



# Salisbury

UNIVERSITY

**College of Health and Human Services**

**Bachelor of Science in Respiratory Care  
Student Handbook  
2022-2023**



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# **I. WELCOME AND INTRODUCTION**

## **WELCOME AND INTRODUCTION**

Welcome to Salisbury University and the College of Health and Human Services. This Bachelor of Science in Respiratory Therapy Student Handbook provides interested, prospective students or admitted students to the Baccalaureate Program, all the information necessary to: understand program requirements and opportunities; student roles, rights, and responsibilities; and available services and support from the University and College of Health and Human Services.

## **PROGRAM FACULTY**

### **CoARC IDENTIFIED KEY PERSONEL**

Lisa Joyner, MEd, RRT, RRT-NPS  
Assistant Clinical Professor  
Program Chair  
Email: [lrjoyner@salisbury.edu](mailto:lrjoyner@salisbury.edu)

Thomas Lamey, PhD, RRT, AE-C  
Assistant Professor  
Director of Clinical Education  
Email: [twlamey@salisbury.edu](mailto:twlamey@salisbury.edu)

## **DIDATIC FACULTY**

Carlton Insley, PhD, RRT, RRT-ACCS,  
RRT-NPS, RPFT  
Assistant Professor  
Email: [rcinsley@salisbury.edu](mailto:rcinsley@salisbury.edu)

## **MEDICAL DIRECTOR**

Robert Chasse, MD  
Medical Director, Critical Care  
Tidal Health Peninsula Regional  
Salisbury, MD

## MISSION STATEMENT

### SALISBURY UNIVERSITY MISSION STATEMENT

Salisbury University is a premier comprehensive Maryland public university, offering excellent, affordable education in undergraduate liberal arts, sciences, pre-professional and professional programs, including education, nursing, social work, and business, and a limited number of applied graduate programs. Our highest purpose is to empower our students with the knowledge, skills, and core values that contribute to active citizenship, gainful employment, and life-long learning in a democratic society and interdependent world.

Salisbury University cultivates and sustains a superior learning community where students, faculty, and staff engage one another as teachers, scholars, and learners, and where a commitment to excellence and openness to a broad array of ideas and perspectives are central to all aspects of university life. Our learning community is student-centered; thus, students and faculty interact in small classroom settings, faculty serve as academic advisors, and virtually every student has an opportunity to undertake research with a faculty mentor. We foster an environment where individuals make choices that lead to a more successful development of social, physical, occupational, emotional, and intellectual well-being.

The University recruits exceptional and diverse faculty, staff, and undergraduate and graduate students from across Maryland, the United States, and around the world, supporting all members of the University community as they work together to achieve the institution's goals and vision. Believing that learning and service are vital components of civic life, Salisbury University actively contributes to the local Eastern Shore community and the educational, economic, cultural, and social needs of our State and nation.

### VALUES

The core values of Salisbury University are excellence, student centeredness, learning, community, civic engagement, and diversity. We believe these values must be lived and experienced as integral to everyday campus life so that students make the connection between what they learn and how they live. The goals and objectives of our strategic, academic, facilities, and enrollment plans, as well as our fiscal commitments, reflect our fundamental values. In addition to these principal values, the University embraces the long-honored tradition of honesty and mutual regard that is and should be a defining characteristic of higher education. The "Salisbury University Promise" is a statement of integrity and respect for others to which we ask all new students to commit as a way of highlighting the University's values and expectations for our students.

**Excellence:** Excellence, the standard against which all University activities and outcomes are measured, connotes the perfection and the quality for which we strive and hold ourselves accountable. We accept the notion that the quality of a university depends on the heads and hearts of those in it.

**Student-Centeredness:** Our students are the primary reason for our existence. Our focus is on their academic and individual success and on their health and well-being. We are committed to helping students learn to make reasoned decisions and to be accountable for the outcomes of the decisions they have made.

**Learning:** We believe that learning is fundamental to living a life with purpose in an increasingly interrelated world and that our role is to teach students not what to think, but how to think. The University introduces students to a system of ideas about the nature of humanity, the universe, and the world created by art and thought. Through active learning, service learning, international experience and co-curricular activities, students connect research to practice, and theory to action.

**Community:** Salisbury University takes pride in being a caring and civil place where individuals accept their obligations to the group, learn through their interactions and relationships with others, where governance is shared, and where the focus is on the common good. We honor the heritage and traditions of the institution which serve as a foundation for future change.

