respiratory therapists at entry into practice. Passing the TMC Examination and wearing the CRT badge of distinction signals to employers, colleagues, and patients that you are committed to excellence in respiratory care. Additionally, all 49 states that regulate the practice of respiratory care use the CRT or RRT credential as the basis for state licensure. In Ohio, the RRT credential is required in order to obtain a license to practice. The TMC Examination also determines your eligibility for the Clinical Simulation Examination (CSE) which is required for the RRT credential.

The TMC Examination offers two cut scores that determine whether or not you will receive credentials as a CRT or as a Registered Respiratory Therapist (RRT). If you achieve the low cut score, you earn the CRT credential. If you achieve the high cut score, you earn the CRT credential and become eligible for the Clinical Simulation Examination (provided you are eligible to earn the RRT credential). The TMC Examination consists of 160 multiple-choice questions (140 scored items and 20 pretest items). You will be given three hours to complete the TMC Examination.

Registered Respiratory Therapist (RRT): The RRT credential is nationally recognized as the “standard of excellence” for respiratory care professionals. The examinations for the RRT credential objectively and uniformly measure essential knowledge, skills and abilities required of advanced respiratory therapists. The NBRC evaluates the competency of respiratory therapists and ensures that graduates of accredited respiratory care education programs have every opportunity to earn the RRT credential. It is in high demand nationwide, and the NBRC works diligently to help to fill the shortage of qualified respiratory therapists in the field.

The first examination for earning the RRT is the Therapist Multiple-Choice (TMC) Examination (prior to January 2015, it was known as the Written Registry Examination). The TMC Examination evaluates the abilities required of respiratory therapists at entry into practice and determines eligibility for the Clinical Simulation Examination (CSE).

Registered Respiratory Therapist (RRT) Clinical Simulation Exam: The CSE consists of 22 problems (20 scored items and 2 pretest items). The clinical setting and patient situation for each problem are designed to simulate reality and be relevant to the clinical practice of respiratory care. You will be given four hours to complete the CSE. In order to obtain the RRT credential, candidates must achieve the high cut score on the TMC Examination as well as successfully pass the CSE.

Certified Pulmonary Function Technologist (CPFT) and Registered Pulmonary Function Technologist: The Pulmonary Function Technology (PFT) Examination objectively measures essential tasks required of pulmonary function technologists. Wearing the CPFT badge of distinction signals to employers, colleagues and patients that your skills are specialized, and you are committed to excellence in respiratory care.

The PFT Examination has two cut scores. If you achieve the low cut score, you earn the Certified Pulmonary Function Technologist (CPFT) credential. If you earn the high cut score, you earn the Registered Pulmonary Function Technologist (RPFT) credential. The PFT Examination contains 115 multiple-choice items (100 scored and 15 pretest). You will be given two hours to complete the PFT Examination.

Adult Critical Care Specialist (ACCS): The Adult Critical Care Specialty (ACCS) Examination objectively measures the knowledge and skills of respiratory therapists in this specialty area. It goes above and beyond general respiratory care activities to focus specifically on competencies that are unique to adult critical care. Therefore, wearing the RRT-ACCS badge of distinction signals to employers, colleagues and patients that your skills are highly specialized.

The ACCS Examination is available for respiratory care professionals who have proven their dedication to excellence by earning the Registered Respiratory Therapist (RRT) credential. The ACCS Examination contains 170 multiple-choice items (150 scored and 20 pretest). You will be given four hours to complete the ACCS Examination.

Neonatal/ Pediatric Specialty (NPS): The Neonatal/Pediatric Respiratory Care Specialty (NPS) Examination objectively measures the knowledge and skills of respiratory therapists working in this specialty area. It goes above and beyond general respiratory care activities to focus specifically on competencies that are unique to neonatal/pediatric respiratory care. Therefore, wearing the RRT-NPS badge of distinction signals to employers, colleagues, and patients that your skills are highly specialized.

The NPS Examination is available for respiratory care professionals who have proven their dedication to excellence by earning the Registered Respiratory Therapist (RRT) credential. The examination consists of 140 multiple-choice questions (120 scored and 20 pretest). You will be given three hours to complete this examination.

Sleep Disorders Specialty (SDS): The Sleep Disorders Specialty (SDS) Examination objectively measures the knowledge and skills of respiratory therapists who perform sleep disorders testing and therapeutic intervention. It goes above and beyond general respiratory care activities to focus specifically on competencies that are unique to diagnosing and treating sleep disorders. Therefore, wearing the CRT-SDS or RRT-SDS badge of distinction signals to employers, colleagues, and patients that your skills are highly specialized.

The SDS Examination is available for respiratory care professionals who have proven their dedication to excellence by earning the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credential and have experience or education in the field of sleep medicine. The SDS Examination contains 180 multiple-choice items (160 scored and 20 pretest). You will be given four hours to complete the SDS Examination.

Asthma Educator Specialist (AE-C): The Asthma Educator Specialty Examination is designed to measure comprehensive, current knowledge of asthma pathophysiology and management including developmental theories, cultural dimensions, the impact of chronic illness, and principles of teaching and learning.

learning. Therefore, wearing the Asthma Educator Specialist (AE-C) badge of distinction signals to employers, colleagues and patients that your skills are highly specialized. The AE-C Examination is a multidisciplinary program available for currently licensed or credentialed professionals (shown below) who have proven their dedication to excellence by earning the AE-C credential.

1. Be issued a current, active, unrestricted license or credential from the United States in one of the following:
 - Physician (MD, DO)
 - Physician Assistant (PA-C)
 - Nurse (RN, LPN, NP)
 - Respiratory Therapist (RRT, CRT)
 - Pulmonary Function Technologist (RPFT, CPFT)
 - Pharmacist (RPh)
 - Social Worker (CSW)
 - Health Educator (CHES)
 - Physical Therapist (PT)
 - Occupational Therapist (OT)
 - Emergency Medical Technician (EMT, AEMT)
 - Paramedic

OR

2. Have a minimum of 1,000 hours of direct patient asthma education, counseling or coordinating services prior to applying for the examination.

The AE-C Examination contains 175 multiple-choice items (150 scored and 25 pretest). You will be given 3.5 hours to complete the AE-C Examination.

Reference: The National Board for Respiratory Care (2023). www.nbrc.org

Notification of Changes to Policies

The student will be notified if any program policy is changed or altered. At the beginning of each semester, faculty will advise students of the specific policy change. The student will sign a *Policy Verification for Single Revision* form and submit to the course instructor. Once all forms are collected, they are filed in the student folder.

Furthermore, the program will not implement changes to policies for student progression, or requirements for completion of the program, for students enrolled in the program at the time the changes are adopted.

Non-Discrimination Notice

Central Ohio Technical College is committed to building and maintaining a diverse community to reflect human diversity, and to improve opportunities for all. The college is committed to equal opportunity and eliminating discrimination and harassment. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as matter of law.

Central Ohio Technical College does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status (past, present or future), national origin, race, religion, sex, sexual orientation, protected veteran status, status as a parent during pregnancy and immediately after the birth of a child, status as a parent of a young child, status as a foster parent or any other basis under the law, in its education program or activity, which includes employment.

For Title IX and discrimination, including disability discrimination concerns, contact Holly Mason, Title IX coordinator: Warner Center Suite 226, 1179 University Drive, Newark, OH 43055. 740-366-9219. mason.536@mail.cotc.edu.

RESPIRATORY THERAPY PROGRAM LEARNING OUTCOMES

Minimum expectations of the program are to prepare respiratory therapists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. CoARC Standards and Guidelines for the Accreditation of Educational Programs in Respiratory Care.

Upon completion of the Respiratory Therapy Technology Program, the graduate will be able to:

- Demonstrate theoretical competence in applied respiratory care.
- Demonstrate clinical competence in applied respiratory care.
- Demonstrate ethical behavior consistent with professional and community expectations.
- Demonstrate the ability to measure, evaluate, and document patient data and recommend appropriate therapeutic interventions for patient care.
- Demonstrate the ability to apply and evaluate information relevant to his/her role as a registered respiratory therapist.
- Demonstrate appropriate critical thinking and problem-solving skills, time management skills, interpersonal communication skills, and technical skills necessary to provide competent respiratory care in multidisciplinary care settings.
- Demonstrates an appreciation for and acceptance of cultural diversity.

ASSOCIATE DEGREE RESPIRATORY THERAPY TECHNOLOGY OVERVIEW OF PROGRAM AND IMPORTANT GENERAL INFORMATION

Regulatory Approval and Accreditation Agencies

The Central Ohio Technical College Associate Degree Respiratory Therapy Technology Program is approved by the Ohio Department of Higher Education (ODHE) and the Higher Learning Commission (HLC). Central Ohio Technical College is currently in the process of seeking CoARC accreditation for a respiratory care program. However, Central Ohio Technical College can provide no assurance that accreditation will be granted by the CoARC. The Commission on Accreditation for Respiratory Care (CoARC) accredits Entry into Professional Practice respiratory care programs at the Associate, Baccalaureate, and Master's degree levels, as well as post-professional Degree Advancement respiratory care programs at the Baccalaureate and Master's degree levels and Advanced Practice respiratory care programs at the graduate level. The CoARC also accredits certificate programs that train sleep disorders specialists offered by any of its accredited respiratory care programs. CoARC accreditation is limited to programs physically located in the United States and its territories.

Accrediting Agency Contact Information

Higher Learning Commission
230 LaSalle Street, Suite 7-500
Chicago, IL 60604-1411
Ph: (312)- 263-0456
Hlcommission.org

Commission on Accreditation for Respiratory Care
264 Precision Blvd.
Telford, TN 37690
Ph: 817-283-2835
email: webmaster@coarc.com
www.coarc.com

Rigor of the Program

The Respiratory Therapy Technology program is one of the most rigorous programs in the College, demanding determination, stamina, personal planning, and time devoted to study. The faculty defines curricular rigor as academically and intellectually challenging curriculum/material that promotes progressive learning to help students understand complex concepts and enhances clinical reasoning skills.

Preparation for theory, laboratory and clinical activities requires full-time effort. Therefore, students are encouraged to reduce employment to a minimum in order to maintain their education focus. Clinical days and hours will vary each semester. Clinical may be scheduled for weekend days. Flexibility of time as well as reliable personal transportation remains the responsibility of the student. Policies of the Program are intended to promote students' successful completion, to meet requirements of external review agencies and affiliate institutions and to ensure equitable treatment of students.

Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience which may occur on day, evening, night, weekday, and weekend hours. Therefore, flexible work scheduling and childcare arrangements are essential.

Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours. An approximation of study time per college hour is three hours additional time needed weekly. Example: A five-hour course could require fifteen hours of weekly study in addition to class attendance to meet course requirements.

A variety of personnel and material resources are available to aid student learning. Students are urged to adopt a habit of library use in student education. This practice of maintaining awareness of current literature and research in clinical problem solving will be valuable in endeavors in professional life.

The Program

Students are admitted to the Respiratory Therapy Technology program once each year to pursue the two-year program on a full-time basis.

