



Lake Sumter
State College

HEALTH PROFESSIONS

Respiratory Care Program (RCP)

Student Handbook

For Starting Cohorts:
Fall 2024

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Lake-Sumter State College Respiratory Care Program

MISSION, PHILOSOPHY, AND PROGRAM OUTCOMES

MISSION

The mission of the Respiratory Care Program is to transform students to become competent respiratory care practitioners that assist the community while demonstrating high ethical, moral, and technical standards.

PROGRAM VALUES

The Respiratory Care Program is committed to the development of competent, entry-level Respiratory Therapists with the essential foundational knowledge, skills, and abilities to provide effective, ethical, and interprofessional caregiving, and evidence-based practice in disease management to improve lives.

The graduates of the Respiratory Care Program will acquire the A.S. degree in Respiratory Care. The graduates are required to successfully complete the entry-level examination that is administered through the National Board of Respiratory Care (NBRC). Upon successfully completing the entry-level exam, the graduate will be a Certified Respiratory Therapist (CRT). Florida licensure is regulated under Florida Statute, Chapter 468 by the Florida Department of Health. The CRT credential is required in order to seek licensure in the state of Florida. Application is made to the Florida Department of Health with the CRT credential in order to be licensed and seek employment. Detailed information concerning the entry-level exam, registry exam, and licensure application will be completed in the last semester of the Respiratory Care Program.

Graduates of the Respiratory Care Program are required to take the Therapist Multiple Choice (TMC) examination administered by the National Board of Respiratory Care (NBRC). Upon passing the TMC exam, the graduate is granted the Certified Respiratory Therapist (CRT) credential by the NBRC. The CRT applies to the Florida Department of Health/Board of Respiratory Care. This allows the individual to become licensed under Florida Statute, Chapter 468, and accompanying rules and amendments. Upon receiving state licensure, the CRT is able to seek employment.

Once graduates have attained the registry-eligible requirements of the TMC examination, they may take the NBRC clinical simulations examination (CSE). Upon passing both parts (TMC exam and the clinical simulations examination), the RRT (Registered Respiratory Therapist) credential is obtained. After notification of this credential is sent to the Florida Department

of Health and completion of the application process, licensure as a Registered Respiratory Therapist in the State of Florida is granted.

The Florida Department of Health Board of Respiratory Care is thorough in its requirements and background investigations associated with the licensure process. The Department of Health Board of Respiratory Care has the authority to deny licensure to applicants with a conviction for any offense other than a minor traffic violation. Prospective students should be aware that a Social Security number (SSN) is required to be issued a certificate or license by the Florida Department of Health.

Respiratory students must carefully review and adhere to the attached American Association of Respiratory Care Statement of Ethics and Professional Conduct, and the Scope of Practice for the Respiratory Care Practitioner from the AARC, a national society of health care professionals that is dedicated to maintaining the highest standards of practice in respiratory care.

STATEMENT OF PHILOSOPHY

Respiratory Care is a growing, dynamic health discipline. In keeping with the developing nature of the profession, it is our philosophy that the Respiratory Care Program at Lake-Sumter State College should reflect and respond to the needs of the community and the profession. Our efforts will be continually directed at offering current and evidence-based practices for entering trainees and supplying to the community graduates with the skills and attitudes which enable them to become competent respiratory therapists.

This philosophy will allow us “. . . to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).” (CoARC.org) and will be reflected in students achieving the required cut scores on the NBRC credentialing exams. According to the NBRC, “There are two established cut scores for the Therapist Multiple-Choice Examination. If you achieve the low-cut score, you will earn the CRT credential. If you achieve the high cut score, you will earn the CRT credential AND become eligible for the Clinical Simulations Examination (provided you meet the eligibility requirements and are eligible to earn the RRT credential). If you do not achieve a minimum of the low cut score, you must reapply for the TMC Examination. You must meet the CSE eligibility requirements, regardless of examination score.” (nbrc.org)

CoARC PROGRAM GOAL

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

LSSC VALUES

Lake-Sumter State College (LSSC) and the Respiratory Care Program value academic, professional, and personal integrity, and will:

- Strive to achieve and maintain the highest standards ensuring student achievement and success
- Seek to maintain integrity and honesty in all dealings with the diverse population we serve.
- Strive to promote a respectful and trustworthy relationship between faculty, staff, students, and the community.
- Support a learning environment built on cooperation and collaboration, working toward a common goal of improving lives within our community.

PROGRAM LEARNING OUTCOMES (PLOs)

1. Demonstrate consistent and appropriate use of the scientific principles that form the foundation of respiratory care practice.
2. Assess and applies information related to the normal and abnormal states of physiology, specifically cardiopulmonary physiology.
3. Apply the necessary critical-thinking skills, knowledge, ethical guidelines, and professional behaviors required of a respiratory therapist within a healthcare setting.
4. Appropriately apply the equipment, medical gases, and medications utilized by the respiratory therapist.
5. Communicate effectively using both oral and written formats.

REGULATORY AND ACCREDITING ORGANIZATIONS

SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSIONS ON COLLEGES (SACSCOC) to award associate and baccalaureate degrees:

Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Lake-Sumter State College. Lake-Sumter State College maintains continuous accreditation since 1966.

The Respiratory Care Program is a health science program at Lake-Sumter State College. Lake-Sumter State College is currently in the process of seeking CoARC accreditation for a respiratory care program. However, Lake-Sumter State College can provide no assurance that accreditation will be granted by the CoARC.” Address: 264 Precision Blvd Telford, TN 37690 USA Telephone: 817-283-2835. (www.coarc.com).

LSSC EEOC Policy

LSSC does not discriminate on the basis of race, color, sex, ethnicity, gender, national origin, age, disability, marital status, veteran status, employment, pregnancy, religion, sexual orientation or political affiliation. This commitment applies to all areas of LSSC and pertains to applicants, visitors, students, faculty, administrators, staff, and any and all others, including third parties, affiliated with the College. The lack of English skills shall not be a barrier to admission or participation in activities and programs. This commitment is applicable to any public K-20 education program or activity, or in any employment conditions or practices. All career and technical education opportunities are offered without regard to race, color, national origin, sex or disability.

The commitment to non-discrimination is relevant to those aspects of the College concerned with the admission of students and the employment of persons in its education programs and activities, college-sponsored programs, activities specific to Title IX, the use of college facilities, and the choice of contractors and suppliers of good and services. It addresses recruiting, hiring, training, promoting, and applicable employment conditions.

LSSC believes in equal opportunity practices that conform to both the spirit and the letter of all laws against discrimination. The College actively strives to build a community in which opportunity is equalized and facilities and human resources are utilized to develop the skills and opportunities for all groups so they can play responsible and productive roles in society.

The College President is the Chief Equity Officer for Lake-Sumter State College. To enhance effective monitoring and implementation of affirmative action, the President has appointed an Equity Officer/Title IX Deputy Coordinator who serves as a resource person for equity and is responsible for monitoring the Colleges Affirmative Action Program.

Inquiries concerning the above-mentioned commitments, including Title IX should be communicated to Rebecca Nathanson, Director of Campus Safety & Security / Title IX Coordinator; NathansR@LSSC.EDU; (352) 323-3615 Leesburg, Office SS203

Inquiries concerning implementing regulations for Title IX may also be referred to the Office of Civil Rights, 61 Forsyth Street S.W., Suite 19T70, Atlanta, GA 30303-3104; Telephone: (404) 562-6350; and Email: OCR.Atlanta@ed.gov.

INTRODUCTION

The policies stated in this handbook are consistent with college policies set forth in more specific terms, so the student majoring in respiratory care will have a concise statement of expectations. All policies apply to all students and faculty regardless of location where instruction occurs.

- **LSSC Handbook and Student Catalog** provides primary foundation for governing enrollment and conduct in the college and the program.
- **RC Program Student Handbook** provides procedures, requirements, and policies specific to the program. Information in this handbook applies to all aspects of the program and is common to all program courses.
- **RC Program Course Syllabi in CANVAS** provide policies specific to individual courses as necessary due to content, student learning outcomes, or level of progression in the program.

The program has a responsibility to ensure students are properly prepared to meet licensing and professional requirements. Therefore, program policies contained herein are subject to change. The program communicates changes and posts addendums documenting such changes.

The Respiratory Care Program Director reserves right to review unique situations and/or extenuating circumstances regarding application of program policies set forth in the handbook on an individual student basis.

ADMISSION REQUIREMENTS

1. The prospective student must gain acceptance to Lake-Sumter State College as a degree-seeking student with all required admission documents received by the Registrar's Office.
2. The applicant must complete any required Developmental Education courses.
3. The applicant must have an overall GPA of 2.0 (or higher) at the time of application and admission to the program. Complete all prerequisite courses with a C or higher.
4. The following prerequisite coursework must be completed at the time of application, and a grade of C or higher must be attained.
 - BSC 2085C
 - BSC 2086C
 - MCB 2010C
 - CHM 1025C
 - ENC 1101
 - MAC 1105
 - PSY 2012
 - Humanities*
 - Civic Literacy*

*These courses may be completed during the program under special circumstances with the approval of the Program Director.

Additional Requirements

- Completion of required immunizations and communicable disease screenings.
- Submission of a signed affidavit attesting that the applicant has not committed specific criminal acts.
- Completion of a drug screening by a department-approved vendor.
- Completion of a national background check by a department-approved vendor.
- Must be 18 years of age prior to starting clinical courses. Students under the age of 18 at the time of admission to the Respiratory Care Program must have a signed consent by a legal guardian.
- Official transcripts from all prior institutions are submitted to LSSC.
- An applicant with a specific conviction or a positive drug screening may not be accepted into the Respiratory Care Program. A positive drug screening or conviction occurring after full admission and matriculation into the program is addressed according to departmental policy and may provide cause for dismissal from the program.

