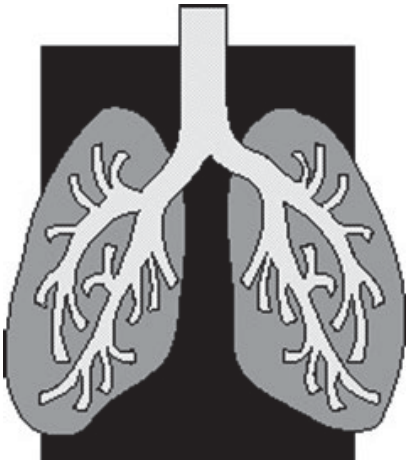
Southeastern Community College

RESPIRATORY CARE

Student Handbook



Revised June 2026

SOUTHEASTERN IOWA COMMUNITY COLLEGE ABIDES BY ALL STATE AND FEDERAL EQUAL OPPORTUNITY AND NON-DISCRIMINATION REGULATIONS

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SERVICES FOR STUDENTS WITH DISABILITIES

It is the policy of SCC to comply with the access provisions of the state and federal civil rights legislation for persons with disabilities. Southeastern offers reasonable accommodations to encourage and ensure that persons with disabilities have equal access to education. Through Accessibility services, accommodations are made available to qualified students with a documented disability. It is the recommendation from the Director of Accessibility Services that students contact the office as soon as possible to self-identify early so that they can work together to determine eligibility, identify issues and get reasonable accommodations in place. Each individual's needs and abilities are evaluated in accordance with ADA. To be eligible the student can forward the Disability Student Intake application and documentation of his/her disability to the Director of Accessibility. This information can be obtained from the Accessibility Staff and/or from the Disability Services Manual

In accordance with Section 504 of the Rehabilitation Act of 1973, as well as with Title II of the Americans with Disabilities Act, Southeastern Community College has made, and will continue to make, efforts to ensure content on all of its websites is accessible to everyone, including persons with disabilities and other users of assistive technology.

The College is working to update its website content in compliance with modern accessibility standards. If you have trouble accessing any part of the site, please contact the Director of Marketing and Communications at (319) 208-5060 with the following information: (i) the URL (web address) of the page; (ii) the problem you are experiencing; and (iii) your name, email address, and phone number. The College will use its best efforts to remedy the issue and/or provide the information you are seeking in an alternative format until the issue can be remedied. Grievances related to Section 504, Title II, or other formal complaints regarding website accessibility can be filed with the district using the applicable procedures outlined in Administrative Guideline 1117.

Platforms of outside entities, such as Google, YouTube, etc., which may be integrated with the College website are services provided by those respective companies, and the College is not responsible for their adherence to accessibility standards.

NON-DISCRIMINATION STATEMENT

It is the policy of the Southeastern Community College not to discriminate on the basis of race, color, national origin, sex, disability, age, employment, sexual orientation, gender identity, creed, religion, and actual or potential family, parental, or marital status in its program, activities, or employment practices.

If you have questions or complaints related to compliance with this policy, please contact the Director of Human Resources (employment concerns) at 319-208-5063 or the Vice President of Student Affairs (student concerns) at 319-208-5049, 1500 West Agency Road, West Burlington, Iowa 52655, equity@scciowa.edu or the Director of the Office for Civil Rights U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, TDD 800-877-8339 Email: OCR.Chicago@ed.gov.

Nondiscrimination statement is pursuant to requirement by Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act

of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

WE WELCOME YOU TO THE RESPIRATORY CARE PROGRAM!

On behalf of the Respiratory Care faculty at Southeastern Community College, we welcome you to the respiratory care program. We are pleased that you have selected SCC for your respiratory education.

Our program has a tradition of providing quality respiratory care education. After successful completion of the respiratory care program, you will be awarded an Associate in Applied Science (AAS) degree, which will make you eligible to take the National Board for Respiratory Care (NBRC) credentialing exams. Southeastern Community College Respiratory Care graduates pass the NBRC exams at or above the national average. Graduates of the program are well prepared to enter the workforce and are recognized as excellent and safe practitioners by the community and employers.

The faculty and staff believe that students successfully attain educational goals through an understanding of their responsibility and an adherence to established policies. This student handbook has been developed for Respiratory Care and is a supplement to the Southeastern Community College Handbook. Consequently, all policies and regulations from the college handbook and catalog are to be observed in addition to those outlined in the following pages.

The SCC Respiratory Care Program is a five-semester associate degree program accredited by the Commission on Accreditation for Respiratory Care (CoARC). http://www.coarc.com/

NOTICE: CHANGE IN CATALOG/HANDBOOK STATEMENT

The Southeastern Community College Respiratory Care Program reserves the right to change courses, requirements, and policies that are stated in this catalog and handbook without advance notice. Students will be informed of changes by email, mail, flyers, posts, and/or announcements.

HANDBOOK INFORMATION

This handbook has been prepared as a special resource containing information pertinent to the program. If you have questions, need assistance or clarification on any policies, procedures, or requirements, you are strongly encouraged to see your program coordinator. No rule or statement in this handbook is intended to discriminate nor will this program knowingly, for the purpose of clinical experience, place students in other agencies which discriminate on the basis of gender, race, color, creed, national origin, religion, age, disability, sexual orientation, or marital status.

STUDENT RESPONSIBILITIES

Each student is responsible for familiarity and compliance with information appearing in this program handbook as well as the Southeastern Community College Student Handbook. Failure to read the information will not be considered an excuse for non-compliance.

The faculty has adopted the policies in this program handbook. If a student finds that an extenuating circumstance might justify a waiver of a particular policy, the student may petition the director of the program. The program reserves the right to change policies or revise curricula as necessary due to unanticipated circumstances. Students registered in technical courses will be informed of curricular changes.

Violation of guidelines within this program handbook could ultimately result in dismissal from the program.

ACCREDITATION

The program is nationally accredited by CoARC (Commission on Accreditation for Respiratory Care). The program is responsible for maintaining an ongoing self-evaluation process. Reaccreditation occurs every 10 years**.**

ADVISORY COMMITTEE

The Respiratory Care Program maintains an Advisory Committee of representatives from the community to guide and assist in curriculum development and other program matters. The committee meets at least annually to assist the program and sponsoring institutional personnel in reviewing and evaluating any changes to any educational goals, program outcomes, instructional effectiveness, and programs response to change. The communities of interest that are served by the program must include, but are not limited to; students, graduates, faculty, college administration, employers, physicians, and the public. This program will have one student representatives from each class serve on this committee representing the views of fellow current students

RESPIRATORY CARE PROGRAM ADMINISTRATION

GENERAL COLLEGE INFORMATION

1500 West Agency Road
West Burlington, Iowa 52655
866-722-4692
319-752-4957 (fax)

RESPIRATORY CARE FACULTY INFORMATION

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Jeremy Kay BSRT, RRT, RRT-ACCS, RRT-NPS, AE-C

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HEALTH PROFESSIONS ADMINISTRATIVE ASSISTANT:

Pam Peterson
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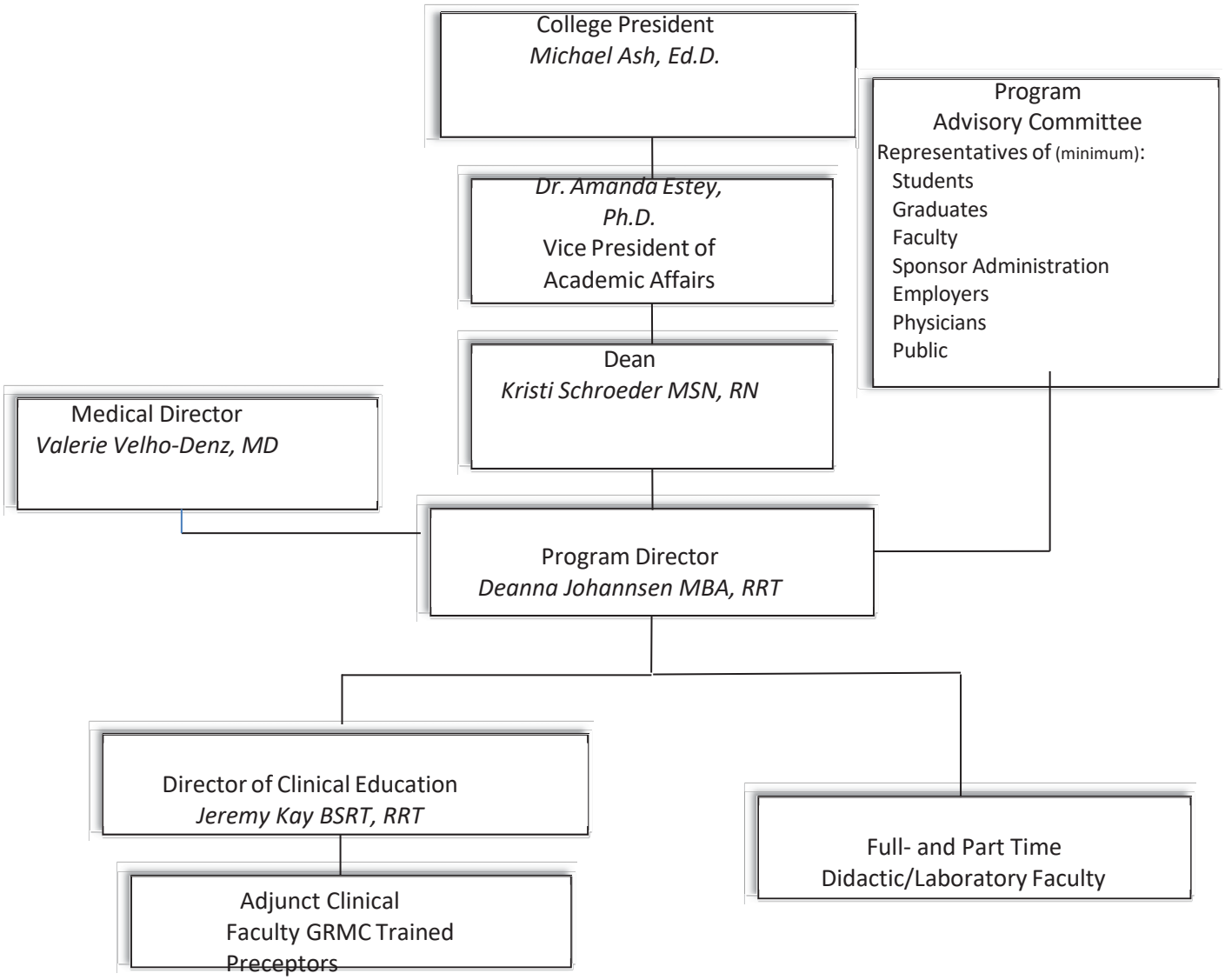
RESPIRATORY CARE PROGRAM COARC # 200462
ORGANIZATION CHART