COTC faculty take pride in assisting students in developing the knowledge, skills, and attitudes to be an effective member of the healthcare team. The COTC faculty is genuinely interested in individual student welfare as well as the overall effectiveness of the program in producing graduates who are deemed safe to enter practice. Student contact, inquiry, and education are welcome and viewed as important in the success of students, faculty, and the programs.

Evaluation of the Program

The quality of the Respiratory Therapy Technology program is continually assessed using a variety of approaches. Each course and faculty member is evaluated by students who complete evaluation forms upon completion of a course and/or clinical experience rotation. Feedback/communications are also sought concerning organizational systems and planning. Such data is instrumental in evaluating the need for changes and effectiveness of plans/actions.

Key "outcome measures" are used to evaluate the overall quality and effectiveness of the respiratory program, including, but not limited to:

1. Licensure examination results
2. Post-graduation student surveys
3. Surveys of employers of new graduates
4. Student completion

Faculty and administration constantly assess/identify trends and consider/plan potential advances for the program. An Advisory Committee of community healthcare and education leaders offer input on the quality, effectiveness, and development of the programs. Student representatives are welcome on the Advisory Committee. Student data from courses is a vital component in the assessment process.

Various internal forums and committees are structured for communications, planning and problem solving. Student representatives are welcome participants at standing program committees. Interdepartmental faculty communications are also important in assuring operations and successful

program outcomes.

Nondiscrimination

In compliance with the Americans with Disabilities Act (ADA) and College policy (The Civil Rights Act and Internal Standards), the College and Division do not discriminate on the basis of race, gender, ethnicity, religion, sexual orientation or handicapping conditions. Inasmuch as respiratory therapy is a practice discipline, the Division requires all successful applicants to possess the psychomotor skills necessary to safely and effectively perform Cardio-pulmonary Resuscitation (CPR), the most standard of required patient care skills. Once admitted to a Division Program, it is the individual student's responsibility to self-identify to the Office for Disability Services staff and course instructors regarding any special learning needs. <https://www.cotc.edu/disability-services>

Changes

Change is a component of a continuous improvement philosophy. The Respiratory Therapy Technology program reserves the right to make policy or program change depending on assessment findings. Planned change occurs regarding courses, policies, operations, etc. based upon needs, evaluation data and/or additional input. Change is also rapidly occurring within the healthcare field which may impact the programs, necessitating both planned and unplanned adjustments. Communications and flexibility are central to managing such events.

POSITION STATEMENT ON ACADEMIC INTEGRITY

The faculty of the COTC Respiratory Therapy Program believes academic integrity is essential to the success of our mission as educators. Academic integrity is defined as a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility (Center for Academic Integrity, 1999).

Given the fundamental values of ethics and integrity and the core values of the COTC respiratory program, the administration and faculty of the program have developed and approved this position statement. The administration and faculty embrace the information contained in this document, and hold ourselves as well as respiratory therapy students accountable to the following:

- We respect the inherent worth, dignity and human rights of every individual we encounter. This includes colleagues, students, and those for whom we provide care.
- We hold ourselves accountable for acquiring and maintaining the necessary competencies to meet the prevailing standard of patient care.
- We understand that the classroom, lab, and clinical site are all part of the learning environment. As such, we will utilize each venue as an opportunity to teach our students the needed knowledge and skills to graduate a respiratory therapist prepared to engage in safe practice.
- We will continuously strive to do what is right in our interactions with others.

Integrity in respiratory education is essential to the development of the ethical respiratory therapist. Respiratory therapists are entrusted with the very life and health of the patients they care for. Unethical decisions in respiratory school, including but not limited to cheating on tests, creates a concern about unethical decisions in respiratory care. Unethical decisions in respiratory care violates the trusting relationship between the respiratory therapist and the patient. Therefore, unethical decisions in the classroom, campus laboratory, or clinical rotation will not be tolerated. Students will have many opportunities to cheat while in respiratory school – any student caught cheating or acting to compromise patient care will face immediate course failure and risks dismissal from the program.

To ensure the academic integrity of assessments, all assessments for the didactic and laboratory portion of the program will be proctored on site by the respiratory technology program faculty. The use of notes, books, cell phones, and other personal electronic devices, are prohibited during assessments. If the student needs special accommodations, the instructor must be notified and can schedule the assessment for didactic portions of the program to be proctored at the testing center on the Newark campus. All laboratory assessments must be proctored by COTC respiratory faculty.

Reference: The Center for Academic Integrity (October 1999). *The fundamental values of academic integrity*.

Approved: August 25th, 2008

Revised: August 9th, 2018; May 28th, 2021

ADMISSION TO THE RESPIRATORY THERAPY TECHNOLOGY PROGRAM

Admission to the Respiratory Therapy Technology program at COTC is based on a competitive selection process. If an applicant has attended college prior to enrolling at COTC, the official transcript from each college must be submitted prior to the application deadline for GPA and course verification. Previous college coursework for non-technical courses will be evaluated for possible transfer credit. Official transcripts should be requested early in the application process and must be sent to *Gateway Records* directly from the sending institution. Students must comply with general COTC admission requirements.

Prerequisite courses include High School Algebra or MATH-014- Co-Requisite Algebra with a grade of “C” or better. High School Chemistry or CHEM-020- Intro to Chemistry Principles with a grade of “C” or better. High School Biology or BIO-010- Introduction to Human Biology.

Students convicted of a felony are not eligible for entrance to the COTC Respiratory Therapy Technology program. The program complies with the criminal records check laws in Ohio specific to healthcare workers. All students applying to the program must submit to fingerprinting in order to verify history regarding any previous offenses. This is a requirement of our affiliate health care agencies.

Students are required to complete a drug screen upon acceptance into the program. This is a requirement of our affiliate health care agencies.

Potential applicants must attend a *Respiratory Therapy Technology Information* meeting. Attendance is valid for twelve (12) months.

Students must follow the application packet instructions carefully. See the current *Respiratory Therapy Technology Plan of Study* for detailed information.

Competitive Selection Process

The applicant's cumulative GPA from previous coursework and courses completed at COTC is considered in the selection process. All applicants are also required to take the HESI Admission Assessment Exam (A2) as part of the selection process.

What Is The HESI® Admission Assessment (A2)? It is a standardized and proctored entrance exam completed by applicants of Healthcare Education programs. The exam has been used for over 20 years to assess the academic readiness of prospective students for diverse programs.

How Does It Work? The HESI A2 identifies students' academic strengths and areas where improvement may be needed to fully support their academic program success. It evaluates knowledge and skills in three primary academic areas: English Language, Math, and Science. A composite percentage score is provided by averaging the results of all exams completed.

Although students have no limitation on the number of attempts with the HESI A2, only the last attempt is considered in this admission process. **The HESI A2 results are considered heavily in the selection process** – students are encouraged to study/prepare for the HESI A2 in order to achieve their best scores.

Research clearly shows that students who achieve the *Proficient* level or higher have more likelihood of being successful in a challenging health professions program. Conversely, research shows that students who achieve less than *Proficient* level are at high risk of program failure and if they make it through the program, then high risk for failure on the National Board Exam.

Students who are admitted into the Respiratory Therapy Technology program who score **below** the *Proficient* level (either *Basic* or *Developmental*) will be admitted on a “probationary” basis and will be required to complete prescribed remediation activities during their first semester. Students who are readmitted to the Respiratory Therapy Technology program after being unsuccessful in a previous attempt at 1st semester will also follow this policy. Each plan will be individualized to the student's circumstances and their score in the three primary areas of the HESI A2: science, math, and English Language. The plan must be completed in order for the student's grade to be posted for semester one respiratory courses.

Reference:

<https://evolve.elsevier.com/education/hesi/hesi-admission-assessment-exam/>

TECHNICAL STANDARDS

Technical standards are defined as the student's ability to accomplish the essential requirements of employment in the respiratory care profession or participation in a respiratory care education program. Technical standards for the respiratory therapy (RT) program include all nonacademic criteria and must be based on tasks performed by a respiratory therapist. They also provide students with an understanding of physical demands required by the program and the profession. This is a requirement of the Commission on Accreditation of Respiratory Care (CoARC). All students in the RT program must possess the following abilities to successfully attain the skills needed to practice in the respiratory care profession.

Students may be removed from the program if it is determined through objective skill assessment that the student is unable to meet these essential abilities (even with reasonable accommodations).

Communication Ability

1. Sufficient hearing to assess patient needs and identify equipment signals.
2. Sufficient vocalization skills to instruct a patient relative to respiratory therapies and assessment to obtain a health history.
3. Communicate effectively, verbally, and nonverbally, with patients and other healthcare professionals to explain procedures, give instructions, and give and obtain information.
4. Understand verbal instructions and patient needs.
5. Hear, understand, and react quickly to verbal instructions and patient needs, including but not exclusive to hearing codes, alarms, and patient calls.

Visual Acuity

1. Identify 16 shades of gray from the gray scale provided.
2. Distinguish between the colors of green, blue, black, red and yellow on the color bar provided.
3. Sufficient vision to observe patients, manipulate respiratory care equipment, and evaluate patient response to therapy.
4. View and evaluate recorded images for the purpose of identifying proper protocol, procedural sequencing, technical qualities, and identification of pathophysiology.

Physical Ability

1. Sufficient gross motor coordination to exert up to 20 pounds of force occasionally, 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects.

2. Sufficient fine motor coordination to hold simultaneously an endotracheal tube and a laryngoscope.
3. Work standing on his/her feet 80% of the time.
4. Use both hands, wrists, and shoulders to maintain prolonged arm positions necessary for necessary patient care and perform fine motor skills.
5. Lift more than 50 pounds routinely.
6. Transport, move, and/or lift patients from a wheelchair or stretcher to the examination table or patient bed, and physically assist patients into proper positions for examination.
7. Push, pull, bend and stoop routinely to move and adjust respiratory care equipment.
8. Use senses (vision, hearing, and touch) to adequately view chest x-rays, and changes in patient condition including color distinctions; distinguish audible sounds and breath and heart sounds heard through a stethoscope; perform eye/hand coordination skills required in respiratory care assessments; and recognize changes in a patient's condition and needs.
9. Work in a semi-darkened room for certain periods of time.
10. Be physically capable of carrying out all assigned duties of a respiratory therapist and deliver safe and affective patient care.

Environmental Requirements

The work involves risks or discomforts that require special safety precautions, working with sharps (needles, razor blades, scalpels, etc.), chemicals and infectious disease. Respiratory therapists may be required to use protective clothing or gear such as masks, goggles, and gloves in certain situations.

Intellectual Requirements

1. Organize and accurately perform the individual steps in a respiratory care procedure in the proper sequence according to established standards.
2. Follow directions effectively and work closely with members of the healthcare community.
3. Apply problem-solving skills to help optimize patient care and produce the best diagnostic and therapeutic information possible.
4. Essential judgment skills to include: the ability to identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem solving and coming to appropriate conclusions and/or courses of action.
5. Essential neurological functions to include: the ability to use the senses of seeing, hearing, touch, and smell to make correct judgments regarding patient conditions for the purpose of demonstrating competence in the practice of respiratory therapy and patient care. Behaviors that demonstrate

essential neurological functions include, but are not limited to, observation, listening, understanding relationships, writing, and psychomotor abilities.