NAVIGATING THE PROGRAM

PROFESSIONALISM

Respiratory Care Program (RC) professionalism combines the knowledge, skills, attitudes, and behaviors that will support the evolving needs of the public and the health care system. It involves ethical practices, confidentiality, openness to learning and accountability. RC Program students must abide by the Florida Administrative scope of practice relative to licensure and policies set forth in the LSSC Student Catalog and the RC Program handbook.

ACADEMIC INTEGRITY

The RC Program maintains value of academic integrity consistent with the College position in LSSC Catalog and Student Handbook- College Policies and Procedures. Program administration investigates all suspicions and allegations of academic dishonesty. Students identified with substantiated violations receive a grade of “F” in the course in which the violation occurs. Program holds zero tolerance for breaches of academic integrity including (but not limited to):

- Plagiarism
- Cheating
- Unsanctioned Collaboration
- Forgery
- Copyright Law Violation
- Misuse of Academic Computing Facilities

BACKGROUND REPORT INFORMATION UPDATE

Students must notify the Respiratory Care Program Director of any circumstance(s) which cause change in content of criminal background report from that conducted upon acceptance to the program. The director determines necessity for new background check and eligibility for program continuation.

Background Information Report is updated:

- First day of classes each semester
- Within 3 business days of any occurrence altering the student’s status

Falsification of update form or failure to disclose information during program enrollment results in dismissal from the program.

COMPUTER LABS

- Leesburg- HSC 204, HSC 107 & 108, College Library, Learning Center
- South Lake- SH 109, Bldg 1 room 126, College Library, Learning Center

COPIES

Respiratory Care operations staff is not available to make copies. Printing services available through the Wepa system at College libraries. Student may open an account at wepanow.com for electronic fund management or purchase pre-loaded (\$5 and \$10) print cards. Copies may be retrieved at Kiosks located in campus libraries and Learning Centers.

TUITION AND FEES

2023-2024 Academic Year Student Fees (per credit hour)

Advanced & Professional, Post-secondary Vocational, and Developmental

	In-State	Out-of-State
Tuition	\$81.20	\$329.53
Financial Aid Fee	\$5.03	\$23.06
Student Activity Fee	\$7.56	\$7.56
Technology Fee	\$4.06	\$16.48
Capital Improvement Fee	\$11.88	\$65.91
Total	\$109.73	\$442.54

COURSE FEES

ESTIMATE OF PROGRAM RELATED STUDENT FEES	
Textbooks	\$817.67
Clinical Tracking Program	150.00
Uniforms per set	125.00
Student Kit	80.00
Immunizations	660.00
Drug Testing	216.00
Advanced certifications	400.00
Lab Fees	Unavailable

- Elsevier/Evolve: assessed per semester
- Lab Fee: assessed per semester; includes expendable lab supplies used regularly during skills education, first semester of program includes lab tote.
- Random Drug Screening: provides payment for random drug screening facilitated through Castle Branch account.
- Insurance: assessed first semester: funds annual premium assessed to LSSC for blanket liability policy protecting it from patient injury claims arising from student negligence/error while participating in scheduled clinical instructional events; includes accident rider for injury to students during client care activities.

NOTE: Students may purchase their own individual liability insurance at their own expense.

DRESS CODE

General Information:

- Dress code encompasses the uniform and personal appearance requirements.
 - Uniform and personal appearance are inseparable.
 - Any time or place students wear the uniform they must adhere to personal appearance requirements.
- Students wear program uniform for all classroom and Clinical/Lab/Simulation (CLINICAL) educational activities.
 - Synchronous online sessions require classroom uniform (ex: ZOOM).
 - When uniform is not appropriate in healthcare facilities follow faculty instruction for dress and personal appearance (ex: mental health centers).
- Uniforms must be clean and neatly pressed.
- LSSC Tobacco policy applies any time and place students wear the uniform.
- Requirements subject to change in response to health care facility request(s).

Uniform:

- Purchased exclusively at Advanced Medical per information provided in acceptance letter and/or new student orientation.
- Classroom, Skills Lab, Simulation:
 - Required- Program polo shirt (long or short sleeved) and khaki pants
- Healthcare Facilities:
 - Required- Caribbean blue uniform.
 - Optional black undershirt.
 - Shoes- white, sturdy material, full heel, closed toe, white laces; clean: clogs, Crocs, or similar not permitted.
 - Undergarments- white or skin tone to be inconspicuous; full coverage and support.
 - Accessories-

- Analog Watch: simple design, analog with second hand, color of student's choosing.
 - Stethoscope.
 - Bandage Scissors: pocket size.
 - Pen Light.
 - Spiral Notebook: pocket size; and pen.
- Nametag
 - Program Tag: two provided with lab tote; worn at all times; replace lost tags for approximate cost of \$8.00 at Victory Awards and Engraving, River Plaza, Tavares, 360-600-9469.
 - Healthcare Facility Badge (if applicable): worn while on facility premises; remove upon exiting premises; return to CLINICAL Instructor after final assignment in a health care facility.

Personal Appearance:

- Hygiene:
 - Freshly showered; no body odor.
 - No strong odors from soap, hair products, etc.
 - No perfume or cologne.
 - No tobacco odor.
 - Dental hygiene for fresh breath.
- Fingernails:
 - No artificial nails- acrylic, gels, wraps, glue-on, etc.
 - No nail polish.
 - Clean; neatly trimmed even with finger length.
- Hair:
 - Natural occurring color; no extreme styles.
 - Cut or styled length must sit above uniform collar; secure long hair with accessories matching hair color and in style close to head to prevent falling over shoulders; cut or secure bangs above eyebrows.
 - Full Hair or Head Covering not permitted (unless required by religious affiliation; ex: hijab).
 - Facial Hair- maximum length of ¼ inch (#2 trimmer attachment); moustaches may not cover or exceed width of lips. Subject to change due to proper fit of N95 mask.
- MakeUp:
 - Natural, conservative colors.
 - Minimal application; no extreme creations (ex: smokey eyes).
- Jewelry:
 - Earrings
 - Permitted- one small (5mm max) stud in each ear lobe; traditional metal, pearl, or single color matching uniform; for stretched or gauged lobes insert flesh tone gauge to be inconspicuous.
 - Remove jewelry from all other visible piercings including tongue; clear retainers may be worn in multiple ear piercings.
 - Permanently placed piercings- cover with bandage.
 - Rings

- Permitted- one band.
 - Plain, flat, smooth surface; no gems or stones.
- Other- no other jewelry or lanyards permitted.
- Tattoos:
 - Those deemed offensive by faculty and/or clinical partners must be covered. Coverings must not interfere with proper infection prevention practices.
- **Anytime you are in attire that bears the LSSC Respiratory Care Program Student patch, you are to follow the guidelines outlined in the student handbook.**

DRUG SCREENING

Students participate in drug screening regimen (as indicated below) during program enrollment. Ten Panel Urine Testing is facilitated through Castle Branch account. Medical Review Officer (MRO) provides final determination for testing results. Positive test results, or failure to test within assigned testing period, results in program dismissal.

NOTE: Students monitor Lakehawk email daily for notifications.

- Pre-Attendance
 - Program operations staff emails students with assigned testing period.
 - Purchase drug screen package under Castle Branch account.
 - Test according to instructions and locations provided by Castle Branch within assigned testing period.
- Random
 - Conducted every Fall and Spring semester
 - Students are randomly selected by Castle Branch.
 - Program operations staff emails students with instructions and assigned testing period.
 - Cost included in student fees.
- Reasonable Suspicion
 - Demonstrating behavior consistent with alcohol or drug use.
 - Impaired behavior corroborated by a second program faculty, staff, or clinical facility member.
 - Program to provide testing instructions deemed appropriate to circumstances. Instructors will not permit students suspected of impairment to drive. Student must arrange for own transportation.

FINANCIAL ASSISTANCE

- **LSSC Foundation** – Located in the Health Science Center (HSC) on Leesburg campus
 - LSSC Foundation receives donations and endowments funding scholarships. Consult the LSSC Foundation for application information available at <https://www.lssc.edu/dept/foundation/foundation-scholarships/>

STUDENT SERVICES

- **Student Accessibility Services** [Student Accessibility Services - Lake-Sumter State College \(lssc.edu\)](#)

LSSC is committed to working with students with disabilities in order to provide academic accommodations in making Lake-Sumter State College an equal access, equal opportunity institution.

Students will need to register with the Student Accessibility Services (SAS) in order to receive accommodations. Be sure to register early with SAS before classes start as it may take several weeks to process your registration and to make all necessary accommodations.

Please use the link above to contact and register with SAS.

- **Student Assistance Program** [Student Assistance Program - Lake-Sumter State College \(lssc.edu\)](#)

LSSC is committed to assisting students in developing the tools to deal with stress and other troubles when they arise. The Student Assistance Program (SAP) provides support in dealing with the pressures and challenges students face during their academic and professional careers.

- **Testing Services** [Testing Area Requirements - Lake-Sumter State College \(lssc.edu\)](#)

LSSC Testing Services offers a wide variety of testing for LSSC students and the greater community. Please click on the link about and select a test to find out more information.

- **Learning Centers**

The mission of the LSSC Learning Centers is to provide a supportive and comfortable learning environment as well as multi-disciplinary academic support for students at all levels of their college careers. See college catalog for more information.