RESPIRATORY CARE PROGRAM ASSOCIATE OF APPLIED SCIENCE DEGREE

REQUIREMENTS WEST BURLINGTON CAMPUS

Prerequisites		Credit
BIO-186	MICROBIOLOGY	4
CHM-122	INTRODUCTION TO GENERAL CHEMISTRY	4
HSC-114	MEDICAL TERMINOLOGY	3

Fall Semester		Credit
BIO-163	ESSENTIALS OF ANATOMY AND PHYSIOLOGY	4
ENG-105	COMPOSITION I	3
RCP-231	INTRODUCTION TO RESPIRATORY CARE	3
RCP-232	RESPIRATORY CARE MODALITIES	1.5
RCP-233	INTRODUCTION TO CLINICAL PRACTICE	3

Spring Semester		
RCP-331	RESPIRATORY CARE II	3
RCP-332	RESPIRATORY CARE MODALITIES II	1
RCP-333	CARDIOPULMONARY PHARMACOLOGY	2
RCP-350	PULMONARY PATHOLOGY	3
RCP-751	RESPIRATORY CARE CLINIC I	5
SPC-101	FUNDAMENTALS OF ORAL COMMUNICATION	3

Summer Semester		
PSY-111	INTRODUCTION TO PSYCHOLOGY	3
RCP-480	ADVANCED CARDIAC CARE	2.5
RCP-524	RESPIRATORY CARE III	5
RCP-755	RESPIRATORY CARE CLINIC II	1

Fall Semester		
RCP-440	CARDIO/PULMONARY DIAGNOSTICS	2
RCP-450	RESPIRATORY CARE IV	3
RCP-620	NEONATAL/PEDIATRIC RESPIRATORY CARE	5
RCP-761	RESPIRATORY CARE CLINIC III	5

Spring Semester		
RCP-767	RESPIRATORY CARE CLINIC IV	8
RCP-810	RESPIRATORY CARE PROFESSIONAL	2
RCP-910	RESPIRATORY CARE RRT REVIEW	2

PROGRAM TOTAL	81

Revised 06/19

RESPIRATORY CARE COURSE DESCRIPTIONS

BIO-163 - ESSENTIALS OF ANATOMY AND PHYSIOLOGY
Lecture: 3 Lab: 2 CLINICAL: 0 Credit: 4
Description: This introductory course is designed for the student needing a one-semester combined anatomy and physiology course with laboratory. All systems will be covered with greater emphasis on the cardiovascular, respiratory, immune and urinary systems.

ENG-105 - COMPOSITION I
Lecture: 3 Lab: 0 CLINICAL: 0 Credit: 3
Description: A study of the principles of writing. Emphasis on rhetoric, mechanics, and development of expository patterns: narration, description illustration, comparison/contrast, classification, process, and cause/effect. Required for AA and AS Degrees. Prerequisites: Mandatory COMPASS, ACT or AccuPlacer test score and mandatory eWrite or WritePlacer score (per SCC Writing Scores & Mandatory Course Placement Chart), or a C- or above in ENG-061, College Preparatory Writing II. No waivers.

PSY-111 - INTRODUCTION TO PSYCHOLOGY
Lecture: 3 Lab: 0 CLINICAL: 0 Credit: 3
Description: A basic course in the understanding of behavior, designed to give the student a scientific background in the fundamental problems and techniques covered in the field of psychology.

RCP-231 - INTRODUCTION TO RESPIRATORY CARE
Lecture: 3 Lab: 0 CLINICAL: 0 Credit: 3
Description: An introduction to the respiratory care profession. Topics include respiratory care and the healthcare system; the economics, communication, documentation, and evidence-based practice; and the ethical and legal implications of practice. Students will also be introduced to entry level modalities such as oxygen and aerosol therapy. This is a companion course to RCP-232 Respiratory Care Modalities where competencies for this course will be practiced and evaluated in the laboratory or simulation center setting prior to hands-on clinical practice with adult patients in a hospital setting. Prerequisite: Admission to the program. Corequisites: RCP-232, RCP-233

RCP-232 - RESPIRATORY CARE MODALITIES
Lecture: 0Lab: 3CLINICAL: 0Credit: 1.5
Description: This course allows the entry level respiratory care student an opportunity to practice procedures using equipment in the respiratory care lab and simulation center. This is a companion course to RCP: 231 and RCP: 233, in which competencies related to recall, application, and analysis using respiratory equipment are practiced and tested prior to patient care. Prerequisite: Admission to the program. Corequisites: RCP-232, RCP-233

RCP-233 - INTRODUCTION TO CLINICAL PRACTICE
Lecture: 3Lab: 0CLINICAL: 0Credit: 3
Description: This course focuses on the interaction between patients and the respiratory therapist for the purpose of providing healthcare service(s) or assessing the health status of a patient. Subjects included in this course are infection control, informatics, preparation for patient encounter, taking a medical history, performing a patient interview, cardiopulmonary symptoms, vital signs, physical examination of the chest, evaluation of breath sounds, review and analysis of laboratory studies, and interpretation of ABGs. This is a companion course to RCP-232 Respiratory Care Modalities where competencies for this course will be practiced and evaluated in the laboratory or simulation center setting prior to hands-on clinical practice with adult patients in a hospital setting. Prerequisite: Admission to the program. Corequisites: RCP-231, RCP-233

RCP-331 - RESPIRATORY CARE II
Lecture: 3Lab: 0CLINICAL: 0Credit: 3
Description: This course is a continuation of Introduction to Respiratory Care and will build on the equipment and therapeutic modalities essential to clinical practice. Major topics include airway management and airway clearance techniques, respiratory mechanics and control of breathing, arterial blood gases, and methods of non-invasive ventilation. Prerequisites: RCP-231, RCP-232, RCP-233. Corequisites: RCP-350, RCP-751, RCP-332, RCP-333.

RCP-332 - RESPIRATORY CARE MODALITIES II
Lecture: 0Lab: 2CLINICAL: 0Credit: 1
Description: This course allows respiratory care students an opportunity to practice procedures using equipment in the respiratory lab and simulation center. The primary focus of this skills lab course is the practice and preparation for required Competency Evaluations for Respiratory Care II. Prerequisites: RCP-231, RCP-232, RCP-233. Corequisites: RCP-331, RCP-333, RCP-350, RCP-751.

RCP-333 - CARDIOPULMONARY PHARMACOLOGY
Lecture: 2Lab: 0CLINICAL: 0Credit: 2
Description: Introduces general pharmacological principles and management relative to the cardiopulmonary system. Includes management and treatment of specific cardiopulmonary disorders and drugs used in advanced cardiac life support (ACLS). Prerequisites: RCP-231, RCP-232, RCP-233. Corequisites: RCP-350, RCP-751, RCP-331, RCP-332.

RCP-350 - PULMONARY PATHOLOGY
Lecture: 3Lab: 0CLINICAL: 0Credit: 3
Description: This course presents an overview of acute and chronic diseases affecting the pulmonary system. Diagnosis, assessment, treatment and management of the disease will be discussed. Prerequisite: RCP-230. Corequisites: RCP-330, RCP-751.

RCP-440 - CARDIO/PULMONARY DIAGNOSTICS
Lecture: 2Lab: 0CLINICAL: 0Credit: 2
Description: This course will present various cardiopulmonary diagnostic tests and the role of the respiratory care practitioner. Contents included: pulmonary function testing, cardiopulmonary exercise testing, specialized test regimens and quality assurance in the pulmonary function laboratory. Prerequisites: RCP-524, RCP-757. Corequisites: RCP-450, RCP-620, RCP-761.

RCP-450 - RESPIRATORY CARE IV
Lecture: 2.5Lab: 1CLINICAL: 0Credit: 3
Description: This course will focus on advanced equipment and therapeutic modalities used in the practice of Respiratory Care. Major topics include ECGs, hemodynamic monitoring, cardiac pharmacology, polysomnography and pulmonary rehabilitation. Prerequisite: RCP-524. Corequisites: RCP-440 and RCP-620.

RCP-480 - ADVANCED CARDIAC CARE
Lecture: 2 Lab: 1 Credit: 2.5
This course provides theory and laboratory practice in managing specific live-threatening cardiac dysrhythmias. Includes a review of basic life support, use of mechanical aids to establish an airway and maintain ventilation, ECG monitoring and recognition of life-threatening dysrhythmias, cardiac defibrillation and initiating appropriate cardiac drug therapy. Prerequisites: RCP-331, RCP-332, RCP-333, RCP-350, RCP-751. Corequisites: RCP-524, RCP-755.