6. Essential intellectual/conceptual skills to include: the ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the safe practice of respiratory care.

Emotional Requirements

1. Provide physical and emotional support to the patient during respiratory care procedures.
2. Interact compassionately and effectively with the sick and/or the injured and their families.
3. Handle stressful situations related to technical and procedural standards and patient care situations.
4. Adapt to changing environments and be able to prioritize tasks.
5. Project an image of professionalism.
6. Demonstrate a high level of compassion for others, a motivation to serve, integrity, and a consciousness of social values.
7. Interact positively with people from all levels of society and all ethnic and religious backgrounds.
8. Essential emotional coping skills to include: the ability to demonstrate the mental health necessary to safely engage in the practice of respiratory care as determined by professional standards of practice.

PHYSICAL REQUISITES FOR SUCCESSFUL CLINICAL PERFORMANCE

The performance of the tasks related to the respiratory care profession includes potentially strenuous practical skills, including heavy lifting and carrying techniques. If any medical condition exists which may limit activities in the clinical setting, such as a cast, crutches, wheelchair, or other short-term condition that temporarily limits mobility, dexterity and/or acuity, the student may be asked to withdraw from the program until such condition is corrected. Clinical affiliates require that all health care workers be physically and emotionally stable to provide care to patients. Administrators of these affiliate facilities have the authority to refuse students when the safety of patient care provided may be compromised.

Any medical condition which may limit activities in the clinical environment must be documented by a licensed physician and a notice submitted to the Program Director. A letter from the student's health care provider stating the student is cleared to perform the clinical task associated with the respiratory care program must be submitted to the Program Director before the student will be allowed to attend the clinical setting. This information will be retained in the student's file.

ACCEPTING TRANSFER CREDIT FOR RESPIRATORY THERAPY COURSES

Under very specific circumstances, COTC will accept students wishing to transfer into the Respiratory Therapy Technology program. Transfer is a selective process, and every applicant will be evaluated individually. Respiratory courses taken previously will be reviewed to assure equivalency. The Program Director, in collaboration with the faculty as appropriate, will make the decision regarding transfer. All decisions will be final.

An applicant who requests transfer of credits from another degree-granting pre-licensure program must comply with the following:

- The applicant must apply for admission to COTC in accordance with application procedures. Applicants are to work with *Gateway Advising/Admissions*.
- The applicant is responsible for assuring that all official transcripts are submitted to Gateway.
- The applicant is responsible for assuring that all course syllabi are submitted for any course the student is asking to transfer.
- All courses under consideration for transfer must have a final grade of “C” or above.
- The applicant must have a minimum cumulative GPA of 2.75.
- Coursework beyond five years will not be eligible for consideration.
- Credit will not be given for any respiratory/technical course if the last clinical course was completed greater than 12 months prior to admission. The applicant will be ineligible for admission to the program in that case.
- The student must request a letter from the director or administrator of the program they are transferring from. The letter must address both the student’s academic standing at the time of leaving the program, as well as the student’s clinical skills/performance.
- The student may be asked to satisfactorily complete a proficiency examination, which could include either theory content, laboratory skills, or both.
- Requests must be submitted by the first day of the semester preceding the semester the student wishes to enter the program. ***Requests will not be considered until the applicant’s packet of materials is complete.***
- After approval, transfer students will be admitted on a space available basis as a second priority following returning COTC students.

If the student does not successfully complete their first semester after being transferred into COTC, the situation will be reviewed individually, and the student may be prohibited from reseating in the program.

ACCEPTING TRANSFER CREDIT: AWARDING CREDIT FOR MILITARY SKILLS AND TRAINING

The Respiratory Therapy Technology program at Central Ohio Technical College recognizes the education and skills training of students who have experience in the armed forces of the United States, or in the National Guard or in a reserve component. In accordance with college policy, students must submit an official transcript or certificate of completion or a veterans DD 214 form of their military education for evaluation by the Gateway.

To request credit specifically for RESP courses, the student must provide a course syllabus and/or course description to the Respiratory Therapy department for evaluation. Credit will be awarded to the student for any of the military education or skills training which is substantially similar to the associate degree in respiratory therapy curriculum.

ATTENDANCE POLICY

The faculty believes that all scheduled learning activities, both class and clinical, are essential. It is unacceptable to miss your respiratory therapy class. Attendance at all class/course sessions is expected in order to promote success. Students who miss class for any reason are responsible to get materials, information and/or alternative assignments. Faculty members are responsible to present information in scheduled class and teaching sessions. However, faculty are **not** responsible to provide materials/information to those who miss learning opportunities. Patterns of repeated class absence will be addressed.

The program has adopted a *Program Deficiency Point System* which will be used for classroom, laboratory, and clinical management. The appropriate points for late arrivals and absences from clinical or lab will be assigned according to this form.

Attendance at all skills labs is mandatory.

Students are not permitted to miss lab. In the event of an extreme illness or emergency, one absence may be allowed. The course instructor may require documentation of the illness/emergency as supportive evidence. Any missed lab time must be made-up. The course instructor will arrange the make-up hours and activity with the student.

Procedure for Skills Return

1. Skill Cards and/or checkoff sheets will be completed through Canvas or some other modality.
2. Failure to complete the first return satisfactorily will automatically result in a grade of “unsatisfactory” for the first return demonstration, leaving two opportunities to successfully return the demonstration.
3. If a second return demonstration is not satisfactory, the student will be required to enter into a remediation process. An individualized action plan will be developed with the student, and course instructor. When the expected outcomes are met, the student will then return the skill demonstration with

the course instructor.

4. All skill returns must be completed successfully for completion of the course.

Students must have demonstrated competency in skills labs before any clinical performance of that skill. Students are encouraged to complete skills performance evaluations on a timely basis to maximize clinical practice opportunities.

NOTE: There is no remediation process for didactic portions of the program.

Attendance at all clinical experiences is mandatory.

If the student must miss a single clinical day for illness or an emergency, the missed clinical hours must be made up. The makeup activity is to be discussed with the course instructor upon return from the absence.

The course faculty or the Program Director has the right and the responsibility to request medical clearance or other documentation to verify the circumstances and to assure the student is safe to return to the clinical setting.

No “banking” of clinical days or lab hours is permitted.

Procedure for calling off:

If unable to attend a lab or clinical experience due to a serious illness or grave emergency, the lab/clinical instructor **MUST** be notified of the absence **prior to the scheduled start time**. The student should notify their lab/clinical instructor and should also log a call to the course instructor’s office phone. The student is required to follow-up with their course instructor via email to tell them of the missed clinical hours. All missed lab and clinical hours must be made up with time equal to or greater than the time missed.

Consequences:

If a student fails to notify an instructor before a clinical or lab absence – this includes if the student is tardy – this is considered a No call/ No show and there will be 6 deficiency points and a performance improvement plan (PIP) awarded for the first occurrence at any point while the student is in the program. A second occurrence of a no call/ no show **AT ANY POINT** during the time the student is in the program will result in a course failure.

A second absence from lab or clinical will result in an unsatisfactory which will result in a failing grade for the course.

Any variance to this policy will be reviewed and only approved by the Program Director in consultation with the Dean.

CLINICAL AFFILIATIONS

The college has developed contractual affiliations with a variety of clinical healthcare agencies. Clinical experiences are planned for clinical courses in order to develop professional practice insight and skills in specific areas, according to course objectives. **Orientation to each assigned clinical setting is mandatory.** While in the clinical setting, each student is responsible to meet the policies, procedures, and standards of the clinical agency, as well as COTC education policies and procedures. Each student needs to be available for clinical assignment i.e. varied hours, days of the week, and locations. Each student is responsible for dependable transportation to/from clinical sites throughout Central and East Central Ohio. Punctuality is an expectation for all clinical experiences including orientation. Students are responsible for knowing where to go for clinicals and orientations. (This information will be given out in class, posted on the faculty member's website, on the lab bulletin board, or mailed/mailed to the student. If unsure, **it is the student's responsibility** to seek clarification.)

Clinical affiliations are vital and valuable to the college and its students. As the healthcare field continues to change, COTC program leadership alters clinical experiences in order to meet arising changes, trends, and to maximize the quality of healthcare education. Student assignments to clinical settings involve multiple variables. These variables include availability of skills and clients for learning, the availability of qualified faculty, and a schedule that fits with other scheduled college courses. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and the students. Due to the nature and complexity of clinical assignment plans for technical classes, individual requests for change may only be considered until a designated date because it may be disruptive to the whole process.

Clinical faculty and students are expected to always demonstrate professional behaviors in the clinical settings. Violations of agency policy or COTC policy will result in disciplinary action.

CLINICAL EVALUATION AND ATTENDANCE

The student must competently and responsibly meet legal, ethical, safety and professional standards in providing care as well as participating in academic activities. These standards include but are not limited to privacy, consent, confidentiality, and safety. The student must adhere to the policies of the program as well as to the policies and procedures of affiliated clinical institutions.

Students must demonstrate professional accountability in the clinical area, including but not limited to:

1. Be prepared for clinical experience. (Appropriate uniform and equipment, knowledge of client care and adequate sleep).
2. Report on time for clinical experience as assigned.
3. Prepare for and participate in pre- and post-clinical conferences.

4. Notify instructor prior to clinical if unable to attend because of illness or if tardy.
5. All clinical experiences, including orientation(s) are mandatory (see Attendance Policy).
6. Submit acceptable written assignments on time and in a comprehensive manner.
7. Consistently demonstrate appropriate professional appearance and behavior.
8. Refrain from illegal possession or illegal use of drugs and/or alcohol beverages.
 - a. Impaired students will be removed from the clinical setting.
9. Call for information regarding school closure for safety, weather reasons.
10. Meet the clinical objectives specified in the clinical evaluation document for each clinical course.
11. Maintain required documentation of health status annually. If required health, behavior or attire standards are not met, the student is ineligible for the clinical experience, which will interfere with successful course completion.
12. Follow facility policies and procedures during your clinical experience including the smoking policy of the facility.
13. Students are not permitted to leave the premises at clinical facilities without specific permission from the instructor. Permission may be granted after a written request by the student.
14. Students are required to complete all clinical hours and are expected to advise their course instructor of any variation from assigned hours.
15. Faculty and students must maintain appropriate professional boundaries.

Clinical Evaluations

Evaluations are done at the end of each semester on the categories listed below. Listed in the student's clinical syllabus it will state that the student will be required to do an evaluation on each clinical site they attended, each clinical instructor that they worked with (this includes adjuncts, full-time, and preceptors). The clinical instructors/preceptors are also required to fill out an evaluation on the students giving constructive criticism and honest interpretation of their clinical performance. These evaluations are anonymous so there is no fear of not expressing true interpretations of the one being evaluated. The students have access to the evaluations at any time and may make comments back to provide further feedback.

Clinical Site Evaluation

Students must submit a clinical site evaluation for each clinical site they attended. The evaluation asks the student to rate the site on a scale of 1-5 (1- being strongly disagrees to 5- being strongly agree). The following are the category of questions asked and it also provides areas where the student may make comments.