- **Advising/Guidance of Respiratory Care Students**

For advising and guidance through the Respiratory Care Program, the student is referred to the LSSC Health Professions Advisor. <https://www.lssc.edu/future-students/academic-advising/>

GRADE GRIEVANCE PROCESS (LSSC)

Grades issued by members of the college faculty can be appealed only if the grade is alleged to be arbitrary and capricious. Arbitrary and capricious is defined as the following:

- The assignment of a course grade to a student on some basis other than performance in a course.
- The assignment of a course grade to a student by resorting to unreasonable standards different from those that were assigned to other students in the same course.
- The assignment of a course grade by a substantially unreasonable, and unannounced departure from the faculty member's previously published standards.

The Respiratory Care program aligns with LSSC process for grieving a course grade. Process is located in the LSSC Catalog and Student Handbook- Student Rights and Responsibilities.

PROTECTED INFORMATION (COLLEGE AND PROGRAM)- LOGOS, HIPAA, ETC.

LSSC Administrative Procedures Manual available at <https://www.lssc.edu/about-us/policy/>

- **Advertising/Solicitation/Fundraising** (LSSC Administrative Procedures Manual 2-05)
- **Guidelines for the Use of social media** (LSSC Administrative Procedures Manual 2-20)
- **Student Activities and Service Fees** (LSSC Administrative Procedures Manual 6-12)
- **Web Resource** <https://healthcare-communications.imedpub.com/nursing-professionalism-impact-of-social-media-use-among-nursing-students.php?aid=19283>

Logo and Name Usage:

Students are not authorized to recreate, use or display the College or Health Professions logo outside of officially granted capacities. Additionally, students are not permitted to align themselves with the College or program name for purpose of any academic, financial or social cause outside of officially granted capacities. This includes activities such as advertising, solicitation, fundraising, social networking, etc.

Social Media/Networking:

Professional conduct is critical for all participation in social media and networking activities. Content shared on social media and electronic communication platforms is not private and should always be considered vulnerable to sharing despite privacy settings or closed nature of groups. Under no circumstances may you communicate or post the following:

- Information or pictures of patients; healthcare facilities or their employees and healthcare providers.
- Information learned about fellow students, instructors or program staff during educational experiences.

Students may create social media groups as an avenue to support each other's program journey. No content may cause the casual observer or participants to think a platform is an official LSSC sanctioned group. Students must abide by the following:

- Identify the group by cohort name (ex: Fall 2024).
- Set privacy as Closed Group.
- Use no College photos, logos, or branding in cover images.
- Post photos of students in the respiratory care uniform only if professional, meet all dress code guidelines, and student patch identifying LSSC and the program is not visible.
- Do not violate academic integrity.
- Do not violate LSSC code of conduct.

Fundraising:

Students must secure approval according to College guidelines for all fundraising endeavors related to College organizations or activities. Whether a member of this organization or not, students wishing to embark on a fundraising endeavor must contact RC Program Director for program approval and subsequent direction to secure College approval.

RECORDS/FERPA

Students wishing to inspect and review their academic files held by the program may submit written request for access to the Health Professions Student Coordinator.

Students' respiratory files are securely maintained and password protected within the College network.

Respiratory files contain the following as applicable per individual student:

- Program selection/acceptance forms and information.
- Program performance information.
- Program separation forms and information.
- Program readmission forms and information

Certain directory and non-directory information as established by the College is available to respiratory faculty/staff, the LSSC RC Program president, representatives of clinical partners, and CoARC as needed for program or recruiting purposes. These entities use information only within confines of their relationship with the program.

- Examples (including, but not limited to)

- Listing of Lakehawk email addresses to LSSC RC Program student president for membership recruitment and_event notification.
- Information affecting readmission requests to program administration.
- X-ID or social security numbers to clinical facilities to set up patient charting access.
- Content of Castle Branch file to clinical facilities for proof of Educational Services Agreement (ESA) compliance if requested.

Program operations staff maintains students' background report files in secure location separate from student files according to Criminal Justice Information Services and Volunteer and Employee Criminal History System (CJIS/VECHS) guidelines. Students may review but may not receive copies of background reports on file. Program does not share content of background reports on file with other entities.

REQUIRED DOCUMENTATION

State of Florida and national accreditation agencies require instruction and skills validation in clinical healthcare settings. Clinical facilities set the compliance rules (i.e., immunizations, drug screenings, background checks, etc.) students must meet to be eligible for instruction at their sites. For duration of program the following documentation, must show "complete" status with Castle Branch.

- All Students:
 - Medical Form
 - H&H and Urinalysis Reports
 - CPR Certification
 - PPD- Skin Test or Serum Quantiferon Screen
 - MMR Immunization
 - HEP B Series Immunization (or declination form)
 - TDAP Vaccination
 - FLU Vaccination (or declination form)
 - Varicella Vaccination
 - COVID Vaccination (or waiver)- If you decide not to receive a COVID-19 vaccination or meet other eligibility requirements defined by the clinical facility, you may not be allowed on those sites and may not be able to complete the requirements of your program and obtain your diploma/certification.

Students with expired documentation are not eligible to participate in clinical component of respiratory courses and risk subsequent dismissal from the program for excessive absence. Program operations staff monitor compliance and determine eligibility for clinical attendance. Students nearing documentation renewal dates receive communication from Castle Branch and program operations staff.

- Castle Branch: Sends early alert to email address provided by student in vendor account registration.

- Program Operations Staff: Provides Clinical Documentation Compliance procedure and schedule:
 - at orientation/rally to incoming students.
 - by Lakehawk email to continuing students.
- Students: Monitor Lakehawk email daily for notifications.

COURSE STRUCTURE

RC Program PATHWAY

FIRST SEMESTER	CREDIT HOURS
RET 1025C Principles of Respiratory Care	4
RET 1274C Clinical Care Techniques	4
RET 1450C Basic Physiological Monitoring	4
SECOND SEMESTER	
RET 1265C Principles of Mechanical Vent.	4
RET 1485 Cardiopulmonary Physiology	3
RET 1874L Respiratory Care Clinical I	4
THIRD SEMESTER	
RET 1295 Chest Medicine	3
RET 1875L Respiratory Care Clinical II	4
RET 1007 Respiratory Pharmacology	2
FOURTH SEMESTER	
RET 2714C Neonatal/Pediatric Care	4
RET 2876L Respiratory Care Clinical III	4
FIFTH SEMESTER	
RET 2877L Respiratory Care Clinical IV	4
RET 2930 Respiratory Care Seminar	1

RET 1025C Principles of Respiratory Care This is a lecture/laboratory course for the beginning respiratory care student. An introduction to respiratory care, the history of the profession, principles of patient safety, computer applications in respiratory care, ethical and legal implications of health care, patient education and health promotion, pulmonary rehabilitation, physical principles of respiratory care, principles of infection control, patient assessment, analysis and monitoring of gas exchange, HIV/blood-borne pathogens, and respiratory care in alternative settings are topics discussed in this course. A review of physics and chemistry for respiratory care will also be covered in this course. Students must complete this course with a grade of "C" or higher.

RET 1274C Clinical Care Techniques This is a lecture/laboratory course designed to present basic respiratory care principles and skills necessary to perform respiratory care in preparation for the first clinical rotation. Topics include storage and delivery of medical gases, indications, and hazards of medical gas therapy, humidity, and bland aerosol therapy, aerosol

drug therapy, airway pharmacology, airway management, bronchial hygiene therapy, non-invasive ventilation, and lung expansion therapy. Students must complete this course with a grade of "C" or higher.

RET 1450C Basic Physiological Monitoring This course introduces the respiratory care student to invasive and non-invasive monitoring and diagnostic evaluation of patients. Cardiopulmonary assessment is presented utilizing pulmonary function. Students must complete this course with a grade of "C" or higher.

RET 1265C Principles of Mechanical Ventilation This is a lecture/laboratory course designed to introduce the student to the mechanical ventilation of the patient and the equipment used in continuous and intermittent ventilation. Course content includes establishing the need for mechanical ventilation, selecting the ventilator mode, initial ventilator settings, patient monitoring in mechanical ventilation, therapeutic interventions, effects and complications of mechanical ventilation, and discontinuation from mechanical ventilation. Airway management and weaning techniques will also be reviewed. Students must complete this course with a grade of "C" or higher.

RET 1485 Cardiopulmonary Physiology This course covers the anatomy and physiology of the cardiopulmonary, and renal systems. Topics include acid-base relationship, gas perfusion, functions of ventilator control, ventilation/perfusion analysis, oxygen, and carbon dioxide transport, sleep physiology, renal failure and its effects on the cardiopulmonary system, and arterial blood gas interpretation. Students must complete this course with a grade of "C" or higher.

RET 1874L Respiratory Care Clinical I This course provides supervised clinical experiences with an emphasis on fundamental respiratory care procedures such as medical gas therapy, airway management, bronchial hygiene therapy, lung expansion therapy, aerosol drug therapy, and bland aerosol therapy. Students will also be introduced to non-invasive ventilation. Students must complete this course with a grade of "C" or higher.

RET 1295 Chest Medicine This course introduces the respiratory care student to the nature and causes of cardiopulmonary diseases. The etiology, clinical manifestation, pathogenesis, laboratory data, diagnostic imaging, and treatment for major chronic and acute cardiopulmonary disease entities will be presented. Disease types include obstructive and restrictive lung diseases, inflammatory, vascular, and pleural diseases, cancer and related lung masses, and infection of the lung. Students must complete this course with a grade of "C" or higher.

RET 1007 Respiratory Pharmacology This course discusses the history of pharmacology, regulatory agencies, and regulations concerning the use of drugs. Drug action, absorption, distribution, and use in the human body. Emphasis will be on respiratory drugs, cardiac drugs, polysomnography, and related drugs the respiratory therapist is exposed to in the clinical setting. Students must complete this course with a grade of "C" or higher.