RCP-524 - RESPIRATORY CARE III
Lecture: 4.5Lab: 1CLINICAL: 0Credit: 5
Description: This course introduces the concepts of mechanical ventilation used in the respiratory support of the critically ill patient, with emphasis on indications for ventilation, parameters monitored during ventilation, function, and clinical applications. Prerequisite: RCP-331, RCP-332, RCP-333, RCP-350, RCP-751. Corequisites: RCP-757, RCP-470

RCP-620 - NEONATAL/PEDIATRIC RESPIRATORY CARE
Lecture: 4Lab: 2CLINICAL: 0Credit: 5
Description: This course will cover the assessment of the newborn and pediatric patient. Fetal circulation, congenital anomalies, respiratory disorders of the newborn, ventilation of the newborn, surfactant replacement, oxygen and aerosol therapy of the newborn and pediatric patient, as well as child development will be discussed. Prerequisite: RCP-524, RCP-757. Corequisites: RCP-440, RCP-450, RCP-761.

RCP-751 - RESPIRATORY CARE CLINIC I
Lecture: 0Lab: 0CLINICAL: 15Credit: 5
Description: Learners are assigned to various clinical experiences within the hospital and homecare settings in order to apply principles and skills learned in RCP-330. Prerequisite: Satisfactory completion of RCP-230. Must be currently enrolled in or have satisfactorily passed RCP-330.

RCP-755 - RESPIRATORY CARE CLINIC II
Lecture: 0Lab: 0CLINICAL: 0Credit: 1
Description: Learners are assigned to various clinical experiences within a health care setting to apply principles learned in the respiratory curriculum. Prerequisites: RCP-331, RCP-332, RCP-333, RCP-350 and RCP-751. Corequisites: RCP-524 and RCP-470.

RCP-761 - RESPIRATORY CARE CLINIC III
Lecture: 0Lab: 15CLINICAL: 0Credit: 5
Description: Learners are assigned to various clinical experiences within a hospital and homecare setting to apply principles learned in the respiratory curriculum. Prerequisite: Satisfactory completion of RCP-524, RCP-757. Must be currently enrolled in or have satisfactorily passed RCP-450.

RCP-767 - RESPIRATORY CARE CLINIC IV
Lecture: 0Lab: 0CLINICAL: 0Credit: 8
Description: Learners are assigned to various clinical experiences within a health care setting to apply principles learned in the respiratory curriculum. Prerequisites: RCP-440, RCP-450 RCP-620 and RCP-761. Corequisites: RCP-910 and RCP-810.

RCP-810 - RESPIRATORY CARE PROFESSIONAL
Lecture: 2Lab: 0CLINICAL: 0Credit: 2
Description: The purpose of this course is to assist second year respiratory care students in preparing for autonomous professional practice. The role of the professional: duties to client, employer and public; professional responsibilities; involvement in continuing education and professional career development will be explores. Prerequisites: RCP-450, RCP-761. Corequisites: RCP-766 and RCP-880.

RCP-910 - RESPIRATORY CARE RRT REVIEW
Lecture: 2Lab: 0CLINICAL: 0Credit: 2
Description: This course is designed to test the student's ability to successfully earn passing scores on advanced-level examinations. Although advanced-level examinations will be the focus of this course, review of entry-level examination concepts will also be provided. Mock board examinations will be administered after completion of a comprehensive review seminar. Prerequisites: RCP-440, RCP-450, RCP-620 and RCP-761. Corequisites: RCP-810 and RCP-767.

SPC-101 - FUNDAMENTALS OF ORAL COMMUNICATION
Lecture: 3Lab: 0CLINICAL: 0Credit: 3
Description: Explores communication in a variety of contexts including interpersonal relationships, the workplace, small groups, and public speaking. Emphasis on the application and practice of communication theories and skills, particularly public speaking.

RESPIRATORY CARE PROGRAM

GOAL AND GRADUATE CORE COMPETENCIES

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).

In order to achieve these outcomes, the graduate will:

1. Demonstrate critical thinking skills with a comprehensive knowledge base (cognitive skills) by assessing the patient's condition, developing a plan of treatment, and modifying that treatment as needed so that safe and quality cardio-respiratory therapy is given.

2. Demonstrate competency in diagnostic and therapeutic clinical (psychomotor) skills necessary to perform the expanding number of procedures that fall under cardiopulmonary care.

3. Demonstrate ethical, caring, and culturally competent behaviors (affective skills) toward the patient, family members, and other members of the healthcare team.

4. Demonstrate effective professional communication and a commitment to lifelong learning.

5. Integrate health promotion and disease prevention strategies into current healthcare practice while focusing on quality and cost-effective protocols.

ADMINISTRATIVE GUIDELINE 315

Administrative Guideline 315

ADMINISTRATIVE GUIDELINE TYPE: Student (Registration and Admission Functions)

ADMINISTRATIVE GUIDELINE TITLE: Admission, Enrollment, and Progression Criteria for the Respiratory Care Program

DEPARTMENT RESPONSIBLE: Academic Affairs

GUIDELINE STATEMENT OF PURPOSE: Admissions, Progression, and Graduation Criteria for the Respiratory Care Program.

I. INTRODUCTION

A. This guideline outlines criteria for admission, enrollment, and progression in the Respiratory Care program.

B. Several elements are detailed herein:

1. Determination of the date of program eligibility for the Respiratory Care Program.
2. Admission criteria to the Respiratory Care Program.
3. Review of applications of eligible students for the respiratory care program.
4. Progression criteria for current respiratory care students.
5. Readmission criteria.
6. Transfer student criteria.

C. Enrollment in the Respiratory Care program is limited by clinical resources and faculty availability.

The Dean of Health Professions and the Vice President for Academic Affairs will determine a maximum number of accepted students.

II. DETERMINATION OF THE DATE OF ELIGIBILITY FOR THE RESPIRATORY CARE PROGRAM

A student becomes eligible for admission to the program once all admission requirements are met.

RESPIRATORY CARE PREADMISSION TESTING AND PLACEMENT STANDARDS				
• Minimum GPA of 2.0 for at least 12 semester hours of baccalaureate credit OR an AA, AS, or baccalaureate degree with a minimum GPA of 2.0				
• Applicable placement scores within 24 months of enrollment				
	ACT®	SAT®	Next-Gen ACCUPLACER®	ALEKS®
Reading	19	330	≥ 248	
Math	19	510		≥ 14
English	17			
OR Composite	20	1040		
Writing			≥ 260	

RESPIRATORY CARE PREADMISSION TESTING AND PLACEMENT STANDARDS

• Minimum GPA of 2.0 for at least 12 semester hours of baccalaureate credit OR an AA, AS, or baccalaureate degree with a minimum GPA of 2.0

• Applicable placement scores within 24 months of enrollment

REVIEW OF APPLICATIONS OF ELIGIBLE STUDENTS FOR THE RESPIRATORY CARE PROGRAM

A. Admission of eligible students will begin in early April for the next class.

B. Accepted students are notified by mail.

C. Accepted students are required to attend a mandatory program orientation.

D. When the program is full, qualified applicants are placed on a waiting list by application date.

E. Accepted students who do not attend a mandatory program orientation will be moved to the bottom of the waiting list.

III. ENROLLMENT REQUIREMENTS FOR RESPIRATORY CARE

Students must complete the following requirements prior to enrollment in the Respiratory Care classes:

A. Completed physical evaluation form including required immunizations for Healthcare Personnel.

B. Proof of current certification in Basic Life Support (BLS) for Healthcare Providers.

C. Proof of current certification in Mandatory Reporter.

D. Signed Confidentiality Agreement.

E. Clearance on criminal background and adult/child abuse screening.

F. Proof of Health Insurance.

G. Successful completion of HSC-114 Medical Terminology, CHM-122 Introduction to General

Chemistry, and BIO-186 Microbiology with a grade of "C" (2.0) or higher (completed within the last 5 years).

H. Within the first six weeks of the program, students must also complete

I. Respiratory Fit Testing

IV. PROGRESSION/RETENTION CRITERIA FOR ENROLLED RESPIRATORY CARE STUDENTS

To remain in good standing, students must:

A. Adhere to all SCC, respiratory care program, and clinical agencies policies.

B. Satisfactorily complete all didactic, laboratory, and clinical requirements in each course. A grade of "D" or less in any required program course will result in dismissal from the program.

C. Exhibit safe clinical behavior.

D. Demonstrate professional, ethical, and legal conduct.

E. Be able to rotate to all designated clinical sites.

F. Maintain health insurance.

G. Maintain American Heart Association Basic Life Support for Healthcare Providers certification.

H. Maintain required immunizations and vaccines.

If unsuccessful in a required program course (dropping or receiving a final grade of "W", "F", or "D"),

students may re-enroll in the next academic term in which it is offered, on a space-available basis.

V. READMISSION and RENTRY POLICY FOR RESPIRATORY CARE STUDENTS

Re-admission to the Respiratory Care Program will be determined on an individual basis and contingent upon the circumstances of the student's termination. Students who withdrew during their second or subsequent semesters due to unsatisfactory academic performance, health-related issues, financial hardship, or other personal circumstances may be considered for re-admission on a space-available basis.

Applicants seeking re-admission must re-enter the Respiratory Care program within two years of their exit.

Those who exceed this period are required to apply as new applicants.

The readmission standards include:

A. Only one readmission to the respiratory care program is allowed.

B. A student wishing to re-enter should provide a written request to the program coordinator

by March 31st for the summer semester, by May 15th for the fall semester, and by October 31st for the spring semester.

C. A student must have a cumulative 2.0 GPA or higher to be considered for readmission.

D. Students dismissed in the first (fall) semester will need to follow the program application process for a new student.

E. If a dismissed student is approved to re-enter the program, re-entry will be granted on a space-available basis, and the student must re-enter one semester prior to the semester in which they previously withdrew or failed.

1. Students who fail or withdraw during Fall 1 (First Semester) or Spring 1 (Second Semester) must repeat the entire semester of RCP courses.

2. Students who fail or withdraw during the Summer Term, Fall 2 (Third Semester), or Spring 2 (Fourth Semester), must first repeat the entire semester of RCP courses immediately preceding the failed or withdrawn term.

3. Students may not advance to the next semester until they have successfully completed and passed the repeated semester.

4. Any student who fails a semester must meet with the Student Success Advocate to develop an academic plan before re-entering.