- Preparation
- Facilities
- Experiences

Clinical Instructor Evaluation

Students will be required to submit a clinical instructor evaluation for each clinical instructor that they have worked with. The evaluation asks the student to rate the instructor on a scale of 1-5 (1- being strongly disagrees to 5- being strongly agree). The following are the categories of questions asked and it also provides areas where the student may make comments.

- Coordination of Clinical Experience
- Clinical Instructor/Preceptor Knowledge and Skills
- Supervision and Performance Evaluation
- Clinical Instructor/Preceptor Behavior
- Overall Rating

Student Evaluations

Clinical instructors will submit an evaluation for each student they have contact with in the clinical setting. The instructor will rate the student on a scale of 1-5 (1- being strongly disagrees to 5- being strongly agree). The following are the categories that the students are rated by the instructors, and also space for the students to make comments.

- Appearance
- Dependability/Reliability
- Interpersonal Relations/Communications
- Quality of Work
- Overall Comments

Students with clinical experience problems will be managed according to the *Clinical Success Policy*. Students are encouraged to discuss difficulties with the clinical instructor, course instructor, and/or advisor, in that order.

INCIDENT AND PERFORMANCE IMPROVEMENT PLAN

The Respiratory Therapy Technology Program uses forms to report incidents that may occur at the University, within its clinical affiliates or off campus while representing the Respiratory Therapy Technology Program. The incident reporting forms are in the clinical handbook and available to the student at the beginning of their clinical experience.

The following are incident reports available:

- **Incident Report**

- **Critical Incident Report**
- **Performance Improvement Plan**

The **Incident Report** and **Critical Incident Report** encompass events that could occur within the college or clinical setting. The report that will be completed and will be based on the severity of the event and left to the discretion of the Program Faculty. If an incident occurs, an **Incident Report** or **Critical Incident Report** will be completed which includes a description of the event. Students may make comments about the incident on the report and signatures from Program Faculty and the student are required. Program Faculty may also require a **Performance Improvement Plan** (see description) which will be indicated at the bottom of the form.

The events leading to an **Incident Report** may include, but are NOT limited to the following:

- Excessive tardiness
- Excessive absenteeism
- AARC statement of ethics and professional conduct violations · Dress code violations
- Integrity
- Insubordination
- Technical/Communication skills
- Student expectations and responsibilities policy violation
- Unsatisfactory academic progress
- Verbal/physical acts of aggression
- Sexual Harassment
- Academic misconduct per COTC policy
- HIPAA violations
- Patient Safety

A **Critical Incident Report** may result in automatic dismissal from the Respiratory Therapy Technology Program. The events leading to a **Critical Incident Report** may include, but are NOT limited to the following:

- Academic misconduct
- HIPAA violations
- Patient Safety

- AARC statement of ethics and professional conduct violations
- Verbal/physical acts of aggression
- Sexual Harassment
- Failure to achieve “C” in RESP classes
- Failure to maintain and overall 2.0 GPA
- Drug test failure

NOTE: Incident reporting is based on the discretion of Program Faculty. These events may lead to further disciplinary action, including probation or dismissal from the Respiratory Therapy Technology Program.

- Following an **Incident Report** or **Critical Incident Report**, a **Performance Improvement Plan** will be indicated at the bottom of the incident report if deemed necessary by Program Faculty. The **Performance Improvement Plan** should describe the student’s plan of action that will rectify the event/behavior that led to the incident report. The student should be specific in his/her plan of action to ensure the event/behavior does not occur again. The student and Program Faculty will provide signatures to indicate completion. If necessary, program faculty will determine the length of time the action plan will be in effect by evaluating student performance in accordance the incident that resulted in the action plan. The student will be notified of the time frame, and it will be indicated on the action plan. If no improvement and/or resolution is noted by the program faculty in the given timeframe, the student will be dismissed from the Respiratory Therapy Technology Program.
- If a **Performance Improvement Plan** is required, the student has seven (7) to complete the plan and return to Program Faculty. If the action plan is not submitted or submitted late, the student will be put on probation and will still be required to complete the action plan in an additional seven (7) days. If the student fails to complete the required action plan within the given fourteen (14) days, the student will be dismissed from the Respiratory Therapy Program.
- If a student receives three (3) **Incident Reports** during the didactic, lab or clinical education it will lead to probation and/or dismissal from the Respiratory Therapy Program. In addition, if the student receives one, maximum two **Critical Incident** Reports, he/she could automatically be dismissed from the Respiratory Therapy Technology Program (discretion of Program Faculty).

CLINICAL FOLDER/CLINICAL PORTFOLIO

Students newly admitted to their first RESP course will be given a clinical portfolio starter packet. This packet contains information regarding set-up and maintenance of the clinical portfolio. The portfolio is the responsibility of the student and must be brought to each clinical assignment. Required information (such as Tb, CPR, Flu vaccine, etc.) must remain in the portfolio. The student is expected to provide supporting information / evidence to demonstrate clearly how they are meeting clinical criteria. The clinical instructor is responsible to review the portfolio at the start of each semester or clinical rotation, and also to review the portfolio at intervals throughout the semester.

NOTE: any time TB and/or CPR status is updated, a copy must be given to the Director of Clinical Education (DCE) of the Respiratory Therapy Technology program. Failure to maintain current health records and CPR certification as required will result in disciplinary action up to and including clinical failure.

CLINICAL AND COURSE SUCCESS

Clinical experiences are designed to enable the student to become a clinically safe and competent respiratory therapist. When a student is having difficulty performing in a satisfactory manner this policy is utilized to help ensure the student has the opportunity to demonstrate improvement to an acceptable level.

To remain in the program, students must meet academic requirements and must maintain client/patient safety during all clinical laboratory experiences. Violation of safety may result in an immediate clinical failure and administrative withdrawal. Violations may include a single serious event or a pattern of deficiency. All “single serious events” will be reviewed by the Dean as a part of the decision-making process. The following definitions of safe and unsafe clinical practice are provided as guidelines and are not all inclusive.

Safe Clinical Practice

- The student at all times acts under the supervision of a licensed respiratory therapist serving for the program as a faculty member or a teaching assistant.
- Students are expected to demonstrate growth in clinical practice through application of knowledge and skills from previous and concurrent courses.
- Students are expected to demonstrate growth in clinical practice as they progress through courses and to meet clinical expectations outlined in the clinical evaluation tool.
- Students are expected to prepare for clinical practice in order to provide safe, competent care. Preparation expectations are detailed in clinical course syllabi.

Unsafe Clinical Practice

- Unsafe clinical practice is behavior that places the patient or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress that puts the patient or family at risk for emotional or psychological harm.
- Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.

Reference:

Scanlan, J., Care, W. Dean, & Gessler, S. Dealing with the unsafe student in clinical practice. *Nurse Educator*. 2001; 26(1): 198-203.

A pattern of deficiency is a repeated performance of an undesirable clinical or professional behavior(s) as identified by the instructor(s). The behavior can occur during one or more clinical experiences to be defined as a pattern. (Examples include but are not limited to the following: chronic tardiness, disruptive clinical behavior, safety issues, and skill deficiencies). The student will be given written documentation of the undesirable behaviors and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in an unsatisfactory clinical grade which will result in a failing grade for the course in which the student is currently enrolled.

In the clinical or laboratory setting, a student who demonstrates unsafe behavior(s) which may endanger self, or others, may be dismissed and failed in the clinical or laboratory component of a course regardless of the course theory grade. Faculty have the right to dismiss the student from the clinical area if, in consultation with the Dean, the behavior is a critical issue of patient safety. This student will not be permitted to return to the clinical setting for the remainder of the semester and would receive a failing grade for the course regardless of the theory grade.

Procedure:

1. The instructor will document the undesirable clinical or professional behavior(s) performed by the student and observed by the instructor. The clinical instructor will use the *Clinical Attendance and Dress Code Deficiency Point System* rubric as an adjunct to evaluate student performance in the clinical setting. In addition,
2. The instructor will verbally and in a timely manner advise the student of inappropriate behavior(s) and the consequences of clinical failure if the behavior(s) persists. Written documentation will be provided to the student on the course clinical evaluation tool.
3. If the inappropriate behavior(s) does not improve within the specified timeframe, a conference with the student will be scheduled to develop a corrective action plan. The written *Performance Improvement Plan* (PIP) will include, but not be limited to:
 - Expected behaviors, and
 - Appropriate time frames to achieve specific and safe clinical/college laboratory performance objectives, and
 - Consequences if a student fails to comply.

4. Copies of the *Performance Improvement Plan* will be attached to the *Clinical Evaluation Tool* and given to the student, clinical instructor, course instructor, and Program Director.
5. All *Performance Improvement Plans* must be complete by the end of the semester in which the plan was written. If the *Performance Improvement Plan* is unsuccessful, at the end of the plan's specified time the instructor will assign a clinical grade of **U** and the student will fail the course regardless of the course theory grade.
6. **In the event of course failure**, the student has the right to use the *College Grade Appeal Process* – see COTC Information, Policies and Procedures manual.

Note: In the event of a single serious issue which after timely review appears to be egregious, the decision may be made to immediately remove the student from the clinical experience for the semester without following the above stated process. Examples may include but are not limited to serious medication error not caught prior to administration, patient injury, failure to communicate a serious patient change in condition, unprofessional conduct, etc.

Communicable Diseases:

Respiratory therapy is a healthcare field, and having occasional contact with patients with a communicable disease is likely. Students are expected to become knowledgeable of infection control procedures and take appropriate precautions and follow recommended steps. Students may at any time and for any procedure or duty, elect to wear disposable gloves. This is especially recommended if the student has exudative lesions or weeping dermatitis. Gloves must be changed between each patient and hands washed.

Standard Precautions:

All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

- Contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- Contaminated sharps must be placed in appropriate containers as soon as possible.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.

When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:

- Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and nonintact skin, when performing vascular access procedures, and when touching contaminated items or surfaces.
- Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
- Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
- Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
- Wash hands immediately after removal of gloves or other personal protective equipment.

Exposure Guidelines

If exposed to blood from a needle stick or blood or body fluid comes in contact with mucous membranes or an open wound during an externship the student should:

- Cleanse the area with soap and water and flush mucous membranes with water immediately.
- Report the incident immediately to the site or clinical instructor.
- The student should call his or her primary care practitioner or other health provider within 15-26 minutes of exposure to seek triage and treatment from that primary care provider.
- The site or clinical instructor and student must notify the department supervisor at the clinical agency.
- The student must complete an incident report for the clinical agency.
- The Program Director will assist the student to complete a college student accident report.
- The Clinical Site supervisor must inform the source patient of the incident and encourage the patient to have testing after consent is obtained. The exposed individual should be tested for HIV antibodies within 10 days.
 - o The Center for Disease Control recommends if the source patient is negative there is no need for follow up.
 - If the source patient is UNKNOWN or positive then repeat tests should be conducted in 6 weeks, 3 months, 6 months, and 12 months following exposure or follow the protocol recommended by the clinical facility. Neither the college nor the clinical affiliate assumes responsibility for the cost of the testing procedures.

- The Clinical Instructor and/or Program Director are to document the exposure accident and provide copies for the student file.