RET 1875L Respiratory Care Clinical II This course provides supervised clinical experiences with an emphasis on assessment, and care of the critical care patient. The student will gain experience in mechanical ventilator management, invasive and noninvasive

hemodynamic monitoring, and airway management. Students must complete this course with a grade of "C" or higher.

RET 2714C Neonatal and Pediatric Respiratory Care This is a lecture/laboratory course designed to present respiratory care of the neonate and pediatric patients. Emphasis on physiology, pulmonary complications, and related general and intensive care procedures. Also included is neonatal transportation and assessment of the sick newborn and child. Students must complete this course with a grade of "C" or higher.

RET 2876L Respiratory Care Clinical III The student will receive supervised clinical experience emphasizing advanced modes of mechanical ventilation, patient transport, and hemodynamic monitoring. The student also will rotate through the pulmonary function laboratory, cardiac cath lab, and pulmonary rehabilitation. Students must complete this course with a grade of "C" or higher.

RET 2930 Respiratory Care Seminar This course is a capstone course dedicated to enhancing the student transition into the workforce. The course will reflect on content learned and measure knowledge against the content matrix on the national credentialing examination. Students must complete this course with a grade of "C" or higher.

RET 2877L Respiratory Care Clinical IV The student will receive supervised clinical experience in adult, pediatric, and neonatal care. During this clinical rotation, students will rotate through the neonatal and pediatric critical care units. Clinical skills will focus on adult and pediatric ventilator management, weaning, extubation, and hemodynamic assessment. Students must complete this course with a grade of "C" or higher.

STUDENT REPRESENTATION

Each Fall and Spring semester the program provides a Town Hall style forum for enrolled students. This is an opportunity for every student to voice concerns, suggestions, and ideas. We value student input toward program development and encourage your active participation in these forums.

SUCCESS TOOLS

Academic rigor and physical demands of the program challenge the best of students. Students who utilize the following services and suggestions increase program success

- Elsevier/Evolve Web Resources
- Study Groups
- Course Instructor
- Office of Student Accessibility Services (SAS)
- Center for Teaching and Learning (CTL)
- College Libraries

TOBACCO-FREE AND SMOKE-FREE ENVIRONMENT

RC Program aligns with LSSC policies regarding tobacco use. Board Rules 2.15 available at <https://www.lssc.edu/about-us/policy/>

C-COURSE STRUCTURE (lab)

SCHEDULE

Respiratory course schedules contain days and times in addition to those posted on College Banner course schedule. Students follow master calendar provided by the program each semester. Schedules subject to change for unseen circumstances after start of semester.

COMPONENTS

Each course contains a didactic (in the classroom) and lab/clinical (on or off campus as scheduled) component. Each component has unique requirements for attendance, dress code, and grading. A grade of “C” or higher must be obtained on all program requirements.

GRADING SCALE

(90% - 100.00%) = A

(80% - 89.99%) = B

(70% - 79.99%) = C

(60% - 69.99%) = D

(<60%) = F

COMMON REQUIREMENTS

The following requirements are common to all courses in program curriculum

- Course passing grade is a “C” or higher
- Meet minimum requirements of each component to pass the course.
- Complete all assigned work including that which requires revision/re-submission.
- Writing proficiency for APA Formatting.
- Adherence to due dates/deadlines.
- No mathematical rounding of scores for graded assignments or course exams.

DIDACTIC COMPONENT

ATTENDANCE

- Lecture
 - After initial attendance verification, attendance is mandatory. Attendance strongly influences success in the program.

- Tardiness is disrespectful and disruptive. Instructors reserve the right to refuse entry to late arrivers until first break.
- Rosters are maintained for program record keeping. Students may only sign for themselves.
- Exams
 - Absence
Students who do not arrive at the testing site by scheduled start time are documented as absent.

CONDUCT

- Be Prompt. Arrive prior to posted start time to set up seating area and be ready for full engagement at start of class.
- Be Prepared. Instructors expect students to actively engage/participate in the classroom. Complete text reading and preparation activities assigned by instructors prior to class time.
- Dress according to instructions provided in this handbook under Dress Code.
- Maintain an open mind and non-judgmental attitude in all interpersonal interactions.
- Demonstrate courteous, respectful, attentive behavior with instructors and fellow students. Instructors may dismiss students exhibiting disruptive behavior in the classroom.
 - Breaks- Remain in classroom during instruction time. Attend personal needs during scheduled breaks.
 - Food and Drink- No eating or drinking during instructional time. Snacking permitted during breaks. Lunch time scheduled on full-day instructional activities.
 - Visitors- Unless prearranged and approved by instructor as part of in-class project, no visitors or children permitted during educational activities.
- College Sanctioned Events- Represent the program and the profession by adherence to all College and program conduct guidelines.
- Use of cell phones, or other electronic communication devices are not permitted during instruction time.
- Use of laptops for other than course-related purposes are prohibited. Students may record lectures, but may not publish recordings without express permission of instructor pursuant to FL State House Bill 233.

EXAM GRADE RELEASE/REVIEW

Instructors release exam grades on scheduled test day as a “preliminary grade”. Exam score changes, if warranted, occur after completion of test review process (within 48 hours). A notice of “final grade” posting will be announced in Canvas and the grade will be reflected in the Canvas Gradebook. Exam Review* is a three (3) step process as follows:

1. Silent Review
 - Occurs immediately following the exam.
 - Students will have 30 minutes to silently review their own exam questions, responses, and rationales for each.
 - No smart devices are permitted.
 - No talking, discussion, or questions are permitted; first verbal expression by anyone ends review session for everyone.
2. One-on-One with instructor
 - Students requiring further explanation for specific questions, may request an individual meeting with the instructor responsible for exam content. Opportunity to review exam must occur no later than one week following the exam.
 - Opportunity is available to increase understanding, not to debate questions. Students wishing to challenge any exam question response will be provided information to complete the paperwork for Test Action Item form (step 3) by the instructor reviewing content.
3. Test Item Action Form
 - Must be submitted to the Respiratory Program Director, physically or electronically, no later than one week after the one-on-one meeting with instructor.
 - Student must provide three published, respiratory-related resources documenting support for their responses as being the BEST response to the designated exam question.
 - Textbooks are acceptable resources
 - Research articles must be peer-reviewed, based on U.S. data, be published within last five years, and have content supporting your position highlighted
 - Will be evaluated by instructor(s) and Respiratory Program Director who will render a final decision within one week of receipt.
 - Student will be notified via email of decision.
 - Adjustments to exam score, if warranted, apply to all students who took the same exam. Exams will NOT be re-examined once each exam grade is finalized.

*Adapted from Morrison, S., Nibert, A., & Flick, J. (2006). *Critical thinking and test item writing* (2nd ed.). Houston, TX: Health Education Systems, Inc.

CLINICAL COMPONENT

ATTENDANCE

- Attendance is mandatory for all Clinical experiences
- Plan to arrive 15 minutes prior to posted start time.
- Absence
 - PRIOR to scheduled start time of Clinical experience, students must communicate by phone with instructor to whom they are assigned. A voice mail or text message is expected if instructor is not available.
 - Prior to scheduled start time of outside experiences or hospital observation days, students must communicate by phone with their instructor as well as a representative of the clinical facility.
 - Students receive copy of Clinical Absence Form including Clinical make-up assignment; final signatures executed upon completion of make-up assignment.
- Tardiness
 - Tardiness is unacceptable. Students arriving late, regardless of scheduled location, are dismissed and documented as absent.
 - Students receive copy of Clinical Absence Form including Clinical make-up assignment; final signatures executed upon completion of make-up assignment.
- Readiness to Provide Patient Care
 - Students not prepared to provide safe patient care or participate in scheduled experience are dismissed and documented as absent.
 - Students are expected to actively engage/participate in the experience by completing all assigned preparation activities prior to start time. Noncompliance results in dismissal from the Clinical experience and documented as absent.
 - Dress according to instructions provided in this handbook under Navigating The Program- Dress Code. Noncompliance results in dismissal from the Clinical experience and documented as absent.
 - For all above instances students receive copy of Clinical Absence Form including Clinical make-up assignment; final signatures executed upon completion of make-up assignment.

- Missed Clinical Time
 - Students absent for Clinical, regardless of reason or dismissal, must complete make-up time and demonstrate competence in content/skills included in scheduled experience.
 - Maximum allowable absence is 10% of total Clinical hours scheduled in a course. All Clinical absences must be made up (see above).
 - Students who reach the maximum allowable absence must schedule a meeting with RC Program Director.
 - Students with documented absence exceeding 10% of total hours scheduled in a course receive grade of “U” for Clinical component and do not pass the course.
 - Completion of make-up time is mandatory. Make-up time does not reduce missed Clinical hours.

FACILITY PLACEMENT

Facility placements are made by faculty with no guarantee of any facility.

RC Program Clinical Site Sponsors:

Orlando Health-South Lake <https://www.southlakehospital.com/>

Advent Health-Waterman <https://www.adventhealth.com/hospital/adventhealth-waterman>

UF Health Leesburg Hospital <https://ufhealth.org/uf-health-leesburg-hospital>

UF Health The Villages <https://ufhealth.org/uf-health-villages-hospital>

Orlando Health – Arnold Palmer Hospital for Children

https://www.arnoldpalmerhospital.com/?utm_source=gmb&utm_medium=yext

Orlando Health Winnie Palmer Hospital for Women & Babies

https://www.winniepalmerhospital.com/?utm_source=gmb&utm_medium=yext

- **Clinical Site Placement**

Clinical Site placements are made by Program Director with no guarantee of any specific facility.

The student is required to meet with the RC Program Director or designee prior to registering for the Practicum courses.