F. A student repeating a respiratory care course must repeat the classroom, laboratory, and clinical components of the problem semester.

G. Students dismissed for clinical performance reasons may be re-admitted based upon the nature of the problem (example: excessive tardiness versus unsafe clinic practice); If re-admitted, the student will be placed on clinical probation resulting in more frequent evaluations and supervision for a minimum of one semester.

H. Students not continuously enrolled must complete a criminal background check prior to re-entry into the program. The students' health examination and immunizations, including TB must also be current before enrollment.

VI. TRANSFER STUDENTS

Transfer applicants will be considered on an individual basis. Transfer requests should be directed to the Respiratory Care program director. Transfer students must meet the same standards and criteria as others desiring to pursue an associate of applied science degree in Respiratory Care at SCC.

RESPIRATORY CARE PROGRAM CONCEPTUAL FRAMEWORK

The philosophy of Southeastern Community College's Respiratory Care Program believes that

through practice and education you have the purpose and basis for fully functioning in the respiratory care field.

The respiratory and educational concepts are integrated throughout the curriculum. Classroom, laboratory, and clinical rotation progress from simple to complex, building on an individual's prior life experiences and learning. Knowledge gained from liberal arts and science is integrated with respiratory knowledge. Each individual shares the responsibility for their learning. This allows individuals to develop a broad knowledge base which can be used to enhance the application of the respiratory process and execute skills to promote, maintain and restore optimal health of clients/patients in health care settings.

The philosophy identifies that all individuals are complex beings and possess individual dignity and worth. The interrelationship of the biological, physiological, social-cultural and developmental dimensions make individuals whole and unique. However, individuals are constantly evolving as they interact with a changing environment. Individuals have the capacity to make choices and must accept responsibility for these choices.

RESPIRATORY CARE PROCESS

The respiratory care process is the decision-making process used by the therapist in promoting, maintaining, and restoring the optimal health of individuals. It is comprised of the five steps of assessment, respiratory diagnosis, planning, implementation and evaluation. The respiratory care process provides means by which the therapist fulfills their legal and professional responsibilities. Complete and accurate documentation of each step demonstrates professional competence, responsibility and accountability in meeting client/patient health care needs.

Assessment

- Collects biological, physiological, psychological, socio-cultural and developmental data from a variety of resources.
- Formulates respiratory diagnosis based on health assessment data.
- Formulates goals with the client/patient, client/family and health care teams.
- Develops an individualized respiratory care plan based on the respiratory diagnosis and help to implement a respiratory plan.
- Implements individualized respiratory interventions related to variable respiratory diagnosis.
- Evaluates client/patient responses to implemented respiratory care and progresses toward goal.
- Modifies respiratory care plan based upon goal achievement and interacts with others on the care team.

Caregiver

The caregiver role of the therapist focuses on the provision of care to clients/patients based on knowledge and skills with consideration for physical, emotional, intellectual, socio-cultural and developmental needs. As a caregiver the therapist integrates all of the other roles and uses the respiratory care process to promote, maintain and/or restore the client's/patient's optimal level of health. These goals are accomplished by attitudes and actions that show concern/caring for client/patient welfare and acceptance of the client/patient as a person. The caregiver also acts as a client/patient advocate by protecting human and legal rights based on the belief that clients/patients have the right to make their own decisions about life and health.

- Integrates data collected with knowledge on the etiology, development and prognosis of

the client's/patient's health problems.

- Recognizes covert changes in the client/patient status.
- Establishes priorities of care based on respiratory assessment.
- Collaborates with other health disciplines and community agencies to meet client/patient needs and evaluate response to care. Provides care to clients/patients who have variable health needs.
- Acquires a breadth of knowledge to provide a basis for applying scientific principles and making sound judgments when providing care to clients/patients with variable health needs

Communicator

The communicator role focuses on the use of interpersonal skills to develop an effective therapist- patient relationship, to execute the teaching-learning process, and to share information with other health care team members regarding client/patient needs, interventions, and responses. Verbal and non-verbal techniques are used to convey information, demonstrate acceptance, earn trust, and establish genuine regard and mutual respect.

- Assesses learning needs for maintenance and restoration of optimal health or prevention of illness for the client/patient, clients/patient's families and/or small groups.
- Plans and implements individualized teaching plans consistent with the client/patient, client's/patient's family and/or small group's cognitive and development levels and identified teaching/learning goals.
- Evaluates degree of learning and effectiveness of teaching plan and modifies plan as necessary.
- Reinforces teaching plans of other health team members.
- Uses effective communication skills and interviewing techniques in planning care for client/patient, clients/patient's families and/or small groups.
- Evaluates and documents significant observations
- Uses goal directed therapeutic communication techniques with client/patient, clients/patient's family and/or small groups
- Practices effective communication techniques with members of the health care team.
- Initiates referrals based on recognition of client/patient need.

Manager

The therapist manages the respiratory care of the client/patient, families of clients/patients, and/or small groups. The respiratory manager also delegates respiratory activities to the ancillary workers and other health care providers, and supervises and evaluates their performance. Managing requires knowledge about organizational structure and dynamics, authority and accountability, leadership, change theory, advocacy, delegation, supervision, and evaluation.

Member of a Profession

It is within the respiratory educational program that professional values are developed, clarified and internalized. Values that are basic to the delivery of quality care include a commitment to the public, a belief in the dignity and worth of each person, and the responsibility for continued professional growth.

IOWA CORE PERFORMANCE STANDARDS

For Health Care Career Programs

Iowa Community Colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES
Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations.	• Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Critical thinking ability sufficient for sound clinical judgment.	• Identify cause-effect relationships in clinical situations • Develop plans of care
Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	• Establish rapport with patients/clients and colleagues • Demonstrate high degree of patience • Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner
Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	• Read, understand, write and speak English competently • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	• The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available

Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation.	• Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull
Hearing	Auditory ability to monitor and assess, or document health needs.	• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help • Hears telephone interactions/dictation
Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	• Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient/client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.	• Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter
Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	• Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
Environmental	Ability to tolerate environmental stressors.	• Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence

RESPIRATORY CARE TECHNICAL STANDARDS

The technical standards have been established through consideration by faculty and consultation with the following sources: The Vocational Rehabilitation Act; The American Disabilities Act; Guide for Occupational Information; Dictionary of Occupational Titles; and the Occupational Skills Standards Project from the National Health Care Skills Standards Projects.

Physical Demands:

Candidates must be able to display the medium strength rating, as described by the Dictionary for Occupational Titles, which reflects the ability to exert 20 to 50 pounds of force occasionally (occasionally: activity of condition exists up to 1/3 of the time), and/or 10 to 25 pounds of force frequently (frequently: activity or condition exists from 1/3 to 2/3 of the time), and/or greater than negligible up to 10 pounds of force constantly (constantly: activity or condition exists 2/3 or more of the time) to move objects.

Motor Skills:

Must possess sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other evaluation procedures. Candidates must be able to execute motor movements including the physical/dexterity strength to stand and ambulate and possess the physical/dexterity strength to lift and transfer patients. Candidates must also have the physical strength to perform cardiopulmonary resuscitation.

Respiratory care procedures require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. For this reason, candidates for admission to the Program of Respiratory Care must have manual dexterity and the ability to engage in procedures involving grasping, pushing, pulling, holding, manipulating, extending and rotating.

Sensory/Observational Skills:

Candidates must be able to observe demonstrations and participate in laboratory experiments as required in the curriculum. Candidates must be able to observe patients and be able to obtain an appropriate medical history directly from the patient or guardian. Such observation requires the functional use of vision, hearing, and other sensory modalities. Candidates must have visual perception which includes depth and acuity.

Communication Skills:

Candidates must be able to communicate in English effectively and sensitively with patients. In addition, candidates must be able to communication in English in oral and handwritten form with faculty, allied personnel, and peers in the classroom, laboratory, and clinical settings. Candidates must also be sensitive to multicultural and multilingual needs. Such communication skills include not only speech, but reading and writing in English. Candidates must have the ability to complete written

assignments and maintain written records. Candidates must have the ability to complete assessment exercises. Candidates must also have the ability to use therapeutic communication, such as attending, clarifying, coaching, facilitating, and touching. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

Intellectual/Conceptual, Integrative, and Qualitative Skills

Candidates must have the ability to measure, calculate reason, analyze, and synthesize data. Problem solving and diagnosis, including obtaining, interpreting, and documenting data, are critical skills demanded of the respiratory therapists which require all of these intellectual abilities. These skills allow students to make proper assessments, sound judgments, appropriately prioritize therapeutic interventions, and measure and record patient care outcomes. Candidates must have the ability to learn to use computers for searching, recording, storing, and retrieving information.

Behavior/Social Skills and Professionalism:

Candidates must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and motivation. Candidates must possess the emotional well-being required for use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all responsibilities attendant to the evaluation and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to adapt to ever- changing environments, display flexibility, and learn to function in the face of uncertainties and stresses that are inherent in the educational process, as well as the clinical problems of many patients.

Candidate must be able to maintain professional conduct and appearance maintain client confidentiality and operate within the scope of practice. Candidates must also have the ability to be assertive, delegate responsibilities appropriately, and function as part of a medical team. Such abilities require organizational skills necessary to meet deadlines and manage time.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE ETHICS STATEMENT

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 educational 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 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. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always unacceptable behaviors. It is the position of the American Association for Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Revised 10/21

PROFESSIONAL APPEARANCE/UNIFORMS

Professional appearance and behavior are expected in the clinical areas. Failure to meet criteria may result in dismissal from the clinical practice area. If a difference exists between Respiratory Care Program policies and agency policies, the Respiratory Care Program will conform to the agency policies.