CLOSING, DELAY, OR CANCELLATION OF CLASSES

Classes are rarely cancelled on the Newark Campus; however, if an emergency occurs, the guidelines published in the *COTC Information, Policies and Procedures Manual* are followed.

The following guidelines apply to **class, clinical, and laboratory** experiences:

1. If the college announces that **all** COTC campuses are closed, all **class, clinical and laboratory** experiences are cancelled. **However**, these hours will be made up. The students are expected to comply with assigned makeup hours. These hours may be scheduled up through the last official day of the semester.
2. Clinical instructors, after personally assessing road and weather conditions, may call a delay in the start of clinical or may cancel clinical after consultation with the Program Director. In this instance, students should be notified using the clinical calling tree (created in individual clinicals with the instructor.) Public announcement will not occur.
 - The clinical instructor may initiate a two hour delay the evening before the scheduled clinical; however, the instructor must wait until the day of the scheduled clinical to determine if a cancellation is justified. (That is, it is not permissible to cancel the clinical the night before.)
 - A makeup clinical day will be arranged.
 - The clinical instructor must notify their clinical site/unit of the delay or cancellation.
3. Students are responsible at all times to provide current telephone/address information to the college Registrar and to the faculty.

Closing, delay, or cancellation of COTC classes are announced via radio, television, and by logging onto the COTC web site or calling the main campus number.

COURSE FEES

Course fees are associated with many of the respiratory therapy technical courses. The fees are used to defray the cost of consumable supplies used as part of course instruction, for special kits prepared for student use, and student evaluation of competencies. Course fees may also include costs for standardized testing and associated remediation options. The course fees are added by Fees and Deposits after you register for the class.

Students are responsible for all course fees.

CPR CERTIFICATION

Clinical sites require the certification provided specifically by **The American Heart Association—Health Care Provider course**.

CPR certification is a pre-requisite for all clinical courses. It includes adult, child, infant and the automated external defibrillator.

In order for students to attend clinical experiences, CPR certification **must be current** at all times. **It is the responsibility of the student to keep CPR certification up to date. Students should plan their recertification course at least 30 days prior to the expiration date.** It must be current according to The American Heart Association standards.

If a student is unable to attend clinical experience because of an expired CPR certification, the student may not make-up the clinical experience and must withdraw from the course if there is sufficient time to do so or the student will fail the course.

A copy of the CPR certification is placed with the student's health information. The student is required to provide a copy of CPR updates to the Program Director, as well. **The student should be aware that clinical agencies may request copies of students' CPR certification to verify compliance.**

Students may contact The American Heart Association for more information at:

614-848-6676

1-800-242-8721

www.americanheart.org

www.cpr-ecc.org

A CPR course is offered at COTC.

CONDUCT, PROFESSIONAL

To preserve respect for all individuals engaged in the Respiratory Therapy Technology program, disruptive or offensive behavior is deemed unacceptable.

Disruptive or offensive behavior is speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior. This includes any speech or action that disrupts the harmony of the teaching-learning environment. This behavior can be spoken, written, communicated electronically, visual, and/or physical and is directed toward an individual or a particular group.

Disruptive or offensive behavior that is reprehensible and threatening to the careers, educational experience and well-being of students, staff or faculty will not be tolerated.

Possible sanctions for the person(s) found to exhibit disruptive or offensive behavior include but are not limited to the following:

- Oral or written warning (documented)
- Oral or written reprimand (documented)
- Required attendance in sensitivity program and/or documented counseling experience
- Apology and/or restitution to the victim
- Suspension or dismissal from the program
- Suspension or dismissal from the College

PROFESSIONAL CONDUCT

American Association for Respiratory Care Statement of Ethics & Professional Conduct

In the conduct of professional activities, the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. The Respiratory Care Practitioner shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Actively maintain and continually improve their professional competence and represent it accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within the scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.
- Provide care without discrimination, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts, and refuse to conceal illegal, unethical, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that creates a conflict of interest and follow the principles of ethical business behavior.
- Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

CONDUCT: USE OF SOCIAL NETWORKING SITES

The Program recognizes that social networking websites and applications, including but not limited to *Facebook, Tik-Tok, Instagram, Twitter, YouTube, Snapchat*, or individual blogs are an important means of communication. The use of technology can be a valuable search tool for students and faculty when used appropriately. The expectation is that these resources will not be used in patient care areas but will be utilized if appropriate in classrooms or conference rooms under the supervision and guidance of the course and clinical instructors. Unfortunately, the use of technology has been shown to create potential liability for the student, faculty, and the college.

Students and faculty alike should keep in mind that even with privacy settings in place, information is still public and subject to disclosure after deletion. Students are held to the same professional, legal, and ethical standards as licensed personnel and must follow all agency policies and restrictions at the clinical site. Posting certain information is illegal, and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability. **The following actions are strictly forbidden:**

- You may not post or communicate any patient-related information or information which may potentially identify a particular patient. Removal of the patient's name does not solve this problem – inclusion of gender, age, race, diagnosis, etc. may still allow the reader to recognize the identity of a specific individual. Violation of this requirement may result in disciplinary action up to and including dismissal from the program, as well as other liability for violation of HIPAA (the Health Insurance Privacy and Portability Act of 1996).
- You may not take photographs or videos in patient care areas. Any photographs or videos taken in violation of this policy may not be transmitted by any means, including electronic.
- You may not post or communicate private academic information about another respiratory student, including but not limited to grades, narrative evaluations, or adverse academic actions.

In addition to the absolute prohibitions listed above, the actions listed below are **strongly discouraged**. Violations of these guidelines are considered unprofessional behavior and may be the basis for disciplinary action:

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
 - Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

- Posting of potentially inflammatory or unflattering material regarding a fellow student, faculty member, or administration.
- Online contact with patients or former patients. This is a boundary crossing.

It is important to remember that what one person considers offensive may not be offensive to others. However, any student or faculty member who is aware of the use of social networking sites for any of the above prohibited purposes is required to report the misuse. Failure to report is a violation of this policy as well as the college's *Code of Student Conduct*, item O and may result in disciplinary action up to and including course failure and dismissal from the program.

Faculty are discouraged from “friending” students while the student is actively enrolled in a COTC program. Faculty should always maintain professional boundaries. When using social networking websites, students and faculty are strongly encouraged to use a personal e-mail address as their primary means of communication, rather than their cotc.edu address. Students and faculty are expected to always maintain professional standards of behavior.

Students who wish to record lecture must obtain the instructor’s permission, be responsible to turn recorders off when requested and turn them off during breaks. Any recorded material shall not be copied, published or used in any public forum (including social media), but is to be used only for personal study.

Note: final determination regarding violations of this policy resides with the Program Director who may also collaborate with the Dean for Technical Studies, the Provost and/or the Ohio Attorney General’s Office for further guidance. Clinical partner agencies reserve the right to request disciplinary action for any student who violates that agency’s policies, and the agency may request that the student be prohibited from that clinical site. This will put the student at risk for program completion as the college may not be able to place the student at another clinical site.

References:

Brous, E. and Olson, D. (2017). Lessons learned from litigation: Legal and ethical consequences of social media. *American Journal of Nursing*, 117(9), 50-54.

National Council of State Boards of Nursing. (2011). *White paper: A Nurse’s guide to the use of social media*. Retrieved from https://www.ncsbn.org/Social_Media.pdf

Ohio Administrative Code, 4723-5-12. Retrieved from <http://codes.ohio.gov/oac/4723-5-12v1>

Ohio Nursing Board Defense Counsel. (2017). *Ohio nurses and social media*. Retrieved from <https://legalcounseltoprofessionals.wordpress.com/2017/01/30/ohio-nurses-and-social-media/>

Westrick, S. J. (2016). Nursing students’ use of electronic and social media: Law, ethics, and e-professionalism. *Nursing Education Perspectives (National League for Nursing)*, 37(1), 16–22. <https://doi.org/10.5480/14-1358>

DRESS CODE

A professional, well-groomed, neat appearance is expected in the clinical setting and at professional functions. This includes clinical orientation, classes at the clinical site (such as computer training), fingerprinting, etc. or any situation which requires the student's presence at the clinical site. If a student does not meet the specified attire and hygiene standards, the instructor may send the student home and request immediate compliance.

1. Good personal hygiene is expected at all times.
 - a. Several clinical agencies have very strong standards regarding smoking and the smell of smoke on uniforms. Students may be sent home if offensive odor is noted - this will be considered an unexcused absence.
2. **The COTC student uniform is to be worn at the clinical site at all times.** The uniform is to be kept neat and clean. Pants must be worn properly and pulled up to the waist. Students are not permitted to roll the waist down, showing undergarments. Refer to the *Student Uniform* policy for more detail.
3. **The COTC student identification badge is part of the required uniform and is to be worn at all times in the clinical setting. Behind the name badge the blue and white STUDENT tag is to be worn at all times.** Name badges are to be worn above the waist. Affiliating agencies may require additional specific identification.
4. Cosmetics may be worn with discretion. No perfume, scented after-shave, cologne or scented hand cream or products are permitted.
5. Fingernails must be of reasonable length (not visible when looking at palms). Nail polish is not permitted. **Acrylic nails or artificial nails of any kind (such as overlays, tips, etc.) are not permitted.**
6. Hair must be clean, neat, and off the face and shoulders. Hair color is to be a "natural" hue. The determination of "natural" hue is made by Administration and/or the clinical agency.
7. Facial hair should be neatly trimmed and maintained. Students should be aware that some clinical agencies may prohibit facial hair due to improper fit of facial masks.
8. **Jewelry:** Small, non-dangling earrings may be worn for pierced ears – in the **ear lobe** only and limited to one pair. "Non-dangling" is defined as a post or stud only. Gauges are not permitted. Items worn on a chain around the neck must be concealed. A plain wedding band may be worn. No further jewelry is permitted.
9. **Piercings:** No visible body piercings are permitted. This includes tongue piercings. A clear "spacer" may be worn in a pierced nostril.
10. No visible tattoos. (Must be covered.)
11. Any accessories in the hair or on the head should be limited to a single color of black, white, or blue in the clinical or laboratory setting.
12. **Religious attire:** The Program will grant a student's reasonable request for religious accommodation where doing so does not conflict with reasonably necessary Program goals. Upon request, the Program will make reasonable efforts to accommodate students' attire that is

related to their sincerely held religious beliefs. The student is obligated to make Program Administration aware of the need for religious accommodation in advance of the need for the accommodation. The Program may limit religious practices that put public safety, health, or the human rights of others at risk.

- a. Students should be aware that clinical agencies may have their own dress code requirements with which we are obligated to comply. Failure to comply with agency policies may result in the student being unable to complete course requirements.
- b. Students who wear a head scarf (such as a hijab) are asked to limit the scarf to a single color of black, white, or blue in the Laboratory or clinical setting. Sequins or other items that are subject to detachment are prohibited.
- c. Facial veils are prohibited in the Laboratory or clinical setting.

Failure to comply with dress code will result in points deducted per the clinical rubric. Repeated offenses may result in dismissal from the clinical site with no opportunity for make-up, resulting in an unsatisfactory and failure to complete the course.