Admission is capped at 20 students per cohort to provide each student admitted to the cohort has classroom, lab and clinical opportunities.

Students will be given guidelines and a rotation schedule prior to beginning their clinical rotation. Students will be assigned a clinical site based on the availability at the site. In order to go to a clinical site, the student must meet clinical requirements prior to the start of clinical rotation.

CONDUCT

- The following are prohibited at Clinical facilities
 - Smoking, including use of e-Cigarettes
 - Consumption of alcoholic beverages
 - Gum chewing
 - Use of cell phones or other electronic communication devices
 - Guests, children, and/or pets
 - Leaving facility or going to car after scheduled instructional event begins

- Students must demonstrate professional, courteous, respectful, attentive behavior with instructors, staff, fellow students, and clients. Maintain an open mind and non-judgmental attitude in all interpersonal interactions. Instructors may dismiss students exhibiting disruptive behavior from the experience location.

EMPLOYMENT RESTRICTION

- Restriction: Students may not attend Clinical if they worked (including “on call responsibility”) within twelve hours preceding scheduled experiences.
- Suggestion: Students who work more than 24 hours per week may jeopardize their ability to succeed in the program.
- Students may not receive compensation for any patient care provided during the clinical education experience.
- Students are to be supervised by a preceptor at all times in the clinical setting and cannot be substituted for staff.

GRADING

Assignments and learning activities scored as S (Satisfactory) or U (Unsatisfactory)

- Grade requirements: Clinical component grade determined by performance on Clinical evaluation(s) [formative and summative] and all clinically based assignments. Students must satisfy each of the following grading conditions to receive passing grade of “S”
 - Meet all requirements common to C-Course structure.

 - Earn overall grade of “C” or higher on summative Clinical evaluation(s).

- Submit all re-writes at passing score competence within seven (7) days of grade receipt for initial submission. The original grade does not change; however, students must demonstrate competence.
 - Have no more than 10% of initial work graded as unsatisfactory (U). All unsatisfactory work must be resubmitted within one week of grade posting, however, original grade stands.
- Due Dates/Deadlines: Work submitted after scheduled due date receives grade of “U”.
 - Any work not submitted by the end of the course may result in a grade of “F” Failure for the course.

MEDICATION VARIANCE

Medication errors are the leading cause of patient injury in the health profession. Medication variances causing these errors may include incorrect calculations, administration, and/or documentation. Students administer medications to patients during clinical experiences according to levels taught and mastered within each course. Medications are not to be administered without the clinical instructor present throughout course clinical rotations, or the RT preceptor assigned during the practicum semester.

PROGRAM DISMISSAL- SUMMARY LISTING

The following is a summary of reasons for program dismissal (including, but not limited to):

- Achieving course grade of below “C”.
- Exceeding maximum absence time in Clinical component attendance requirement in a course.
- Noncompliance with HIPAA regulations.
- Declining participation in required program drug screening procedures.
- Receipt of positive drug screening results.
- Neglecting to report change in local, state, or federal criminal information.
- Occurrence of criminal incident of a nature precluding continuation in the program per clinical facility guidelines.

- Result of due process proceedings, based upon written notification from a clinical facility, requesting student withdrawal from said facility.
- Endangering a patient's life or jeopardizing his/her safety:
 - Performing patient care, including skills, procedures, or medication administration without instructor knowledge and permission
 - Violating standard safety practices in the care of patients
 - Performing skills or procedures beyond those included in student-permissible clinical skills listing from healthcare facilities
- Unprofessional conduct.
- Failure to update and provide documentation of program requirements as listed under required documentation.

GRADUATION REQUIREMENTS

In order to graduate from the RC Program at Lake-Sumter State College, the student must meet the following four requirements:

1. The student must have successfully completed all pre-requisite and RC Program curriculum courses.
2. The student has an overall academic GPA of at least 2.0.
3. The student must meet college graduation requirements. See college catalog for more details.
4. The granting of the degree is not contingent upon any type of external certification or licensure examination.

READMISSION

Students who do not successfully complete the program may request readmission through preferential seating or re-application. Students must meet with Student Success Coordinator/Program Director within 2 weeks of separation from program to determine eligibility for preferential seating and discuss requirements. RC Program students are only allowed two attempts to successfully complete the RC Program. After two attempts, the student will not be considered for readmission.

TEACH OUT PLAN

Permanent

The following protocol would occur if the Respiratory Care Program at Lake-Sumter State College were to be closed:

Lake-Sumter State College would continue to offer all the courses and support that would be needed for all the students to finish the program or transfer to another program within a reasonable time frame.

Temporary

If the college has a temporary closure, notification systems would update the students with the information about the closure, safety steps that may need to be taken, and when a possible opening of the college would occur. These notifications are an LSSC Emergency Plan, LSSC Alert system, LSSC App, and LSSC Emergency Notifications and can be found at the following websites:

For temporary closures the College has the following notifications:

1. See the following website for Emergency Plan:

<https://www.lssc.edu/Safety/emergency-plan-and-procedures/>

2. See the following website for LSSC Alerts:

<https://www.lssc.edu/safety/emergency-alert/>

3. See the following website for LSSC App:

<https://www.lssc.edu/safety/Lake-Sumter-Safe-app/>

4. See the following website for LSSC Emergency Notifications:

https://www.lssc.edu/wp-content/uploads/PRO_7-13.pdf

For individual RC Program courses, the students will be notified by their instructors through the courses Canvas Announcement Site as to the changes that will be made due to the temporary closure.

All missed content will be made up in a reasonable time frame.

PROFESSIONAL ORGANIZATIONS

Students are encouraged to join the professional organizations associated with the practice to respiratory care both as a student and following graduation. The primary organizations are as follows:

The American Association for Respiratory Care (AARC)
9425 N. MacArthur Blvd. Suite 100
Irving, Texas 75063-4706
www.aarc.org

The Florida Society for Respiratory Care
P.O. Box 2500
Lutz, Florida 33548
www.fsrc.org

Benefits derived from membership in these organizations are numerous. A list of a few of the benefits is as follows:

- Reduced rates at seminars and meetings
- Professional journals mailed to your home
- Legislative input at the state and national level
- Professional protection as to compensation, etc.
- Job security through legislation (licensure)
- Opportunities for members to hold office
- Educational opportunities, scholarships, etc.
- All AARC members are eligible for a \$40 discount on the NBRC examinations

Applications for membership in these organizations are available through the Program Director, and the Director of Clinical Education of Respiratory Care, LSSC.

STATE LICENSURE

On October 1, 1984, the State of Florida adopted a State Licensure Regulation for Respiratory Therapists and Respiratory Care Practitioners. It states, in part, that “no person in the state of Florida shall perform respiratory care procedures except under the provisions of the *Respiratory Care Act* (Florida State Statutes, Chapter 468).” Examination and licensure procedures are to be followed by all respiratory care personnel.

Program graduates must apply to the Florida Department of Health’s Board of Respiratory Care for licensure. Instructions and assistance are provided to students in the proper completion of these forms. Any modification to the application process is disseminated to students. Certain conditions or criminal convictions (e.g., certain felonies, alcohol and other drug-related offenses, and psychological disorders), may preclude an individual’s

ability to obtain licensure. A student with concerns regarding these restrictions must contact the Lake-Sumter State College Respiratory Care Program Director or the Florida Department of Business and Professional Regulation (DPBR).

The Certified Respiratory Therapist (CRT) Credential: Each graduate of this program is required to take the **TMC (Therapist Multiple Choice) Exam** administered by the National Board for Respiratory Care (NBRC). Upon passing by the requisite “cut score,” the student is reciprocally granted the NBRC Certified Respiratory Therapist (CRT) credential in accordance with the Florida Department of Health’s Board of Respiratory Care.

Students are required to apply directly to the National Board of Respiratory Care to take the NBRC-TMC Exam. Upon successful completion of the exam with an appropriate score, the individual can apply to the Florida Department of Health’s Board of Respiratory Care for licensure by endorsement. Important notices and announcements related to credentialing are posted on the Board of Respiratory Care webpage at: floridasrespiratorycare.gov/. Additionally, this site provides access to the *Practice Act*, related rules and disciplinary actions, minutes from board meetings, information about credential renewal, and licensure application forms.

The Registered Respiratory Therapist (RRT) Credential: Once the program graduate has completed the **TMC (Therapist Multiple Choice) Exam** with the requisite higher “cut score,” he or she is eligible to sit for the NBRC **Clinical Simulation Examinations**. Upon passing both parts of the registry examinations, endorsement is provided through the state by completing the required forms issued by the Department of Health’s Florida Board of Respiratory Care.

All NBRC credentialing examinations first require successful completion of the **TMC Exam**. Once the individual is registry eligible, the clinical simulation exams must be successfully completed to obtain the **RRT credential**. Testing is available to candidates year-round at local computer centers.

The Florida Department of Health regulates the practice of Respiratory Therapy under *Florida Statute Chapter 468* and its related rules and amendments.