REQUIRED UNIFORM

- SCC Respiratory Care scrub shirts (2) and scrub pants. Shirts must be fitted and purchased through the SCC bookstore.
- SHOES Clean, non-slip. No open-toed shoes or shoes with openings allowed.
- WATCH WITH SECOND HAND
- STETHOSCOPE
  Bell and diaphragm, a.k.a. double-sided (for both low and high sounds) Attached nametag

PROFESSIONAL APPEARANCE

- Some clinic sites may require visible tattoos to be covered.
- Except for a small stud in the nose, visible facial jewelry (body piercing) is not allowed.
- If ears are pierced, the student may wear a single pair of small post earrings only. Hoops and gauges and other visible piercing must be removed. No other jewelry is allowed except a watch with a second hand and wedding ring.
- All hair must be neat, clean, and "well controlled" so that it does not interfere with patient care. Hair color and styling will be conservative (i.e., not blue, green, unnatural red, etc.). No hair ribbons or ornaments allowed other than small barrettes.
- Beards and moustaches must be kept neatly trimmed and "controlled".
- Students are not permitted to wear artificial nails, extenders, and/or long finger nails and must keep natural nail tips less than 1/4 inch-long and nails should be short enough to clean underneath them and not cause glove tears. Students not in compliance with this policy may be required to leave clinical setting. (This requirement is necessary to protect patients from infection).
- DO NOT WEAR PERFUME, COLOGNE OR HEAVILY SCENTED AFTERSHAVE

THE OFFICIAL SCC STUDENT PHOTO ID NAME TAG IS REQUIRED AS PART OF THE UNIFORM AND MUST BE WORN AND VISIBLE AT ALL TIMES

CLINICAL REQUIREMENTS

All Southeastern Respiratory Care students must documented compliance with all of the following requirements.

1. Completion of **physical form with required immunizations** officially documented
   - **Tuberculosis**
     - QuantiFERON-**TB Gold** (QFT) is a simple blood **test** that aids in the detection of Mycobacterium **tuberculosis**
   - **Tetanus, Diphtheria and Pertussis** (Tdap) Booster: within last 8-10 years
   - **Measles, Mumps, Rubella** (MMR): Required
     Two doses are needed or positive titers on all three. Usually, the first dose is given at infancy and the second at pre-school. Two (2) doses of MMR are required or proof of positive MMR titers (all three).
   - **Varicella (Chicken Pox):** Required
     Two immunizations or proof of positive titer. Stating; had disease is not acceptable.
   - **Hepatitis B vaccination series**: Must have 1st part of 3-part series prior to starting program or waiver signed. 3rd vaccine 6 months after 1st.
2. **Annual Influenza Vaccination**: Required (September-February) is required. Students must provide proof of the influenza vaccination. All clinical sites during the flu season require the vaccination.
3. Provide proof of completion of an approved "**Mandatory Child and Dependent Adult Abuse Reporter Training**" program. Training is available Iowa Department of Human Services. https://dhs.iowa.gov/child-welfare/mandatoryreporter
4. **Provide a copy of your current health insurance card (front & back)**
   If the insurance card is not in your name, please indicate on the form the relationship of the card holder to you. (Example: father, mother, husband or wife, etc.) Please, write and print **legibly** or the information will NOT be recorded. An Iowa Care card &/or Medicaid card meets the insurance standard.
5. **Background check** through SCC's authorized vendor which will include: Social Security Report (name/address search to confirm identity) Iowa or National Record Search (depending on the specific program) County Criminal History (out of Iowa jurisdictions)
   Iowa Child Abuse Registry
   Iowa Dependent Adult Abuse Registry
   FACIS Level I that includes: Office of Inspector General List of Excluded Individuals, General Services Administration, Excluded Parties Listing, Office of Foreign Assets Control Specially and Designated Nationals Search
   National Sex Offender Registry
6. **Drug Testing, if required,** will be performed by an outside agency for cause.

7. **CPR certification**
   A copy of CPR certification.--Must be from the American Heart Association two-year Health Care Provider.

8. **HIPAA/Confidentiality Agreement**
   Student agreement to honor the confidentiality of all patients and to comply with the work rules and policies established by the facilities in which they have clinical experiences.

9. **Bloodborne Pathogen Training**
   Training designed to provide a basic understanding of bloodborne pathogens, common modes of their transmission, methods of prevention, and other pertinent information.

10. **Age-Related Training**
    Fact form provided to students regarding age-related care.

11. **Mask fit testing**
    Proper fit of an approved particulate filter surgical mask is essential to reducing your exposure to blood and body fluids as well as airborne microorganisms. Fit testing will be required prior to beginning clinical rotations.

12. **COVID-19 vaccine**
    All SCC respiratory care students must be fully vaccinated with a U.S. Food and Drug Administration or World Health Organization authorized vaccine, including booster shots. Requests for medical and religious exemption consistent with state and federal laws must be approved by the program's clinical affiliates.

RESPIRATORY CARE PROGRAM CLINICAL ASSIGNMENTS

OUTSIDE EMPLOYMENT

The faculty recognizes that students may need to work part-time to help support themselves while in school. The burden of work on top of studies can be very tiring and stressful. If a student can afford not to work, this is the best option to maintain physical and emotional wellbeing. Scheduling work around classes becomes more difficult when students begin clinical rotations. Students are scheduled for both day and evening clinics with an occasional night rotation for added experiences. It is impossible for the program to alter clinical assignments to fit the work schedules of students. Please don't ask!

CLINICAL ASSIGNMENTS

Clinical assignments will be determined by the Program faculty. Students will rotate among the following affiliate hospitals.

Blessing Hospital - Quincy, Illinois
McDonough District Hospital - Macomb, Il
Southeast Iowa Regional Medical Center-Fort Madison, Iowa
Southeast Iowa Regional Medical Center - West Burlington, Iowa
Henry County Health Center - Mt Pleasant, Iowa
University of Iowa Health Care Medical Center Downtown, Iowa City, Iowa
University of Iowa Health Care - Iowa City, Iowa
Ottumwa Regional Health Center - Ottumwa, Iowa
Jefferson County Health Center - Fairfield, Iowa
Mississippi Valley - Keokuk, Iowa
Heritage Medical-Burlington, Iowa

Our goal is to provide approximately the same experience for all students.

During clinics the expense of commuting plus parking fees can be significant. Please, be prepared for this added expense. Car-pooling is strongly encouraged.

Clinic can be both an enjoyable as well as a richly productive learning experience. To get the most out of this experience, please be open to a variety of learning opportunities.

CLINICAL ATTENDANCE & GRADING CRITERIA

As a requirement for graduation and in preparation for credentialing examinations, the student must demonstrate competence by achieving a specified level of performance for each clinical outcome and by completing specific patient and service assignments. (See specific clinical syllabus for additional details)

It should be understood by each student that while in clinic the CFA (Clinical Faculty Appointee) or staff therapist to whom the student is assigned is the primary clinical preceptor for the day. As such, it is expected that the student will accord this person the same professional consideration, courtesy, and respect which is granted to any other classroom instructor or clinical faculty member. It is the philosophy of the program that clinical resource is primarily for the benefit and growth of the student.

CONFIDENTIALITY

Students in clinic will maintain strict confidentiality of patient information. This includes oral, written, and computerized information. This is an important attribute of professionalism. A student violating this policy may be asked to leave the clinic site, jeopardizing continuation in the program. Students in health care facilities may be asked to sign a confidentiality statement.

In accordance with provisions of public law 93-380 as amended (P.L. 935668), the Family Educational Rights and Privacy Act 1974, commonly known as the –Buckley Amendment, all faculty and staff have the responsibility to maintain confidentiality pertaining to student records.

1. No information will be released about student grades to a third party unless the student has given written consent. -Third party includes parents, family members, and potential employers.
2. It is the policy of this program and the Allied Health Department not to release directory information (phone numbers & addresses) without prior consent.

PROFESSIONALISM

Students are representatives of their programs and future professions, and as such, are expected to be professional in the classroom and at the clinic sites. The conditions of patients should be discussed only with the professional personnel directly connected with the care of the patient. A discussion of personal information of patients in public places is a violation of the code of ethics. Professional relations must be observed during clinic. Students are not to leave their assigned clinic area without permission from their instructor. All accidents or errors that occur during clinic must be reported to the instructor.

Students are NOT to sign or witness the signature of patients at any time. Misconduct or negligence in complying with the rules and regulations of the program will be considered unethical practice.

If a clinic asks a student to leave due to inappropriate behavior or unsafe practice, the student will be granted a verbal and/or written warning depending on the severity of the misconduct, upwards of dismissal from the program.

BLOODBORNE PATHOGEN EXPOSURE GUIDELINES FOR HEALTH PROGRAM STUDENTS

Students may be participating in activities within the Health Programs (Nursing, Medical Assistant, and Respiratory Care) which have potential for exposure to infectious diseases including but not limited to Hepatitis B and HIV. All measures must be exercised to minimize the risk. Students who fail to comply, thereby jeopardizing the safety of others or themselves, may be asked to withdraw from their respective program.

In the event of an exposure to blood and/or body fluids (e.g. an occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact), the student must report the incident **immediately** to the instructor or clinical supervisor and file an incident report for the college.

Follow-up evaluation will be required consistent with Federal regulations. This may involve going to their personal physician or the emergency room. Students are responsible for the cost of their own medical care.

Hepatitis B

It is highly recommended that all Health Program students providing direct patient care receive immunization against Hepatitis B. Although this is not required, it is highly recommended and is considered to be an extremely good investment. Students are particularly vulnerable to contamination as their hand skills generally are not yet well developed. Although the incidence of the infection is relatively low, the outcome can be fatal. Since there is a vaccine available, all health care providers who are at risk are encouraged to become immunized.

The Disease

Health care professionals are at increased risk of contracting Hepatitis B infection. Hepatitis B is usually spread by contact with infected blood or blood products. The risk of acquiring Hepatitis B increases with the frequency of blood contact. Hepatitis B virus may also be found in other body fluids, such as urine, tears, semen, vaginal secretions and breast milk. Hepatitis B infection can have severe consequences, including progressive liver damage and the possibility of developing hepatocellular carcinoma. Six to ten percent of the people who contract the virus become chronic carriers.