DRESS CODE, STUDENT UNIFORMS

Students are responsible for appropriate cleanliness, attire, and behavior at all times. The official COTC uniform is to be worn during all clinical experiences. If a student is visiting an affiliate agency (e.g., to gather assignment information relevant to clinical preparation or to complete orientation requirements), the uniform and name badge is to be worn. Shorts, blue jeans, sweatpants, and open-toe shoes (e.g. sandals, flip flops, etc.) are **not** appropriate attire when visiting affiliate agencies.

The official COTC Student Respiratory Therapist Uniform is **required**.

1. The student must order the embroidered clinical top through the campus bookstore. Financial aid can be used to purchase the uniform.
2. Students must have a minimum of one COTC-approved uniform. **Males:** official blue scrub pants and blue COTC top. **Females:** official blue COTC top and blue scrub pants or blue skirt. The uniform must be an appropriate size. The cardigan **white** lab jacket is optional with COTC patch properly sewn on right sleeve. An appropriate long-sleeve **white** shirt may be worn under the uniform top for warmth or to cover tattoos.
 - a. Appropriate long sleeve shirt is defined as a pure white, smooth knit (such as jersey knit).
 - b. A student may also wear a matching royal blue scrub jacket embroidered with the COTC logo or have the COTC patch properly sewn on the right sleeve as an option.
3. Clean, matching socks should be worn. If socks can be seen, they should be white, black, gray, navy, or royal blue. White panty hose are to be worn with skirts. Appropriate non-visible undergarments are required.

4. Clean, athletic or health professions style shoes that are primarily white, black, gray, navy, or royal blue are to be worn with the uniform. No fluorescent colors should be worn.
5. Required uniform accessories are a watch with a second hand, bandage scissors, stethoscope, black ink pen, and a pulse oximeter
6. COTC student identification badge is to be worn at all times, positioned above the waist. (See Dress Code and Professional Standards Policy). Behind the name badge the blue and white STUDENT tag is to be worn at all times.

Failure to comply with the COTC dress code at the clinical site will result in being dismissed from the clinical site and an unsatisfactory rating being given for the day. The day must be made up. If failure to comply with the COTC dress code at the clinical site occurs a second time the student will be dismissed from the clinical site. This will be an unexcused absence; no make-up is allowed, and failure of the course will result.

DRESS CODE: SKILLS LABORATORIES

Activities in the Skills Lab necessitate that the student successfully complete requirements that reflect the provision of care in the clinical setting. Care must be taken to maintain sterile field, maintain patient safety, and promote the trusting relationship between the patient and the respiratory therapist.

The program Faculty realizes they have a responsibility to create an atmosphere conducive to learning. The atmosphere in the Labs should be professional in nature, and as close as possible to what the student will experience in the patient care setting. Therefore, in addition to the requirements of *Policy 11.0 Dress Code* and *Policy 11.1 Student Uniforms*, students are expected to comply with the following requirements when assigned to any Lab activity:

- Students are required to wear the COTC respiratory therapy student uniform whenever they are in the Lab. To prevent wear and tear on the official uniform top, students are permitted to wear a clean white or royal blue scrub top to the Lab.
- All other policy requirements regarding hair, nails, jewelry, and shoes are to be followed.

DRUG SCREENING POLICY

Applicants to the Respiratory Therapy Technology Program are required to test negative for drug and/or alcohol use/abuse before entering the Program. All test results, positive or negative, will be sent to Academic Affairs. **All costs for testing are the student's responsibility.**

Any applicant who tests positive for illegal drugs or drugs not medically prescribed for that applicant will lose their admission seat and will not be permitted to reapply to any COTC health

sciences program. The student may file an appeal of the admission denial. The appeal will be reviewed, and a decision will be made if the student is eligible to reapply at a later date.

Any student seeking admission to the program who knowingly and intentionally attempts to provide a substitute or adulterated specimen will lose their admission seat and will not be permitted to reapply to any COTC health program.

For any initial result reported as “negative diluted”: The applicant will be required to repeat the screen within a specified timeframe at the applicant’s expense.

Students already in the sequence of technical courses: Any instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggests impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution’s policy. Students testing positive will be administratively withdrawn from the current semester, will **not be** permitted to return to the sequence of respiratory courses, and will not be permitted to reapply to any COTC health sciences program.

Any student currently enrolled in the program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen is subject to immediate dismissal from the program and will not be permitted to reapply to any COTC health sciences program.

GRADING SCALE FOR RESPIRATORY THERAPY TECHNICAL COURSES

The assessment methods used by faculty to evaluate students is written in the respiratory therapy technical course syllabus by the faculty member teaching the course. However, a common grading scale is used in the program. The grading scale is as follows:

92%-100%	=	A
85% - 91%	=	B
80% - 84%	=	C
73% - 79%	=	D
Below 73%	=	F

The Respiratory Therapy Technology Program does not round grades.

In accordance with college policy, a student may appeal a failing course grade. The policy is included here in part – full details on the procedure may be found at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

Grade Appeals

A student may appeal the final grade (not individually graded assignments) that she or he received in a course if she/he feels that the final grade was awarded unfairly.

A grade appeal *must* be based on one or both of the following criteria: mistake (for example, the instructor did not calculate the student's course point total accurately) or bad faith (for example, the syllabus notes that a lack of class participation will not affect final grade calculations, but the instructor lowers the student's final grade expressly because the student had failed to participate in class).

STUDENT HEALTH: GENERAL REQUIREMENTS

COTC is contractually obligated to affiliated healthcare agencies regarding assured health status of students. Each student is responsible for verifying his/her health status as required by the program and our affiliated clinical agencies. The student should be aware that a clinical agency may request copies of health information, such as vaccine records, to verify compliance.

Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. When questions or symptoms exist, the faculty may request that a student obtain written verification of his/her health status from their healthcare provider. If a student has experienced a health alteration which has the potential to negatively impact the student's clinical performance, the faculty may request a medical release from the student's physician verifying they may perform **without limitations**.

Students admitted into the program must comply with immunizations and other health requirements by the provided deadline. **Failure to do so will result in progressive disciplinary action up to dismissal from the program.** Students are expected to remain in compliance as long as they are actively enrolled in technical respiratory courses.

The student must inform the Program Director of any disability, change in health status and/or therapy which may affect ability to safely perform the role of student. The student may be required to provide a written release from their physician, verifying that they may perform without limitations.

- The physical exam and immunization form must be completed by a physician or nurse practitioner designee. A physical exam must be completed within the last 12 months. **All documentation must be complete BEFORE the deadline provided by Administration.**
- **All required immunizations should be current.** See Immunization Policy.

- The Director of Clinical Education (DCE) will collect and review the documentation for the student health folder.
- Students must keep a set of all personal health information. **The Department retains student health files for one term after graduation. After that date, all health files are destroyed.**
- Students who are identified as having possible **latex allergy** must be medically evaluated about potential risk and are strongly urged to consider another field since latex is prevalent in the healthcare environment. Students with confirmed latex allergy continue in the program at their own risk. The College assumes no responsibility for exposures and possible resulting student health problems.

Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete. Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student must withdraw from the course or will receive a failing grade in the course.

STUDENT HEALTH: IMMUNIZATIONS

COTC is contractually obligated to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes. **Failure to comply with this policy will result in the student not being able to attend the required clinical or practicum portion of their program.**

TB: this test is required by the State of Ohio (3701-17-07)

- If the student has **never** received a TB skin test, or it has been longer than 12 months since the last test, a 2-step Mantoux test is required.
- If the student has participated in annual TB testing, the most recent results must be within 12 months of admission – otherwise, a 2-step Mantoux is required.
- The student will comply with annual TB testing during the time they are enrolled in clinical courses. The test shall be repeated annually within thirty days of the anniversary date of the last testing. **CLARIFICATION: students are expected to complete annual TB testing prior to their anniversary date. Failure to comply will result in disciplinary action.**
- Written evidence must be provided. Negative results should be written in mm (e.g. 0mm)

Students with a baseline positive or newly positive tuberculin skin test (TST) or blood assay for Mycobacterium tuberculosis (BAMT) should receive one chest radiograph to exclude a diagnosis of tuberculosis (TB) disease; or submit an interpretable copy to the Director of Clinical Education/ Clinical Coordinator. After this baseline chest radiograph is performed and the result is documented, repeat or routine radiographs are not needed unless:

- Symptoms or signs of TB disease develop; or
- A clinician recommends a repeat chest radiograph.

Instead of participating in serial testing for *M. tuberculosis* infection, **students with a positive test result for *M. tuberculosis* infection will receive annual TB symptom screening.**

Serial or routine follow-up chest radiographs are not recommended for students:

With documentation of a previously positive test result for *M. tuberculosis* infection.
 Who are being treated for latent TB infection (LTBI) or for TB disease; or
 Who are asymptomatic with negative test results for *M. tuberculosis* infection.

Reference: www.cdc.gov/tb

Tetanus:

- A tetanus/diphtheria (Td) booster is required if 10 years have elapsed since the last booster.
- The *CDC Advisory Committee on Immunization Practices* recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Tdap dose. Tdap is required for the COTC Respiratory Program.

Reference: ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis, posted April 4, 2011
<http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf>

Measles, Mumps and Rubella:

- Student must provide written evidence of the required two vaccines: OR
- Provide written documentation of titer results (verbal history of disease is not reliable).
- NOTE: students should review *Recommended Adult Immunization Schedule – United States, 2023*

Varicella:

- Student must provide self-report of history of varicella disease (chickenpox); OR
- If unknown or no history of disease, student must provide results of varicella titer; OR
- Provide written documentation of two (2) varicella vaccines given no less than one month apart.

Hepatitis B:

- Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series; OR
- Provide evidence the student has started the series and has had at least the first injection in the

series by the first day of class; OR

- Provide written documentation of titer results.
- NOTE: students who are admitted to the program with only the first of the series of three injections are expected to complete the series as required and are accountable for providing evidence to the Director of Clinical Education/ Clinical Coordinator.

Flu:

- Student must provide written evidence of having received the seasonal flu vaccine within the past 12 months, AND
- Student will maintain compliance with annual seasonal flu vaccine requirement during the time they are enrolled in clinical courses.
- Student must provide written evidence of having received the H1N1 flu vaccine once it becomes available.
- **Effective Autumn semester 2013, students who report an egg allergy are expected to receive FluBlok, which does not use the influenza virus or chicken eggs in its manufacturing process. (See CDC Media Advisory, released 6/20/13)**

COVID-19:

- Most of our clinical facilities require vaccination for COVID-19 or an approved exemption.
- Student will maintain compliance with vaccination requirements of facilities during the time they are enrolled in nursing courses.
- If you require an exemption, the paperwork should be filed with the lab staff and will be reviewed by the facility where you are completing clinical for approval. We make no guarantees that an exemption will be accepted by your assigned clinical site.

Waiver

A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all of the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician's statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program.

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations. **A signed statement from the student's religious leader should be provided to support the student's legitimate objection.**

Students who are unwilling or unable to comply with the immunization policy of the Respiratory Therapy Technology Program must understand that some clinical agencies prohibit the presence of unvaccinated

students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical or practicum rotations which are a required part of the respiratory therapy curriculum.