Respiratory Care Resources and Related Websites:

National Board for Respiratory Care (NBRC):

www.nbrc.org

(AARC)

www.aarc.org

(FSRC)

www.fsrc.org

Florida Department of Health (FLDOH)

www.floridahealth.gov

Essential Functions

The Respiratory Care Program reserves the right to deny admission or require the withdrawal of any student who, in the judgment of the department, gives evidence of being unable to perform the responsibilities and tasks required of the Respiratory Care profession. Essential functions represent the essential non-academic requirements of the RC program that students must master to successfully participate in the program. Students must demonstrate the following skills with or without reasonable accommodation:

1. A sound intellect

COGNITIVE AND INTELLECTUAL STANDARDS

- **THINK CRITICALLY:** Ability to identify and solve problems; identify cause/effect relationships; apply reading, lecture, and laboratory information to case study preparation; employ effective teaching, learning, and test-taking strategies.
- **COMPREHEND:** Synthesize relevant information regarding patient diagnoses, laboratory testing, indications and contraindications, human pathology, and impairments from textbooks, medical records, and professional literature.
- **PRIORITIZE:** Manage events to provide for safety; multiple tasks; integrate information and make decisions about sequence and progression.
 - **MAKE CLINICAL DECISIONS:** Be able to exercise sufficient judgement to respond quickly and appropriately to changes in patient status.
 - **SHORT-TERM AND LONG-TERM MEMORY:** Ability to accurately and quickly remember data and information relayed in exchanges with the healthcare staff; access learned knowledge to include but not limited to diagnoses, safety precautions, and emergency procedures; participate successfully in the learning and evaluation of knowledge within the RC Program curriculum.
 - **THINK QUICKLY AND CLEARLY:** Execute all duties unimpaired by any condition or substance that alters mental processing, speed or quality of thought processes or judgment.

2. Good motor skills, hand-eye coordination and dexterity, and visual acuity to perform macroscopic and microscopic analyses or to read procedures, graphs, etc.

PHYSICAL STANDARDS

- **PHYSICAL, MENTAL, AND EMOTIONAL HEALTH:** Possess the physical, mental, and emotional health to maintain alertness and concentration during an 8-hour day under the stressful conditions of technical malfunctions, time constraints, and a distracting environment; move freely and safely around the laboratory and hospital.
- **HEARING:** Auditory ability sufficient to perform patient assessment
- **PHYSICAL:** Possess the ability to: bend, stoop, stand, lift and move objects of at least 20 pounds, grasp with one or both hands, shelves, patients lying in bed or seated in a chair, perform moderately taxing repetitive tasks, often requiring prolonged sitting or standing over several hours.
- **MANUAL DEXTERITY:** Possess sufficient hand-eye motor coordination to allow delicate manipulations of specimens, instruments, and tools, grasp and release small objects, utilize a computer keyboard and mouse to operate various required equipment.
- **VISION:** Visual ability sufficient for accurate observation, collection of specimens and patient care, examples of which include characterization of the color, clarity, and viscosity of biological specimens. Discriminate color, shading, and fine structural differences of radiologic studies,

read text, numbers, and graphs in print and on a video monitor, and judge distance and depth accurately.

3. Effective communication skills

COMMUNICATION STANDARDS

- **SPEAK AND EXPRESS:** Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency, information to peers, faculty, patients, their families, and other health care providers; to explain conditions and procedures and teach home programs.
- **READ:** Reading comprehension skills and mathematical ability sufficient to understand typed, handwritten, chart data, and computer-generated documents in the English language; at a level of competency that allows safe and timely execution of essential tasks or assignments.
- **UNDERSTAND/INTERPRET:** Knowledge sufficient to understand /interpret medical terminology and information given; follow complex and straightforward instructions (oral or written) regarding patient care and testing; and respond to non-verbal communication/behaviors of self and others.
- **FOLLOW DIRECTIONS:** Accurately and efficiently, seeking clarification where necessary.
- **WRITE:** Produce legible handwritten, or computer word processed documents; use correct medical terminology, spelling, grammar, and punctuation; organize and express thoughts in written form in the English language; to prepare accurate, thorough, legally defensible patient documentation.
- **INTERPERSONAL SKILLS:** Work collaboratively; interact professionally; to establish rapport with patients, colleagues, and classmates; to resolve conflicts with individuals from a variety of social, emotional, cultural, and intellectual backgrounds; maintain confidentiality in all interactions.

4. Professional skills such as the ability to work independently, to manage time efficiently, to comprehend, analyze, and synthesize various materials, as well as to hold sound psychological health and stability

BEHAVIORAL/PROFESSIONAL STANDARDS

- **FLEXIBILITY:** To adjust to a constantly changing and demanding full-time schedule.
- **COOPERATION:** Work as a member of a team; develop positive and effective relationships with faculty, clinicians, peers, and patients.
- **RECOGNIZE LIMITATIONS:** To request assistance when needed; accept correction and constructive suggestions; assume responsibility for personal development; utilize resources effectively.
- **WILLINGNESS:** To wear required clinical attire; to participate in program activities.
- **POSITIVE ATTITUDE:** To demonstrate initiative, enthusiasm, and appropriate peer and patient interactions.
- **WORK ETHIC:** Attend class and clinic promptly and regularly; stay focused and on task during lecture and instructional time; submit work products promptly when due; conform to all classroom and clinical rules/policies; comply with all legal and ethical standards of practice.
- **STRESS MANAGEMENT:** Develop coping skills for fast-paced clinical situations; effectively manage multiple academic deadlines; respond appropriately in a stressful environment; manage personal matters outside of class/workday.

- **PLANNING AHEAD:** Proactively arrange transportation and living accommodations for/during off campus clinical assignments to foster timely reporting to the classroom and clinical center.
- **SELF CARE:** Maintain general good health and hygiene in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.

CONFIRMATION OF RECEIPT

I understand and will comply with the policies, procedures, and requirements presented in the RC Program Student Policy Handbook provided to me. All statements contained in the handbook apply during my enrollment in the program. My initials on items listed below indicate I identified particular content and acknowledge importance.

- _____ Roles of LSSC College Catalog and Student Handbook, RCP Student Policy Handbook, and Course Syllabi in governing participation in the program
- _____ Reporting changes in criminal background status
- _____ Dress code
- _____ Drug screening
- _____ Use of logos, photos, etc. on social media. Fundraising.
- _____ Information release disclaimer
- _____ Program documentation renewals
- _____ Program Success Tools
- _____ Tobacco policy
- _____ Attendance and grading for didactic and clinical components
- _____ Employment restriction
- _____ Potential Exposure to Infectious and Environmental Hazards

Print Name

Signature

XID #

Date

Fall 2024 Edition

Respiratory Care Scope of Practice

Prologue: Respiratory Therapists are health care professionals responsible for the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice crosses all patient, client, resident populations, and care sites. This may include the following settings:

- short-term acute care/hospital
- Emergency/urgent care
- long-term acute care
- sub-acute care
- skilled nursing facilities
- physician's offices
- sleep labs
- cardiac clinics and labs (e.g., cath labs)
- hospital outpatient clinics
- pulmonary clinics
- respiratory outpatient clinics
- primary care clinics
- medical industry
- homeless shelters
- patient's home

The practice of respiratory therapists is under the general direction of a physician (MD/DO). Respiratory therapists execute orders directed by licensed independent practitioners (e.g., physicians, advanced practice clinicians such as physician assistants, nurse practitioners) determined by state licensure laws where applicable. The practice typically focuses on:

- Patients across the age spectrum - neonatal through geriatric.
- Direct/indirect patient observation to include signs, symptoms, and reactions to therapeutic interventions.
- Monitoring of clinical and behavioral responses to respiratory care therapeutic and diagnostic interventions.
- Implementation of cardiopulmonary procedures, medical technology, diagnostic procedures, disease prevention, treatment management, and pulmonary rehabilitation.

- Utilization of protocols, guidelines, pathways, and policies driven by evidence-based medicine, expert opinion, and standards of practice.
- Participation in research to evaluate interventions and technology to determine their ability to define best practices and improve patient outcomes.
- Facilitation and direction of cardiopulmonary rehabilitation programs and the development of disease and care management plans, including but not limited to patient/home care caregiver education (e.g., diseases and devices), pulmonary and cardiac rehabilitation programs, utilization of pulmonary disease navigation and/or telemedicine respiratory therapy consultants.
- Provision of patient and family education activities to promote knowledge and understanding of the disease process, medical therapy, and resources available to assist in the care of the patient.
- Facilitation of health care provider education that may include but is not limited to paramedics, EMTs, nurses, residents, medical students, fellows, and advanced practice providers that may include mentorship of student clinical rotations.
- Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable (e.g., Breathe-zy Community education program, health fairs).

The responsibilities of a respiratory therapist include, but are not limited to:

1. Performance and collection of diagnostic information
 - a. Pulmonary function testing
 - b. Interventional diagnostic
 - c. Sleep studies
 - d. Noninvasive and invasive diagnostic procedures
 - e. Blood gas and other pertinent laboratory analysis
2. Patient assessment
 - a. Physical examination
 - b. Diagnostic data interpretation
3. Application of therapeutics to respiratory care
 - a. Medical gas therapy
 - b. Humidity therapy
 - c. High Flow Oxygen Therapy (HFOT)
 - d. Aerosol therapy (both with and without pharmacologic agents)
 - e. Artificial airway insertion, management, and care
 - f. Airway clearance therapy
 - g. Initiation and titration of invasive, non-invasive, and high frequency (HFOV, HFJV, HFPV, etc.) mechanical ventilation
 - h. Vascular catheter insertion, management, and care
 - i. Extracorporeal Life Support (ECLS)
 - j. Hyperbaric oxygen therapy
 - k. Cardiology interventions (e.g., ECG, cath labs)
 - l. Lung ultrasound

4. Assessment of therapeutic interventions
5. Disease management of acute and chronic diseases with and without clinical decision support systems.
6. Discharge planning and case management
7. Provision of emergency, acute, critical and post-acute care, including, but not limited to:
 - a. Patient and environmental assessment
 - b. Diagnostic and therapeutic interventions (including the administration of pharmacologic agents)
 - c. Patient air and ground transport
 - d. In hospital and interhospital transports
8. Advanced care / end-of-life planning discussion facilitators.