The Vaccine

Vaccination is the only available means of protection against Hepatitis B. No currently available therapy has proven effective in eliminating the infection. This vaccine, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period. Because of the long incubation period for Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and in that case, the vaccine would not prevent development of clinical hepatitis.

Procedure

You will need your physician's approval or order prior to being immunized. He or she will provide you with information regarding the contraindications and side effects of the vaccine. Contact your physician for additional information.

Education

As part of the curriculum all students in Health Professions programs will receive instruction regarding Hepatitis B and HIV essential to providing assigned patient care. This shall include but not be limited to:

1. Epidemiology
2. Method of transmission
3. Universal blood and body fluid precautions
4. Types of protective clothing and equipment
5. Work practices appropriate to the skills they will perform
6. Location of appropriate clothing and equipment
7. How to properly use, handle, and dispose of contaminated articles
8. Action to be taken in the event of spills or personal exposure
9. Appropriate confidentiality and reporting requirements

Post Exposure Procedure for Students in Health Programs

If a student has been exposed to a contaminant parenterally (needle stick or cut) or superficially through a mucous membrane (eye or mouth) they are to follow the following procedure:

a. Inform instructor of incident immediately
b. Immediately wash the affected area with the appropriate solution (soap and water, alcohol, or water - depending upon contact area)
c. Student: seek appropriate medical attention through their personal physician/agency (students are responsible for their own medical care and cost). This may include baseline testing for HIV antibody at this time, followed by recommended series of testing. (Physicians may also inquire about the student's status in regard to tetanus and hepatitis immunization at this time.)
d. Source individual: follow institutional (agency) policy regarding determining HIV and hepatitis status of patient, (students may be responsible for the cost of any testing)
e. Maintain confidentiality of patient
f. Seek appropriate counseling regarding risk of infection
g. Complete occurrence report; obtain copy for student's file on campus.

Universal Guidelines for Health Program Students

1. The Center for Disease Control has specific guidelines for health care workers which are revised periodically. They have been incorporated into these policies and are reviewed annually.
2. There shall be no routine serological testing or monitoring of students for Hepatitis B or HIV infection.

3. Barrier or universal blood and body fluid precautions are to be used routinely for all patients. These include:
   a. The use of glove(s) when:
      1) Cleaning rectal and genital areas;
      2) Carrying soiled linen;
      3) Bathing patients, if the student has a cut/open lesion on the hand;
      4) Suctioning or irrigating even if the orifice does not require sterile technique;
      5) There is, at any time, a possibility of spillage of blood or body fluid onto the student's hands, (i.e. Accu-Chek, discontinuing an I.V., I.M.s, Venipuncture, dressing changes, etc.) regardless of the presence of open lesions;
      6) Emptying urine drainage bags, suction catheters, colostomy and ileostomy pouches, handling of blood and urine specimens;
      7) Providing mouth care;
      8) Assisting with minor surgeries, sanitizing, disinfecting and sterilizing instruments
      9) Other (at discretion of student and/or instructor).

   b. The use of masks, goggles or glasses and/or aprons when there is a possibility of fluids splashing onto the face or body and clothing.

Provision of Patient Care

Assignments are made in the clinical setting to enhance and/or reinforce student learning. It is the expectation that students will provide care for patients to whom they are assigned.

QUALITY ASSURANCE

Quality Assurance is monitored to help ensure patient safety and reduce malpractice by providing an accurate system for reporting and analyzing all occurrences.

An "Occurrence" is defined as "any unusual event or circumstance that is not consistent with the normal routine operation of the clinical facility and its staff". It may be an error, or any occurrence that is out of the ordinary, or an accident which could have or has resulted in a patient injury. Examples are listed below:

- Medication errors (incorrect medication, solution, time, dosage, route or patient)
- Injuries or accidents involving students, staff, patients or visitors.
- Student needle sticks/exposures

The following procedure must be followed by students when an "occurrence" is identified.

1. Provide for patient's safety.
2. Report occurrence to assigned clinical instructor and SCC faculty immediately.
3. Complete facility's Occurrence on Incident report forms.
4. Obtain SCC "Occurrence Report" from instructor and complete. On form, refer to facility's Occurrence or Incident report or number.
5. Instructor will co-sign Occurrence Report.
6. Student must hand-in Occurrence Report to Program Coordinator no later than the end of the following class/clinical day.
7. Student will be given a copy. The original will go in the student's respiratory program file. Copies will be provided for the Clinical Instructor and the Dean of Health Professions

Developed: 4/1997 Reviewed: 6/2019

RESPIRATORY CARE PROGRAM PHYSICAL/HEALTH REQUIREMENTS

Students must be in good health and possess the physical capabilities described in the technical standards therefore, students accepted will receive a physical examination form provided by the Respiratory Care Program. The physical form, along with documentation of required immunizations, must be completed and returned to the Respiratory Care Program prior to beginning fall semester.

Students who have symptoms of a possibly infectious disease should immediately contact their health care provider. Students with diagnosed infectious diseases must notify program faculty immediately to facilitate notification to appropriate agencies by the program administrators. Arrangements may be made for clinical make-ups for students who have **an extended and documented infectious disease.** Students with documented infectious diseases must obtain a release from their health care provider prior to returning to the class/lab/clinical setting.

The following guidelines are enforced by clinical agencies:

- Pink Eye (Conjunctivitis) – Must be on antibiotics for 24 hours and showing improvement in symptoms.
- Shingles, skin rash, boils, and Impetigo – Require a doctor's diagnosis and release before returning to clinical setting/work.
- Respiratory infections – Requiring medical treatment – must be fever free for 24 hours before returning to clinical setting/work. Temp must be below 100.4° F, or 38°C.
- Strep throat – Must be on antibiotics and fever free (below 100.4 °C, or 38°C) for 24 hours prior to returning to clinical setting/work.
- Diarrhea – Use good hand washing technique. Must be fever free (below 100.4 ° F or 38° C) and diarrhea free for 24 hours.

Students who are aware, or have reason to believe they have an infectious disease and intentionally expose health care workers and clients will be immediately terminated from the program.

PREGNANCY

A student who is pregnant may continue in the program and participate in all classes and activities.

- If restrictions are required for participation in classes, clinical or labs, the student must provide a written note from the students' health care provider outlining these restrictions. This note must be given to the Clinical/Program Coordinator.
- Maternity leaves can be arranged within the guidelines of the attendance policy. Excused absences due to pregnancy or childbirth will be accepted when it is deemed a medical necessity by the student's health care provider.
- If grading is based in part on participation or attendance and the student has missed class because of pregnancy or childbirth, the student will be allowed to make up the participation or attendance credits.

MALPRACTICE INSURANCE

The college's Health Careers malpractice insurance covers students in the respiratory program while the students are in a supervised clinical area of the respiratory program. The cost of this malpractice insurance is covered by student fees.

Students involved in Health Careers working independently outside the curriculum offerings of the college should be aware that the policy purchased by the college offers no protection in this type of activity.

The Vice President of Academic Affairs will see that all incidents of student professional liability are properly documented with a copy forwarded to the attention of the Vice President of Administrative Services. Wherever there is a suspicion that a malpractice claim will be filed against the student, college, or the clinical facilities, this information should also be immediately reported to the Vice President of Administrative Services.

HEALTH INSURANCE REQUIREMENTS

Students must provide documentation of insurance prior to acceptance into the Respiratory Care Program.

*Foreign students may be required to comply with additional insurance requirements in accordance with Federal Law.

The **minimum standards** for complying are as follows:

1. **Policy Limit**: The health plan/policy coverage the student should provide is no less thana $250,000 lifetime benefit, or $75,000 per personal annual benefit or equivalent.
2. **Inpatient Coverage's**: The health plan/policy should provide coverage for hospitalization including coverage for room and board, physician visits, surgeon services, x-ray, lab and miscellaneous services.
3. **Inpatient Deductibles**: The inpatient deductible under an individual policy shall not exceed $500 per admission and a 20% co-payment/co-insurance requirement. A deductible of up to $1,000 per admission is acceptable coverage if coverage is under a group plan
4. **Outpatient Coverage's**: The health plan/policy should provide coverage for medically necessary care including both physician services for treatment of emergencies, illness, accident or injury, x-ray and lab services.

Required documentation: Completed form, evidence of student health coverage and financial responsibility forms signed and dated. Copy of summary of benefits plan health card showing student's name and effective dates of coverage.

REQUIRED HEALTH CARE CERTIFICATIONS

The following certifications are required and can be obtained as a package through the SCC Healthcare Boot Camp or gained individually.

BASIC LIFE SUPPORT CERTIFICATION

All students are required to complete a Basic Life Support Course (BLS) for Health Care Providers program prior to enrollment. (This might be initial certification or recertification.)

- Certification is awarded for a 2-year period.
- Students must give a copy of their certificate to the Clinical Coordinator.

BLOODBORNE PATHOGEN TRAINING

All students are required to complete bloodborne pathogen training prior to clinical placement

- One time training required.
- Students must submit proof of certification to the Clinical Coordinator

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

All students are required to complete HIPAA training prior to clinical placement.

- Additional training may be required of individual clinical sites as part of orientation. Prior training does not negate this requirement.
- Students must submit proof of certification to the Clinical Coordinator

BACKGROUND CHECK POLICY

All students enrolled in a Southeastern Community College Health Career Program will be required to complete a criminal background check. ***Castle Branch is*** an independent third-party contractor that allows students to order their own background check and upload immunization records and other documents online. Information collected through Castle Branch is secure, tamper- proof, and kept confidential. The cost of these checks has been added to your student fees when you enrolled in the program. No addition cost is required to complete the checks. The Program Coordinator will receive verification within 72 hours of completing the required information.