STUDENT HEALTH: ILLNESS/INJURY DURING CLASS, LAB OR CLINICAL

1. **In the event of a medical emergency**, needle-stick, or other acute injury, the student should be evaluated immediately by the supervising instructor.
 - a. In the classroom or laboratory:
 - i. If the student appears to be in a medical crisis, call for assistance and call 9-1-1.
 - ii. Notify Security as soon as feasible.
 - b. If at the clinical site:
 - i. Follow agency policy particularly regarding needle stick or blood/body fluid exposure.
 - ii. Follow agency policy regarding potential infectious illness of the student.
 - iii. It is within the sole discretion of the supervising instructor to determine whether the student should be permitted to remain on the clinical unit, or if the student should be sent home.
 - c. The student will be solely responsible for any resulting charges.
2. In non-emergency situations, the student may verbally tell the instructor that they elect to seek care from their personal physician. Any costs incurred will be the responsibility of the student.
3. The student shall cooperate with the supervising faculty member in providing information necessary for the faculty member to make a report of the injury.

STUDENT HEALTH: PREGNANCY

1. The college supports the academic interests of students who are or may become pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program. When necessary, reasonable adjustments (such as a larger desk, frequent restroom breaks) will be provided.
2. As with any other respiratory therapy student, if the student's ability to meet expected performance standards is questioned at any time during pregnancy, the student may be required to submit a statement from her personal physician. This statement must indicate that the student is able to satisfactorily and safely perform in the clinical or classroom area without undue detriment to herself and/or the unborn fetus or baby.

3. Without such medical assurances, the student may find it necessary to discontinue her program until said medical assurances have been received and accepted. That is, until the student is medically cleared. If a student's progress through the plan of study is disrupted due to pregnancy or delivery, the Program Director will work with the student to arrange their return to the program in accordance with program policy.
4. The above policies do not mitigate the student's responsibility for maintaining her own wellbeing as well as that of responsible behavior with respect to the fetus or unborn child. If at any time the student believes she is medically unable to continue with class/clinical responsibilities, the student should notify the Program Director immediately.
5. The student may always access her academic advisor or the college's Title IX Coordinator for questions or concerns about this policy.

Reference: Title IX of the Education Amendments of 1972, 20 U.S.C. §1681 *et seq.*

STUDENT HEALTH: CHRONIC HEPATITIS B INFECTION

Applicants with chronic hepatitis B infection are eligible for admission to Allied Health Programs and shall not be denied admission based solely on their hepatitis B status. This is in compliance with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and Title VI of the Civil Rights Act of 1964 (Title VI).

Federal civil rights laws broadly prohibit discrimination on the basis of disability. However, those laws do not require schools of higher education to permit an individual with a disability to participate in particular activities if doing so would pose a direct threat to the health or safety of others. All students with chronic hepatitis B infection who are applying to an Allied Health program will be evaluated on an individual basis to determine if there is a direct threat to the health or safety of others.

The Centers for Disease Control (CDC) provides the following recommendations for the management of students who have hepatitis B – recommendations with which COTC will comply:

- Chronic hepatitis B infection, in itself, should not preclude the study or practice of Allied Health professions.
- Pre-notification to patients of the hepatitis B status of the clinician should be discouraged.
- Allied Health students who do not perform exposure-prone invasive procedures should not be subject to any restrictions of their activities or studies.
- Standard precautions should be rigorously adhered to in all health-care settings.

All student health records shall remain confidential. Questions or concerns about any student's health status shall be referred to the Dean for Technical Studies for review.

Reference:

CDC (1991) *Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures*, available at www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm

Communication from the Department of Justice, Department of Health and Human Services, Department of Education. Received June 2013.

LEARNING ENVIRONMENT

Classrooms, clinical facilities, and the skills laboratory are the places where most of the students' formal instruction takes place. The environment in each of these areas must be conducive to learning. Faculty believe in and value the rights of all students, faculty, staff and clients. Therefore, a faculty or staff member may ask a student who is disruptive, impaired or displaying an attitude not consistent with professional standards to leave the classroom, laboratory or clinical agency immediately. As soon as is possible thereafter, the faculty/staff member, student and Program Director (if needed) will formulate an agreement regarding the consequences of inappropriate behavior.

By COTC policy, children are not allowed in classroom or laboratory settings for any COTC scheduled class.

Children are not permitted at the clinical site.

All cellular phones, beepers, and pagers must be turned off in the classroom, laboratory, and clinical agencies.

LAB AND SKILL RETURNS

Many courses have specific skills that students must successfully complete in order to pass the course. Students are expected to safely demonstrate core pulmonary, physical assessment and pharmacology skills utilizing scientific principles in order to achieve a satisfactory grade in college lab. Passing at the satisfactory level will permit the student to perform the procedures in the clinical setting.

- Students must bring their COTC course skill card to each scheduled skill return. Failure to bring the skill card will necessitate re-scheduling the skill return.
- Students must plan skill practice time in the lab to be successful. Students are expected to independently practice skills in the lab. Students will not be permitted in the lab practicing a

skill or returning a skill when they are scheduled for respiratory classes. **There are no open lab times. All lab activities must be supervised by a member of the Respiratory Therapy faculty.**

- Students cannot practice a skill with an instructor and then return the skill at the same time. There must be 24 hours between skill practice and the skill return.
- A student having difficulty mastering a skill is encouraged to speak with the instructor and create a structured learning plan.
- Students must sign out and return any borrowed resources from the lab. Students are responsible for replacing any lost or damaged items borrowed from the lab.
- Students will be provided with written skills rubrics that clearly state the required process for the skill. Skills returns may be observed and evaluated by course faculty or other assigned faculty as appropriate.

Generally, students will be given three opportunities to successfully complete an assigned skill. These are to be taken seriously, and due to this, a two percentage points off of your final class grade for each failed attempt at completing. After 3 failed attempts at passing the check-off the student will not be allowed to perform that procedure in the clinical setting which could result in failure of that semester. If the second return is not successful, then a remediation plan is created for the student in collaboration with course faculty. The third and final skill return is done with the course faculty.

The student may request a second faculty member jointly evaluate the skill return with course faculty at the third and final assessment. The course faculty makes the final decision for the course grade.

A second clinical check-off will be done on an actual patient with instructor supervising, once the student show competence in the procedure the instructor or preceptor will check-off the student which allows him/her to do the procedure on their own without direct supervision.

PROGRAM COMPLETION

Each student must fulfill all courses and terms/conditions as specified in the respective plan of study. This includes achievement of designated outcome competencies if applicable. To qualify for an Associate of Applied Science Degree in Respiratory Therapy Technology, students must achieve a minimum 2.0 grade point average. All fees must be paid in full, including library fee, in order to graduate.

In accordance with COTC academic policies, a student must petition for graduation **prior** to the semester in which he/she intends to graduate. Refer to the COTC academic policy “Graduation” for complete

details at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

If a student has a documented disability defined by the “American Disabilities Act” (ADA), accommodations are authorized only by the Board.

PROMOTION THROUGH THE RESPIRATORY THERAPY PROGRAM

It is important for the student to focus on coursework in order to be successful in the program. Requirements for advancement in the RT program are as follows:

1. All course prerequisites must be met before admission to a course. Waivers will not be granted.
2. All courses on the plan of study must be successfully completed in the order posted. General education courses may be taken prior to the semester posted, not after.
3. A grade of “C” (2.0) or better is required in all respiratory courses, as well as all support courses (non-technical course) listed on the plan of study.
4. Students who do not successfully complete their first semester technical courses will need to apply as a new admission if they wish to pursue an associate degree in respiratory therapy at COTC. **Students may be permitted to continue in the other courses in first semester and will be given credit for successful completion. If it has been greater than twelve months since the student was in program, the student must successfully complete a competency assessment in order to retain credit for that course. The competency assessment will be designed by faculty and is intended to demonstrate competence with previously learned material. (Note that any course failure will be counted regardless of whether the student reapplies for admission.)**
5. Once the student has successfully completed the first semester technical class, progression through the program is dependent upon successful completion of the technical courses as well as pre-requisites and co-requisites. The first time a student is **unsuccessful (fails)** in any technical course, the student must meet with and make a written request to the Program Director to repeat the course (see *Readmission Policy*). The second time a student is **unsuccessful (fails)** in any technical course, the student becomes ineligible to continue in the program and is ineligible to reapply.
6. The faculty realizes that students often face personal challenges throughout the course of the program, sometimes resulting in a need for the student to alter their progress. After successful completion of the first semester technical course, the student is permitted a **limited number** of withdrawals.

- If a student withdraws from **any** technical course, the student is considered dismissed and the student must make a written request to the Program Director for readmission. A face-to-face meeting with the Program Director is also required. The student is then placed on a space available waiting list to return. (See *Readmission Policy*)
 - In accordance with the *Readmission Policy*, the individual's case will be reviewed for a final decision regarding re-entry. These policies do not state or imply that every student will be readmitted to the program.
 - A student who withdraws from any technical course must re-enter that course within 12 months of withdrawal.
 - A change to audit status is considered a withdrawal.
7. A 2.0 grade point average is required for promotion within the program. Failure to maintain a 2.0 GPA will result in the student being unable to enroll in technical courses until the GPA is increased to 2.0 or above.
 8. A satisfactory grade is required in clinical experience and/or laboratory skill demonstrations. Students must meet the clinical and laboratory requirements in all technical courses.
 9. A student must adhere to all college/program policies/procedures and have no outstanding fees or unreturned borrowed equipment in order to be eligible for graduation.
 10. It is important for the student to remain aware of their progress through each course. Early recognition of difficulties is important for the student's success. The student should immediately discuss any concerns with the course instructor and should utilize other campus resources such as the student's advisor, Learning Skills Services or the Center for Student Success (CSS) as early as possible.
<https://www.cotc.edu/learning-specialist>
 and <https://www.cotc.edu/center-student-success>

RECORDS, RESPIRATORY THERAPY TECHNOLOGY STUDENT

The Gateway/Registrar maintains all student academic records. However, the Respiratory Therapy department maintains communications, clinical evaluation documents, and other supporting information pertinent to the RT student who is actively enrolled in the program.

- All clinical evaluation documents and supporting information are the property of the COTC RT Department.

- Students who want copies of academic records such as transcripts should contact Gateway. <https://www.credentials-inc.com/tplus/?ALUMTRO011046>
- Students who want copies of clinical evaluation documents must submit a written request to the RT Program Director (a request via the student's official COTC email will suffice).
- Depending on numbers of copies, the College reserves the right to charge the student for the copies.
- RT student clinical records are maintained for one year after the student graduates, then are destroyed.
- RT student health records are maintained for one semester after the student graduates, then are destroyed.
- Full information regarding the college's policy regarding student rights in relation to education records may be found at <https://www.cotc.edu/post/privacy-records-ferpa>

REGISTRATION, STUDENT

Clinical affiliations are vital and valuable to the college and its students. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and the students. The process of acquisition and confirmation of clinical sites is challenging, and sites are often confirmed very close to the start of the semester. Every clinical agency has specific requirements that must be met in order for COTC to place students at that site: student rosters must be confirmed, security clearance obtained, etc. As a result, the RT Department must enforce the following:

- RT students will complete general registration through the standard college registration process.
- Students may make changes in their course/section registered seat up until mid-term of the semester prior to the affected semester. That is, if the student is registered for Autumn semester, they may make changes up until mid-summer semester.
- After mid-term of the prior semester, no changes may be made by the student or Gateway.
- If a student has a critical issue which necessitates a change in their course/section after mid-term of the prior semester, the requests must be **submitted in writing to the RT Program Director** for review.
 - Only the RT Program Director has the authority to approve these changes.
 - The Program Director reserves the right to request documentation from the student validating their critical issue.
 - The program will work diligently to meet the needs of military personnel – copies of military orders will be requested.
- No schedule changes will be permitted within two weeks prior to start of the semester.