Effective 8/87

Revised 12/07, 12/10, 07/13

Last Revised 11/18

Last Revised 3/23

AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, 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 is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Effective 12/94
Revised 12/07
Revised 07/09
Revised 07/12
Reviewed 12/14
Revised 04/15

Clinical Check-Offs

Clinical Rotation	Check-Off Number	Competency	Class Assigned
1	2-1	Case Study Presentation	1485 / WK4 & 15
1	3-1	Documenting Progress Notes	1025C / WK 7
1	4-1	Hand Hygiene	1025C & 1450C / WK 8 & 14
1	4-2	Sterile Gloving	1025C / WK 7
1	4-3	Applying PPE	1025C / WK 7
1	4-4	Isolation Precautions	1025C / WK 7
1	4-5	TB Precautions	1025C / WK 7
1	5-2	Vital Signs-I	1025C & 1450C / WK 8 & 14
1	5-3	Pulse Ox	1025C & 1450C / WK 8 & 14
1	5-4	Vital Signs-II	1025C & 1450C / WK 8 & 14
1	8-1	Allen's Test	1025C / WK 8 & 14
1	8-2	ABG	1025C / WK 8 & 14
1	10-1	X-Ray Interpreting	1025C / WK 8
1	12-3	Using Defibrillator	1274C / WK 10
1	13-1	Bubble Humidifier	1274C / WK 6
1	13-2	Large Volume Nebulizer	1274C / WK 6
1	13-3	Sputum Induction	1274C / WK 6
1	14-1	O2 Cylinders	1274C / WK 6
1	15-1	O2 w/ Nasal Cannula or Mask	1274C / WK 6
1	15-3	High-Flow O2	1274C / WK 10
1	16-1	Incentive Spirometer	1274C / WK 10
1	16-3	EZ PAP	1274C / WK 10
1	16-4	Metaneb	1274C / WK 10
1	17-1	CPT	1274C / WK 10
1	17-2	Directed Cough	1274C / WK 10
1	17-3	Forced Expiratory Technique	1274C / WK 10

1	17-4	Cough Assist	1274C / WK 10
1	18-1	Medication Administration	1274C / WK 6
1	19-1	Small-Volume Nebulizer	1274C / WK 6
1	19-2	MDI	1274C / WK 6
1	19-3	DPI	1274C / WK 6
1	19-4	Combivent	1274C / WK 6
1	27-1	6-Minute Walk	1274C / WK 10
1	27-2	Pursed-Lip Breathing	1274C / WK 10
1	27-3	Diaphragmatic Breathing	1274C / WK 10
1	27-4	Inspiratory Muscle Trainer	1274C / WK 10
2	8-4	Blood Sample from A-line	1265C / WK 15
2	8-7	End-Tidal CO2 Monitoring	1265C / WK 9
2	11-1	Oral Suction	1265C / WK 14
2	11-2	ENT Suction	1265C / WK 14
2	11-3	NT Suction	1265C / WK 14
2	11-4	In-Line Sputum Samples	1265C / WK 14
2	11-5	Oropharyngeal Intubation	1265C / WK 4
2	11-6	ETT Intubation	1265C / WK 4
2	11-9	ETT Care	1265C / WK 9
2	11-10	Monitoring Cuff Pressures	1265C / WK 9
2	11-11	Trach/Stoma Care	1265C / WK 9
2	11-13	Extubation	1265C / WK 14
2	12-2	Manual Ventilation	1265C / WK 4
2	13-4	Mechanical Ventilation/Humidity	1265C / WK 9
2	15-2	O2 w/ Artificial Airway	1265C / WK 9
2	20-1	Preparing Mechanical Ventilator	1265C / WK 9
2	20-2	Wave Form Analysis	1265C / WK 9
2	21-1	CPAP/BIPAP	1265C / WK 9
2	21-2	Assessing CPAP or BIPAP System	1265C / WK 4

2	22-1	Initiation of Mechanical Ventilator	1265C / WK 9
2	22-2	Assessing Mechanical Ventilation	1265C / WK 9
2	22-3	Compliance Calculations	1265C / WK 14
2	23-1	Oxygenation	1265C / WK 9
2	23-2	Ventilation	1265C / WK 9
2	23-3	Recruitment Maneuver	1265C / WK 15
2	25-1	Implementing SBT	1265C / WK 15
2	25-2	Weaning Process	1265C / WK 15
2	25-3	Terminal Weaning	1265C / WK 15
2	28-3	Introducing & Fitting PAP Interface	1265C / WK 4
3	6-1	EKG	1450C / WK 8
3	9-1	Simple Spirometry	1450C / WK 6
3	9-2	FVC	1450C / WK 6
3	9-3	Flow-Volume Curves	1450C / WK 6

STUDENT CLINICAL EVALUATION

STUDENT:	DATE:
FACILITY:	DATES AT THE FACILITY:
PROGRAM KEY PERSONNEL:	PRECEPTOR(S):

For the following items, rate the student on a scale of 0-5 with 5 being the best.

5= exceptional, does not need help, can do this task without supervision
 4= does well, needs help on occasion, can do this task independently but needs supervision still on occasion
 3= does okay, needs help frequently, requires supervision routinely to complete this task
 2= needs help continuously, requires supervision at all times for this task, instructor has concerns in this area
 1= must be shown prior to completing task, may need remediation for this task to be completed
 0= cannot do, definitely needs remediation in this area

TASKS AND SKILLS

PROFESSIONAL ATTITUDE AND BEHAVIOR	5	4	3	2	1	0	COMMENTS:
Complies with the program dress code							
Uniform is neat, clean, and professional in appearance							
Maintains appropriate grooming practices							
Complies with the program policies, procedures and rules							
Complies with the facilities policies, procedures and rules							
Demnstrates good attendance							
Demonstrates good punctuality							
Student is able to adjust to unscheduled changes in daily assignments							
Student is able to accept constructive criticism and change behavior accordingly							
Student assumes responsibility for personal and professional behavior and growth							
Student pays attention to the tasks being observed							
Student maintains confidentiality							
Demonstrates efficient organizational and time management skills							
TOTALS:							
COMMUNICATION AND INTERPERSONAL SKILLS	5	4	3	2	1	0	COMMENTS:
Verbal and nonverbal communication is appropriate to situation and setting. (Body language, facial expressions, thoughts verbalized, gestures, posture, etc.)							
Displays respect toward staff, patients, and their guests							
Displays respect toward clinical instructor(s), fellow RT's, and classmates							
Deals appropriately with personal and professional frustrations							
Observes and participates responsibly during patient interactions							
Observes and participates responsibly during interactions with clinical instructor, fellow RT's and classmates							
TOTALS:							
SAFETY	5	4	3	2	1	0	COMMENTS:
Maintains a safe environment for self and others							

Maintains a safe environment for patients and their guests							
Educates the patient's, other staff as needed on safety issues							
Obtains assistance as needed to maintain safety of self and others, including patients							
Uses appropriate body mechanics							
TOTALS:							
PERFORMANCE	5	4	3	2	1	0	COMMENTS:
Able to locate the philosophy and mission of the facility							
Identifies the members of the interdisciplinary team and their roles							
Displays understanding of diversity issues in health care with patients and other staff							
Appropriately uses the medical record							
Adequately documents therapy or treatment given to patients							
Displays understanding of legal/ethical issues surrounding documentation							
Displays understanding of legal/ethical issues surrounding confidentiality							
Honors patient's rights							
Administers assigned therapy/treatments accurately (Right med, dose, patient, etc.)							
Administers assigned therapy/treatments proficiently (gathers all needed equipment ahead of time)							
Administers assigned therapy/treatments in timely manner (Therapy given on time)							
Administers assigned therapy/treatments using correct methods (proper techniques used for method of treatment)							
Able to navigate the patient chart to elicit the needed information (order, diagnosis, lab data, etc.)							
Demonstrates adequate written and verbal skills needed for job							
Able to identify critical data during assessment of patient							
Correctly performs assessments (accurate RR, HR, BBS, etc.)							
Displays appropriate level of critical thinking skills for level of education sustained							
Asks appropriate questions							
Solicits help as needed							
Demonstrates professional standards and code of ethics							
TOTALS:							

PRECEPTOR SIGNATURE:

DATE:

PRECEPTOR SIGNATURE:

DATE:

STUDENT SIGNATURE:

DATE:

PROGRAM KEY PERSONNEL:

DATE:

STUDENT CLINICAL PRACTICUM

STUDENT: _____ DATE: _____ GRADE: _____

This evaluation is graded Satisfactory/Unsatisfactory. All tasks must be completed with satisfactory marks to progress forward.

CLINICAL FACILITY: _____

PROCEDURE(S) OBSERVED: _____

ANSWER THE FOLLOWING QUESTIONS WITH YES OR NO.	YES	NO
Did the student check the chart?		
Did the student find and verify the order?		
Did the student gather the appropriate equipment?		
Did the student introduce themselves to the patient?		
Did the student explain the procedure to the patient?		
Did the student perform the procedure correctly?		
Did the student wash their hands before and after the procedure?		
Did the student use the appropriate PPE?		
Did the student document the procedure correctly?		
Was the student professional in their mannerisms with the patient and others?		
<i>The questions below do not count toward the grade, but are used for teaching moments</i>		
Did the student answer the patients questions correctly about the procedure?		
Did the student answer the instructors questions correctly about the procedure?		

PROGRAM KEY PERSONNEL COMMENTS: _____

Allied Health Programs - Respiratory Care Program

Exposure to Infectious and Environmental Hazards Policy

Prevention

Respiratory Care Program follows the guidelines and recommendations of the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding the use of Standard Precautions to prevent the spread of infection and reduce occupational exposure to blood and body fluid pathogens.