Background checks which would render a student ineligible to obtain clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7) years and Office of the Inspector General violations will normally prohibit the obtainment of clinical learning experiences with clinical affiliate(s). *Positive findings on background checks can have licensure implications upon graduation from a health program. Criminal offenses which occur during the RC program shall consider due process which provides that an individual is innocent until proven guilty up until which time he/she pled or is found guilty and is then subject to review by regulating authorities.*

Documentation of criminal background checks is maintained in secured files and destroyed upon graduation of the health occupations program.

At this time only one check is require during a continuous enrollment in a program. In the event a student leaves the program, a new record check will be required prior to re-entry.

To complete a background check;

1. Go to: https://portal.castlebranch.com/SD64
2. Your personal identification number is the last four digits of your social security number.
3. Follow the online instructions to complete your order.

URINE DRUG TESTING POLICY

Drug screening is not a requirement for students enrolled in a Southeastern Community College Health Career Program. However, **SCC reserves the right to conduct random drug screening. If an instructor/coordinator or clinical affiliate feels there is just cause, the student will be asked to submit to testing.** The test shall consist of a urine specimen and will be completed at an assigned agency. The cost of this test will be the student's responsibility. Your instructor or Program Coordinator will provide more information as to testing times and availability.

The Program Coordinator will review the drug test information and will maintain the confidentiality of this test. Any student receiving a positive result will have this result reviewed by an SCC administrator and the Program Coordinator to evaluate the appropriateness of allowing the student to participate in didactic or clinical experiences.

You may be asked to go for the test at a moment's notice. Because of this, the best approach to take is to avoid the use of anything that could cause you to fail a drug test and risk your education and potential career.

In the event a student leaves the program, a new test may be required prior to re-entry.

ELECTRONIC DEVICE POLICY

1. **ALL CELL PHONES MUST BE OFF DURING CLASS AND CLINICAL TIME.**

    - If an emergency situation requires that your cell phone be on during class time, the instructor must be notified prior to the start of class and the vibrate mode should be utilized when possible. You are then required to leave the classroom to answer the phone call.
    - All cell phones must be OFF during testing. NO exceptions.
        - The only authorized use of cell phones during clinical time is during your lunch break and then only outside patient care areas.

2. The use of recording devices is only authorized for the recording of lecture and is at the discretion of the instructor.
    - Permission must be obtained from the instructor prior to use.

3. Calculators and other types of electronic devices.
    - The use of these devices during lecture, lab or testing is at the discretion of the individual instructor.

SOCIAL MEDIA POLICY

Southeastern Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in Southeastern programs will uphold the ethical standards of their prospective professions and the Southeastern Community College Health Career Programs. Federal regulations regarding privacy such as Health Insurance Portability and Accountability Act and Family Education Rights and Privacy Act (HIPAA and FERPA) apply to all personal and academic communication.

No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, Myspace, YouTube, Twitter, etc. Health Care workers have been fired for discussing patient cases on Facebook even though no names were discussed. Student use of photography and/or recording devices is prohibited in all classroom, laboratory, and clinical sites, unless formal permission of the instructor of record is granted before the fact.

Do not give healthcare advice on social media sites. Students should not become a patient's "friend" on a social media site.

Any violation of this policy must be reported to the program facility as a possible HIPAA violation. Disciplinary actions will be taken accordingly. Students may be banned from the clinical facility and subject to immediate expulsion from the Respiratory Care program and subject to potential investigation by the Federal Office of Civil Rights.

ATTENDANCE AND ABSENTEEISM

1. Students are required to meet all class and clinical requirements as outlined in course requirements. Because the acquisition of knowledge and skill in respiratory care is cumulative, both in theory and clinical areas, class attendance and participation are necessary. This aids in the monitoring and evaluation of the student's progress through the program of learning. Regular and prompt attendance is required at all classes and clinical experiences to meet CoARC criteria and college requirements.

2. Tardiness in lab, clinical or theory is unacceptable and will be subject to faculty review. It reflects irresponsible behavior, lack of respect for faculty and other students, and serves as a distraction to others.

3. Respiratory care students must attend each lab and clinical experience. In case of unavoidable absence on the assigned day, the faculty and the assigned clinical area must be notified, personally, prior to the student's scheduled time. Absences from lab or clinical will be cause for review by the faculty with possible failure for the semester and/or dismissal from the program.

4. If it is absolutely necessary to leave the clinical area early, the student needs to obtain permission from their assigned faculty instructor prior to leaving the clinical setting.

5. In case of inclement weather, SCC campuses may be closed. The student should listen to the local media for the announcement.

6. In the event of student illness on a scheduled theory course day, the student is required to contact the faculty prior to the missed class for possible options for make-up work.

7. Attendance to the two-day Iowa Society for Respiratory Care (IaSRC) Conference is a program requirement.

8. Paid work hours related to a student's employment may not be used for clinical hour completion.

9. The respiratory care program will not excuse students from class or clinical experience due to employment schedules. Students are expected to meet their obligations to the course of study.

GRADING POLICY

Program policy requires that you attend all classes and laboratories sessions. You are fully responsible for all material presented in these scheduled sessions. Faculty will not be regularly available for students who miss these sessions or are late for them. When illness or other special circumstances prevent attendance, you are to inform the instructor in advance when possible.

If you demonstrate chronic tardiness and/or absenteeism, you will be placed on academic warning and/or probation and may be subject to termination from the Program.

All students must earn a grade of at least a C (70%) in all program courses to progress to second year as well as to graduate.

THEORY AND LAB GRADING

A	90 – 100%
B	80 – <90%
C	70 –-<80%
D	60---<70%
F	0 ---<60%

PROFESSIONALISM REQUIREMENT

Students must demonstrate attributes of responsibility, empathy, integrity, concern for others, interpersonal skills, interest, and motivation. An instructor evaluation will be conducted at the end of each semester and will contribute towards course grade**.**

CLINICAL EVALUATION GUIDELINES will be given to students prior to each clinical experience.

SATISFACTORY PROGRESS

College regulations require a minimum cumulative grade point average of 2.0 to graduate with a diploma or an AAS degree. Additionally, the program requires a cumulative 2.0 grade point average in Respiratory Care and core courses to graduate. Academic probation may be given for either a grade point average of less than 2.0 in any given term, or for failure to maintain satisfactory progress. In light of requirements for completion, failure to maintain satisfactory progress will be considered as a GPA below 2.00 in any given semester, and/or a grade of "C-" in any prerequisite course work. A student on academic probation must maintain a GPA of 2.00 or greater the next semester. Continuation in the program is contingent upon maintaining satisfactory progress during "probationary status".

Our curriculum is sequenced and developed so that succeeding courses inherently require successful completion of all preceding courses. When a student finds it impossible to complete a course as scheduled in the curriculum, it generally means he or she must wait one year until

he or she can fit into the proper course sequencing again. Failure in any course will usually prohibit registering for succeeding courses if prerequisites are not satisfied.

Please do all you can to keep up with the work. If you are having trouble, let us know as soon as possible so we may assist you. We all want you to achieve your goal in the shortest possible time.

WITHDRAWAL FROM THE PROGRAM

A student who finds it necessary to withdraw from the program may do so either through the program director, Student Development, or Student Advising. Please inform the program director of your intent.

The program reserves the right to request the withdrawal of any student whose health, work, or conduct is determined to be detrimental to the health and safety of themselves, other students or patients.

READMISSION TO THE PROGRAM

Re-admission to the Respiratory Care Program will be on an individual basis and based upon the reason for termination. Persons who leave the program due to academic performance in the classroom in the second or subsequent semesters, or due to health, financial, or other personal reasons can apply for re-admission only if space is available.

The readmission standards include:

- Only one readmission to the respiratory care program is permitted.
- A student wishing to re-enter should provide a written request to the program coordinator by March 31st for the summer semester, by May 15th for the fall semester and by October 31st for the spring semester in order to allow for clinic placement.
- A student must have a cumulative 2.0 GPA or higher to be considered for readmission.
- Students having academic difficulty in the first (fall) semester will need to follow the program application process for a new student.
- Students will be require to reenter the semester prior to the failing semester.
- Persons having been dismissed for clinical performance reasons may or may not be re-admitted based upon the nature of the problem (example: excessive tardiness versus unsafe clinic practice). Upon re-entry, the student will be placed on clinical probation resulting in more frequent evaluations and supervision for a minimum of one semester.
- Students who have not been continuously enrolled must complete a criminal background check prior to re-entry into the program. The students' health examination and immunizations, including TB must also be current before enrollment.

ETHICAL AND PROFESSIONAL CONDUCT

Southeastern Community College Health Career Program faculty expects students to comply with standards of ethical and professional conduct. Enrollment of a student in the Medical Assisting, Respiratory Care, Nursing, Emergency Medical Services and Health Career Continuing Education programs constitutes student agreement to comply with the standards.

All members of this academic community are responsible for the academic and professional integrity of the program. Students must demonstrate such integrity at all times in completing classroom assignment, in taking examinations, in performing patient obligations and in dealing with others. It is also the responsibility of students to report acts of academic dishonesty and professional misconduct to Faculty or to school administration.

Ethical and professional conduct means that the student will demonstrate the following:

1. Honesty and integrity:
    a. Act with honesty and integrity in academic matters and professional relationships.

2. Trustworthiness:
    a. Demonstrate dependability to carry out responsibilities.

3. Empathy and cultural diversity:
    a. Differentiate appropriate interpersonal interaction with respect to culture, race, religion, ethnic origin, gender, and sexual orientation.
    b. Demonstrate regard for differing values and abilities among peers, other health care professionals, and patients.

4. Communication:
    a. Communicate effectively with faculty, staff, students, patients, and other professionals.
    b. Demonstrate confidence in actions and communications.
    c. Formulate written communications with professional content and tone.

5. Punctuality:
    a. Demonstrate punctuality in academic and professional environments.
    b. Adhere to established times for classes, laboratories, professional experiences, and meetings.
    c. Comply with established verbal and written deadlines.