READMISSION TO THE RT PROGRAM

For consideration of readmission into a respiratory therapy technical course, a student **must submit a written request and meet with the RT Program Director**. The decision for readmission depends on space availability, changes in the curriculum, individual qualifications including grade point average, and any other factors that may be related to the student's ability to succeed. The student's performance to date in the program will be reviewed carefully. Repeated withdrawals due to academic performance will require the student to successfully complete prescribed remediation **before** they are resealed. Remediation will be determined by the RT Program Director in consultation with the appropriate faculty members. The following policies/procedures apply:

1. The student will adhere to the college requirements for readmission (see COTC Information, Policies and Procedures Manual).
2. Students who do not successfully complete **any first semester respiratory course** must apply as new applicant.
3. The student will submit a written request to the Program Director including desired semester of return, course(s) desired, any specific supportive information about reason for the break in education, and student plans for ongoing success.
4. The student will arrange to meet with the RT Program Director.
5. A student seeking readmission to clinical courses must have a minimum 2.75 cumulative grade point average.
6. If a student does not accept the available course space for return to the sequence of respiratory courses, the student must make a written request for future consideration.
7. Associate Degree Respiratory students who enroll in a nursing course but do not follow the procedure for requesting readmission will be de-registered from the class in which they enrolled.
8. **Students who are out of sequence for any reason, and who are successfully resealed in the respiratory therapy program, will be held to the plan of study and applicable policies of the cohort into which they are resealed.**

SAFETY, SECURITY, TRANSPORTATION

Each student is responsible to fulfill the following requirements:

Criminal Background Check – Prior to admission, all students must submit to federal fingerprint screening. The fingerprint screening is available through COTC Safety and Security Department. The cost of the investigation is subject to change without notice, payable by the student to the office of Fees and Deposits. Regardless of previous fingerprint screening the student must submit to this investigation.

Students with questionable criminal-related history will be brought to the attention of the Dean, who has the authority to determine the disposition, including discharge of a student, if indicated. Students with a criminal record may not be able to be assigned to some clinical sites due to policies and procedures at the clinical site. If this occurs, the student will be unable to fulfill the clinical objectives and therefore cannot be successful in the course.

Students with felony conviction are not permitted admission to the COTC respiratory programs. Administration may request repeat fingerprint investigation if there is reason that the student's criminal background needs to be re-verified.

Student Identification Badge - All students in Associate Degree RT program must obtain a picture identification badge at the COTC Security Department. Details will be announced in orientation. The badge is to be properly displayed at all times as part of clinical attire. Replacement cost is \$15.00 (may be subject to change).

Safety, Fire, Emergency Procedures - Each student is responsible for individual awareness of safety, security, fire, and emergency procedures on campus and in affiliated clinical settings. Orientation to policies in clinical settings is provided; attendance is mandatory. In the event any emergencies occur during a clinical experience, the students and faculty will participate in the same policies as staff at the institution, unless dismissed by the clinical institution authorities.

Transportation - All healthcare students are responsible for individual transportation to/from campus and clinical settings. During clinical experience, if a student opts to ride with another respiratory care professional or the clinical instructor, s/he does so voluntarily at their own risk. The student may choose to personally drive, following the healthcare professional.

STUDENT IMPAIRMENT

Central Ohio Technical College Program policy prohibits all students from unlawful manufacture, distribution, dispensing, possession, or use of alcohol or controlled substance while on the grounds of the clinical affiliates or the college campus.

If a student demonstrates an impaired ability to perform his/her student duties, for any reason, the student

will be removed from the classroom, clinical area, or respiratory laboratory immediately. The student will then be required to comply with an evaluation process to determine cause of the impairment, which may include alcohol and drug testing. If impaired ability is found to be related to dependence or abuse of alcohol or drugs not medically prescribed, the student will be immediately dismissed from the program and will not be permitted to reapply to any COTC health sciences program.

When in the clinical setting, agency policies supersede this policy. In all instances, payment for evaluation and drug testing is the responsibility of the student.

MEDICAL MARIJUANA

Please be advised that when it comes to medical marijuana cards, marijuana is still a controlled substance. COTC permits students to have medical marijuana cards as an accommodation; however, that does not guarantee you would have the ability to complete the Respiratory Therapy Technology Program, especially when a third party clinical site does not accept the card and requires a negative drug test.

Medical marijuana is treated very similarly to vaccine exemptions. COTC may grant a vaccine exemption to a student, but that does not guarantee that clinical sites will also grant the same exemption.

Many of the clinical sites do not accept medical marijuana cards and a positive drug screen may disqualify them from being placed at certain sites. COTC will do its best to see if sites will accept or accommodate the medical marijuana card (assuming the student is not impaired while on site) or try to place students at sites that do accept them. COTC cannot guarantee students placement at certain clinical sites if that student is not meeting the requirements of the site.

WITHDRAWAL

Students who elect to withdraw from a course and/or the college must:

1. Meet with their course instructor and Advisor to discuss the reason for withdrawal and appropriate plans.
2. Complete a "Withdrawal Survey" form available in the Student Records Office.
3. Withdraw by the semester deadline as specified in the COTC Information, Policies and Procedures Manual and as noted on the academic calendars in order to receive a "W".
4. Return all loaned materials to college lab and/or the clinical facilities. If not returned, the cost of loaned materials may be charged to the student in order to provide replacements.

NOTE: this policy also applies to any student wishing to “sit out” a semester by not registering for a respiratory course on the plan of study. If the student plans to return to the program, they should make an appointment with the Respiratory Therapy Program Director.

NOTE: The policies and procedures set forth in the Respiratory Therapy Technology handbook apply equally to all students in the classroom, laboratory, and the clinical setting. Faculty of the Respiratory Therapy Technology Program are also equally responsible for applying and abiding by the policies and procedures in this handbook.

Respiratory Therapy Technology Plan of Study

Central Ohio Technical College

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2025-2026 Academic Year

Plan of Study for the Associate of Applied Science Degree in Respiratory Therapy

COTC Program Code	RESP.AAS
COTC Major Number	005051
CIP Code	51.0908

A "C" (2.00) grade or better is required for all courses listed on this plan of study.						
<i>The student who successfully completes the courses listed below on this Plan of Study will earn an Associate of Applied Science Degree in Respiratory Therapy Technology.</i>						
KEY:	<p>* Indicates this course has a prerequisite; please see the Course Description Section on the COTC Web Page # Indicates this course requires a "C" (2.00) grade or better in order to progress and graduate from this program NT - Indicates this course fulfills a Non-Technical Course Requirement on this Plan of Study NT Elec - Indicates Elective Choice in the Non-Technical course requirement category T - Indicates this course fulfills a Technical Course Requirement on this Plan of Study T Elec - Indicates Elective Choice in the Technical course requirement category</p> <p>A TAG, CTAG, OT36 or MTAG designation indicates this course has been approved for transfer by the Ohio Department of Higher Education as a Transfer Assurance Guide (TAG), Career Technical Assurance Guide (CTAG), Ohio Transfer 36 (OT36) (fka OTM) or Military Transfer Assurance Guide (MTAG) course. For detailed transfer information visit https://transfercredit.ohio.gov/</p>					
Course Code	Course Title	Course Credit Hours	Weekly Contact Hours	Technical, Non-technical or Elective	Semester(s) Course Offered	SEM Course Approved as a CTAG, MTAG, OT36 or TAG
SEMESTER 1						
* # BIO-130	Anatomy & Physiology I	4.00	5.00	NT	AU, SP, SM	OT36
* # ENGL-100	Composition I	3.00	4.00	NT	AU, SP, SM	OT36
# HLT-110	Medical Terminology	2.00	2.00	NT	AU, SP, SM	TAG, CTAG
* # MATH-140	College Algebra	3.00	3.00	NT	AU, SP, SM	OT36
# RESP-110	Introduction to Respiratory Care	1.50	1.50	NT	AU	
# RESP-120	Respiratory Care Fundamentals	3.00	5.00	T	AU	
Total Credit & Contact Hours		16.50	20.50			
SEMESTER 2						
* # BIO-131	Anatomy & Physiology II	4.00	5.00	NT	AU, SP, SM	OT36
* # RESP-130	Cardiopulmonary Anatomy & Physiology	1.00	1.00	T	SP	

* # RESP-140	Diagnostic & Therapeutic Techniques	3.00	5.00	T	SP	
* # RESP-150	Cardiopulmonary Pharmacology	2.50	2.50	T	SP	
* # RESP-180	Clinical Practicum I	2.00	12.00	T	SP	
Total Credit & Contact Hours		12.50	25.50			
SEMESTER 3						
# SPCH-100	Fundamentals of Communication	3.00	3.00	NT	AU, SP, SM	
* # RESP-200	Emergency Care & ACLS	2.00	5.00	T	SM	
* # RESP-210	Critical Care Management	4.00	6.00	T	SM	
* # RESP-220	Clinical Practicum II	2.00	12.00	T	SM	
Total Credit & Contact Hours		11.00	26.00			

Course Code	Course Title	Course Credit Hours	Weekly Contact Hours	Technical, Non-technical or Elective	Semester(s) Course Offered	SEM Course Approved as a CTAG, MTAG, OT36 or TAG
SEMESTER 4						
* # PHIL-105	Critical Thinking	3.00	3.00	NT	AU, SP, SM	TAG
* # CHEM-100	Basic Chemistry	4.00	5.00	NT	AU, SP	OT36
* # RESP-230	Neonatal Pediatric Respiratory Care	3.00	5.00	T	AU	
* # RESP-240	Cardiopulmonary Pathology	2.00	2.00	T	AU	
* # RESP-250	Clinical Practicum III	2.00	12.00	T	AU	
Total Credit & Contact Hours		14.00	27.00			
SEMESTER 5						
# PSY-100	Intro to Psychology	3.00	3.00	NT	AU, SP, SM	TAG, OT36
* # RESP-260	Respiratory Special Procedures	1.50	2.50	T	SP	
* # RESP-265	Patient Education, Rehabilitation & Home Care	1.50	1.50	T	SP	
* # RESP-270	Respiratory Seminar	3.00	3.00	T	SP	
* # RESP-280	Clinical Practicum IV	2.00	12.00	T	SP	
Total Credit & Contact Hours		11.00	22.00			

Total Semester Credit Hours Required for Completion of Degree		65.00
<i>Non-Technical Required Semester Credit Hours</i>		30.50
<i>Technical Required Semester Credit Hours</i>		34.50

The College Reserves the Right to Change Curricula Without Notice.

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