Current CDC recommendations for Standard Precautions include:

1. Proper hand hygiene
 - Hands should be washed with soap and water if hands are visibly dirty or soiled with blood or other body fluids, or after caring for patients with known or suspected infectious diarrhea
 - If hands are not visibly soiled an alcohol-based hand rub may be used
 - Hands should be washed in each of the following instances:
 - Before touching a patient, even if gloves will be worn
 - After contact with a patient's intact skin
 - After removing gloves
 - After any contact with body fluids or excretions, mucus membranes, non-intact skin and wound dressings
 - After contact with inanimate objects, including medical equipment, in the immediate vicinity of the patient
 - Before eating and after using a restroom
2. Use of personal protective equipment (gloves, gown, mask, etc.)
 - Gloves must be worn when there is a risk of contact with or when handling blood or body fluids or when there is potential for contact with mucous membranes, non-intact skin, or contaminated equipment
 - Masks, protective eyewear, and gowns must be worn along with gloves when performing or assisting with procedures with a risk of body fluid or other hazardous materials splashes or sprays
3. Safe use of injections and sharps
 - Work in well-lit areas and keep sharps disposal containers within easy reach
 - Use self-sheathing needles and needleless systems when possible
 - Do not recap needles unless required by the specific procedure being performed

- Keep exposed sharps in your view and be aware of people around you
 - Place all needles and disposable sharps in designated puncture resistant containers as soon as possible after use
 - Keep fingers away from the opening of sharps containers
4. Safe handling of potentially contaminated surfaces or equipment
- Areas in which patient care activities are performed should be cleaned and disinfected at the conclusion of the procedure
 - Reusable medical equipment should be cleaned and disinfected (or sterilized) according to the manufacturer's instructions
5. Respiratory hygiene/cough etiquette
- Cover your mouth with a tissue when coughing or sneezing
 - Use the nearest waste receptacle to dispose of tissue after use
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects
 - Wear a mask when examining a patient with symptoms of a respiratory infection

Students must notify the program's Director of Clinical Education (DCE) and either the course director (if in the didactic phase) or the clinical preceptor (if in the clinical phase) as soon as possible following any exposure to bodily fluids or potentially serious infectious disease.

Post-exposure protocol

Should an exposure to blood and/or other body fluid or a needle stick injury occur, the procedure for obtaining appropriate medical care is as follows:

1. When an exposure occurs: Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; eyes and mucous membranes should be flushed with water if there has been a contact with blood or body fluids. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. Use of caustic agents, e.g., bleach, is not recommended.
2. All exposures to blood or body fluids must be reported immediately to the preceptor AND to the program's DCE. The DCE will assist in

the notification of the appropriate contacts that the student is reporting to them for initiation of Exposure to Blood Borne Pathogen Protocol and ensure that the plan is working smoothly. The DCE will make sure that the student is appropriately excused from the rotation to complete this workup.

3. **Medical Evaluation:** It is extremely important that medical evaluation take place immediately because treatment decisions must be made within 2 hours of exposure. HIV prophylaxis for high-risk exposure appears most effective if started within 2–4 hours. It is also extremely important to evaluate the donor's risk status immediately.

Financial responsibility and program participation

1. **Financial responsibility:** Students will be financially responsible for all costs incurred during compliance with this policy, including emergency treatment, laboratory evaluation, medical treatment, and follow-up care.
2. **Program Participation:** Continued participation in the activities of the RC program will not be affected by any injury or illness that occurs while enrolled provided the student continues to meet all technical standards and fulfill all defined requirements for program progression and is not directly infectious by way of routine contact.

Remediation Plan

The Lake-Sumter State College RT Program subscribes to the principles of adult learning. Founded in these principles is the following:

1. The student is primarily in charge of his or her own learning.
 - a. The instructor's responsibility is to manage the process through which adults learn.
 - b. Students have accumulated a foundation of life experiences and knowledge.
 - c. Students are goal oriented.
 - d. Students are practical.
 - 1). Students are encouraged to assume responsibility for their own learning needs and request appropriate assistance if needed. If a student is not progressing satisfactorily resources are available to assist the student to overcome identified deficiencies. The following is a list of possible referrals that the instructor may utilize for remediation:
 - a). Tutors
 - b). Open Lab
 - c). English or Math Dept.
 - d). Counseling
 - e). Student Accessibility Services
 - f). Financial Aid
 - g). Computer Lab

Mandatory Academic Remediation

The Lake-Sumter State College RT Program faculty is committed to the success of our students. In addition to student or faculty initiated voluntary remediation, the RT Program has initiated a mandatory remediation process.

The following form is used by the Respiratory Therapy Department for remediation of academic or clinical deficiencies. Completed forms are kept in the student's file.

Academic

1. Student is identified by course faculty for mandatory remediation referral.
 - a. Any student scoring < "C" on a course exam will receive a mandatory remediation referral.
 - b. The course instructor will review this policy describing the Mandatory Remediation plan, and have the student sign and date the acknowledgment statement.
 - c. The student will meet with the course instructor. The Course Content Action Plan section will be developed in collaboration with the instructor. The follow-up dates will be identified on this form. This action plan may include one or more of the following:
 - 1). Individual review of failed exam with course instructor.

- 2). Attendance at group tutoring sessions.
- 3). Additional assignments to enhance comprehension of material.
- d. The student will be given a copy of the Remediation form with the Course Content Action Plan completed.
- e. The General Remediation Action Plan section will be developed in collaboration with the student with follow-up dates delineated. This action plan may include strategies for improvement in one or more of the following areas:
 - 1). Test taking skills
 - 2). Evaluation of work hours
 - 3). Personal Issues
 - 4). High Risk Identifiers
 - 5). Additional factors identified through discussion with the student
- 2. Actions must be completed by dates identified.
- 3. Completed remediation plan with all actions completed must be signed by the student and course instructor for final sign-off by the date specified. This is typically the next testing date.
- 4. A copy of the completed remediation plan will be given to the course instructor, and a copy will be maintained in the student file. This is typically the next testing date.

Lab check-offs

- 1. Content will be presented during class lectures.
- 2. Students will complete the skill in the presence of 2 separate peers, at two different times. Upon correct completion of the skill, the observers will provide signatures on the check-off form.
- 3. During the identified lab skills days, each student will correctly complete the skill in the presence of an approved instructor.
 - a. Unsuccessful completion of a skill during an identified lab skills day will result in a remediation referral.
- 4. The student will meet with the course instructor to develop an action plan.
 - a. The action plan will require a minimum of 3 hours in open lab the week following the initial lab skills day.
 - b. The student will schedule a time to attempt completion of the skill with a different instructor.
 - 1.) Unsuccessful completion of a 2nd attempt at a skill check-off will result in an additional remediation referral.
 - a.) The student will schedule a 2nd meeting with the course instructor to extend the remediation action plan.
 - b.) The action plan will require a minimum of 3 hours in open lab the week following the 2nd attempt at the skill check-off.
 - c.) The student will schedule a 3rd and final attempt at completion of the skill with both the DCE and Program Director. This attempt will be recorded for review if needed.
 - 2.) Unsuccessful completion of a 3rd attempt at a skill check-off will result in failure of the course.

Clinical

- 1. Student is identified by clinical preceptor for mandatory remediation referral.
 - a. Any student with unsatisfactory performance in clinical will receive a mandatory remediation referral.
 - b. Clinical preceptor will consult with Director of Clinical Education (DCE).
- 2. Student will meet with clinical and DCE to develop a collaborative Clinical Action Plan.
 - a. The action plan may include strategies for improvement in one or more of the following areas:
 - 1). Clinical skills

- 2). Critical thinking
 - 3). Time management
 - 4). Additional factors determined through discussion with student.
3. Actions must be completed by dates identified.
 4. Action plan must be signed by appropriate faculty as indicated.
 5. Completed remediation plan will be maintained in student file.

*A MANDATORY REMEDIATION PLAN IS A FORMAL COURSE REQUIREMENT. FAILURE OF THE STUDENT TO COMPLETE THE REMEDIATION PLAN AND OBTAIN APPROPRIATE SIGNATURES BY THE DEADLINE DATES WILL RESULT IN COURSE FAILURE. I have read the above policy on the Mandatory Remediation plan, and understand that failure to complete the action plan by the delineated dates will result in course failure.

Student Signature: _____ Date _____

Program Personnel: _____ Date _____

REMIEDIATION FORM

Name: _____

Date: _____

Class: _____

Remediation for: Clinical___ Academic___

Resource utilized for remediation: Tutors___ Open Lab___ General education___
Counseling___ Student services___ Financial Aid___

Reason for Remediation:

- ___ Student scoring < "C" on a course exam
- ___ Any student with unsatisfactory performance in clinical

General Remediation Action Plan / Clinical Action Plan

Strategies for improvement in the following areas will be included in the remediation plan for this occurrence.

- ___ Test taking skills
- ___ Evaluation of work hours
- ___ Personal Issues
- ___ High Risk Identifiers
- ___ Additional factors identified through discussion with the student
- ___ Clinical skills
- ___ Critical thinking
- ___ Time management

Course Content Action Plan

Remediation Plan:

1. Any student required to complete mandatory remediation is required to spend a minimum of 3 hours a week in the lab until the next exam or evaluation in the clinical setting. The length of time for any remediation plan will be a minimum of 1 weeks.
2. All documentation MUST be completed appropriately. Failure to follow specific instruction will result the documentation being returned to the student.
3. Additional details required for this remediation plan:

Follow-up dates: Instructor must initial date after follow-up appointment. 1. _____

2. _____ 3. _____ 4. _____

Student Signature: _____ Date: _____

Program Personnel: _____ Date: _____

This form is to be completed and attached to the Remediation Plan Form and turned into the Program Director. An appointment will be set to review the outcomes of this plan.