6. Professional behavior:
    a. Display professional behavior toward faculty, staff, students, patients, and other health professionals in the classroom, laboratory, and professional settings.
    b. Show regard for persons in authority in classroom, laboratory, and professional settings.
    c. Exhibit fitting behavior when representing the heath career programs in

extracurricular activities and professional meetings.

7. Ethical standards:
    a. Demonstrate high ethical standards related to education and practice.
8. Social contracts:
    a. Demonstrate professional interactions with patients.
    b. Relate to patients in a caring and compassionate manner.
    c. Recognize instances when one's values and motivation are in conflict with those of the patient.
    d. Comply with federal, state, school and institutional requirements regarding confidentiality of information.

9. Negotiation, compromise, and conflict resolution:
    a. Demonstrate abilities of conflict resolution.
    b. Display positive attitude when receiving constructive criticism.

10. Lifelong improvement and professional competence:
    a. Produce quality work in academic and professional settings.
    b. Demonstrate a desire to exceed expectations.
    c. Demonstrate characteristics of lifelong learning.

11. Time management and decision-making:
    a. Utilize time efficiently.
    b. Demonstrate self-direction in completing assignments.
    c. Demonstrate accountability for decisions.

12. Appearance:
    a. Maintain dress appropriate to classroom, laboratory, clinical and professional settings.
    b. Maintain personal hygiene and grooming appropriate to the academic or professional environment.

13. Health Career Program requirements:
    a. Comply with student health requirements for working with patients in various health care environments.
    b. Maintain appropriate records (e.g., CPR certification, immunizations, insurance) to demonstrate professional competence.

Demonstration of professional standards is an academic requirement for graduation from the Health Career programs. Failure to meet these standards will result in disciplinary action up to, and possibly including, dismissal.

ACADEMIC ACHIEVEMENT PROCEDURE

A student that drops below 70% or is experiencing academic difficulty, will require an "Academic Achievement" plan. Academic difficulty exists when, in an instructor's judgment, a student is struggling to achieve or maintaining a passing didactic grade and/or a satisfactory clinical performance.

Once academic difficulty has been identified, the student, faculty and/or administration will develop an "Academic Achievement Plan."

1. The instructor initiates a meeting with the student to discuss academic difficulty.
2. The student and instructor work together to evaluate the nature of the difficulties.
    a. Determine if the student is having nonacademic problems that are interfering with academic achievement (i.e., finances, family, personal problems). The instructor may make a referral to an appropriate resource or the instructor can request assistance from the program coordinator.
    b. Determine if the difficulty is in theory, assess the student's level of comfort and ability with skills related to:
        - -class notes
        - -completion of assignments
        - -participation in class
        - -study habits and/or testing
    c. Determine if the difficulty is in clinical or field practice, specify the clinical competency not being met and the behaviors/skills/knowledge needed to satisfactorily meet the competency. The instructor should make related recommendations regarding:
        - -methods of preparation
        - -written assignments
        - -supervised practice in a laboratory setting
        - -other, as indicated by the specific nature of the student's difficulty
3. The "Academic Achievement Plan" should be completed and one copy distributed to each of the following:
    a. Student
    b. Program Coordinator
    c. Dean of Health Professions
4. The "Evaluation/Follow-Up" section of the form should be completed at the appropriate time and a copy forwarded to the Program Coordinator.
5. If academic difficulty persists, the Dean of Health Professions will contact the student for additional follow-up.

DISCIPLINARY POLICY

1. General Policy. Certain behaviors, academic and non-academic, are considered unacceptable by the Health Career Programs and are grounds for disciplinary action.

2. Forms of Disciplinary Action. There are four general forms of disciplinary actions: written warning, disciplinary probation, suspension and termination. However, these forms of disciplinary action may be imposed in combination and special conditions may be imposed in addition to them. For a relatively minor offense, a student shall receive a written warning for the first offense, a disciplinary probation for the second offense, suspension on the third offense and termination on the fourth offense. Students should be aware, however, that some behaviors are so unacceptable as to warrant immediate disciplinary probation, suspension or termination.

3. Grounds for Disciplinary Action. The Health Career Programs have determined that the following inappropriate behaviors are grounds for disciplinary action. This is not an inclusive list of inappropriate behavior and is intended only as a guideline. Additionally, the consequences imposed for inappropriate behavior shall be at the discretion of the administration. Disciplinary action will be decided on a case-by-case basis.

Written Warning:

- Insubordination
- Unsafe clinical practice
- Any violation of the Ethical and Professional Conduct Policy
- Unsafe action in the classroom
- Use of tobacco products in unauthorized areas
- Unauthorized possession or use of property belonging to Southeastern Community College, clinical education/field settings, clients, employees or peers.
- Continued poor grooming or poor hygiene

Disciplinary Probation:

- Cheating
- Plagiarism
- Falsifying reports
- Falsifying records
- Breach of confidentiality
- Any repeated behavior for which a written warning was previously issued.
- Unsafe clinical/field practice
- Unsafe action in the school/classroom
- Unjust or unprofessional gossip, criticism or discourtesy, which contributes toward reducing morale of peers
- Unjust or unprofessional gossip, criticism or discourtesy, which affects clients, visitors, peers or educators including guest speakers)

Suspension:

- Chemical or emotional impairment.
- Unsafe clinical/field practice.
- Any inappropriate behavior during or following disciplinary probation.
- Fighting or attempting bodily injury to anyone on school or clinical premises.
- Use of abusive or threatening language.
- Unsafe action in the school, classroom or clinical education sites.
- Unauthorized removal of property belonging to SCC, clinical/field education sites, clients, families, employees or peers.
- Willfully damaging, destroying, defacing or wasting property or supplies of SCC.
- Sexual harassment of clients, visitors, families, employees or peers.

Termination:

- Unlawful possession, use, or distribution of narcotics or other controlled substances.
- Unlawful possession, use or distribution of alcohol on SCC premises or at school activities.
- Abuse of clients.
- Conviction of any crime involving illegal drugs, child or elder abuse, or other actions incompatible with professional practice.
- Unauthorized possession of firearms, explosives or other weapons.
- Repeated violation of Rules or Polices of SCC.
- Any repeated behavior during or following suspension.
- Willfully submitting false information or willfully withholding information for the purpose of obtaining or maintaining enrollment.
- Conviction of a felony while enrolled.

4. Documentation and Reporting.
    a. Written Warning. A written warning shall include a description of the unacceptable behavior, a delineation of acceptable behaviors for similar situations and an explanation of the consequences should the unacceptable behavior occur again. Any member of the Health Career
    Faculty may issue a written warning. The student shall receive a copy of the written warning using appropriate form (yet to be determined) and forwarding the written warning to the Director of Health Career Programs. This form will be placed in the student's file.
    Upon graduation, the written warning shall be removed from the student's file.

    b. Disciplinary Probation. Disciplinary probation is a written agreement between the Administration and the student. It specifies the unacceptable behavior(s) or type(s) of behavior explicitly delineates behavior necessary in order to continue in the program and the consequences should the student fail to comply. The student, Administration, and a witness shall sign this written agreement. A copy of the agreement shall be delivered to each party and the original Disciplinary Probation agreement shall be placed in the student's file. The agreement shall be removed from the student's file upon graduation.

c. Suspension. Suspension is the temporary dismissal of a student from respiratory (or other) coursework and/or clinical activities. No credit will be given for missed coursework even if this results in failure of the course. It is also possible that suspension could result in the inability to complete the course unless it is repeated at a later time. A statement from Administration regarding the grounds for suspension shall be written on the suspension form and shall be placed in the student's file. The suspension statement will be removed from the student's file upon graduation. Following suspension and upon satisfactory completion of any requirements or conditions imposed, the student may continue in the program. However, readmission will be contingent on completion of prerequisite requirements and space availability in the course desired.

d. Termination. Termination is the immediate and permanent dismissal of a student from the program. A terminated student shall not be permitted to complete current course objectives, to continue to the next specified course or to finish the program. A statement by Administration regarding the grounds for the termination shall be documented and placed in the student's permanent record.
A terminated student shall complete an exit interview with Administration. The student to complete business transactions with SCC will complete a student withdrawal slip from the college.

e. Faculty Documentation. In the event that special evaluation of a student is required, the instructor must provide verbal and written feedback. The student must sign the evaluation to confirm that the evaluation has been read. The student may make comment on the written evaluation. The student must be informed that the evaluation becomes a part of the student file. Date any contracts with the student regarding the situation under question and, if appropriate, give written follow-up outlining the action to be taken.

5. Imposition of Disciplinary Action.
Any member of the Health Career Faculty may issue a written warning to any student. Disciplinary probation, suspension or termination shall be imposed at the discretion of Administration and is subject to any rights of appeal.

6. Disciplinary Investigation and Determination.
Preceding imposition of any disciplinary action other than a written warning, the student shall be notified of the problem by Health Career Faculty or by Administration. The student shall meet with Administration and shall have an opportunity to respond to any accusations.
Administration shall investigate the accusations and request input from appropriate parties. Administration shall determine the form of disciplinary action. The student shall be informed in person by Administration of the determination, the reasons

warranting the action and the conditions, if any, under which the student will be allowed to proceed with the program.

7. Referral for Treatment.

   In conjunction with disciplinary action, administration may require that the student be examined for chemical dependency or some other physical or mental impairment. Related requirements, which may be imposed upon the student, may include:

   a. Health evaluation
   b. Completion of any treatment/rehabilitation recommendation.
   c. Signed release of information by the student to SCC Health Career Director or designee.

   As appropriate, the student shall be removed from clinical/field activities during evaluation and/or treatment periods. The student's participation in or completion of a treatment or rehabilitation program alone shall not qualify the student for reinstatement to clinical or classroom activities or to the program. The student's continuation in the program depends entirely upon the severity of the infraction for which disciplinary action is imposed and the student's compliance with that disciplinary action.

Health Career Program students maintain the right to appeal decisions which are guided by this policy through the Judicial Codes and Appeals process of Southeastern Community College.

Health Career Faculty approval 2/6/2007