**Civic Engagement:** The University stands as a part of, rather than apart from, the local and regional community. Recognizing its history and traditions, we seek to improve the quality of life for citizens in the region. We believe it is our responsibility to enrich cultural life, enhance the conduct of public affairs and contribute to the advancement of the region. We seek to instill in our students a lifelong commitment to civic engagement.

**Diversity:** Salisbury University views itself as a just community where there is respect for the value of global, societal, and individual differences and commitment to equal opportunity. Diversity is purposefully cultivated to strengthen and enhance our university community.

## **MISSION STATEMENT OF THE RESPIRATORY THERAPY PROGRAM**

### **MISSION**

The mission of the Respiratory Therapy Program at Salisbury University is to provide a high-quality education that is relevant and professionally sound to meet the respiratory therapy leadership needs in the health-care community. Inherent in this purpose is the goal to prepare respiratory therapy practitioners who can demonstrate the attitudes, skills and knowledge required to meet the changing needs in a diverse healthcare community.

### **VISION**

The vision of the Salisbury University Respiratory Therapy Program is to produce quality graduates who meet the expectations of the diverse communities of interest served by the program, to establish and maintain an excellent national reputation, and to be a leader in innovative educational endeavors in the profession. To accomplish the vision, the Respiratory Care Departmental Goals include:

### **GOALS**

1.0: Graduates will be a competent entry-level respiratory therapist.

- Upon completion of the entry-level phase of the program, graduates will demonstrate competent understanding of entry-level skills.
- Upon completion of the entry-level phase of the program, graduates will demonstrate competent technical performance of entry-level skills.
- Upon completion of the entry-level phase of the program, graduates will demonstrate professional behaviors expected of entry-level therapists.

2.0: Graduates will be a competent advanced-level respiratory therapist.

- Upon completion of the respiratory care program, graduates will demonstrate competent understanding of advanced skills.
- Upon completion of the respiratory care program, graduates will demonstrate competent technical performance of advanced skills.
- Upon completion of the respiratory care program, graduates will demonstrate professional behaviors expected of advanced-level therapists.

3.0: Graduates will contribute towards fulfilling the workforce need for respiratory therapists in the health care delivery system

## Values

We value and steward our legacy of student excellence and national prominence.

We value our collective vision that embraces change to promote the future of respiratory care.

We value a supportive environment that promotes a culture of professional achievement and mutual respect.

## CODE OF ETHICS

### AARC STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT

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



## II. ADMISSION REQUIREMENTS

Students interested in Respiratory Therapy should declare Respiratory Therapy as their major upon application to the University. Enrollment in the upper-division Respiratory Therapy courses is a two-step process: first, admission to the University through the Office of Admissions; and second, admission to the upper-division Respiratory Therapy courses through the department. **Admission to the University does not guarantee acceptance into the Respiratory Therapy Program.**

Decisions regarding acceptance to begin the upper-division Respiratory Therapy courses will be made during the spring semester, prior to preregistration for fall classes of the year the student wants to enter the program. Upon acceptance into the Respiratory Therapy Program, students are eligible to enroll in upper-division Respiratory Therapy courses. **Gaining admission into the Respiratory Therapy Program is competitive. Students interested in Respiratory Therapy as a major are strongly encouraged to meet with the Respiratory Therapy Program Admissions Coordinator for additional information and academic guidance.**

### Admission Procedure

All students, including transfer students and those currently enrolled at SU, are considered on a competitive and space-available basis. Decisions regarding acceptance to the upper division Respiratory Therapy courses are made according to the cumulative GPA from all institutions attended and with consideration of the overall academic record. To be considered for admission, current and prospective students must fulfill the following requirements:

- Must be admitted to Salisbury University.
- All transcripts from all previous academic institutions attended must be on file in the Office of Admissions.
- Ordinarily, students must have completed all Salisbury University General Education requirements.
- Prior to the fall semester in which students plan to begin the upper-division coursework, they must successfully complete or have a plan to complete all Respiratory Therapy prerequisite coursework with no grade lower than a C. Respiratory Therapy prerequisite courses include: **BIOL 211, BIOL 215, BIOL 216, HLSC 201, HLSC 301, MATH 155, CHEM 121, and RESP 210.**
- A cumulative GPA of 2.5 or higher.
- Complete and submit an APPLICATION FOR ADMISSION form prior to February 10. The form can be obtained by contacting the School of Health Sciences (see below).

If you have any questions about this admission policy or any other aspect of the Respiratory Therapy Program (e.g., checklists, general information about respiratory therapy, etc.), please check our website:

[www.salisbury.edu/academic-offices/health-and-human-services/health-sciences/respiratory-therapy](http://www.salisbury.edu/academic-offices/health-and-human-services/health-sciences/respiratory-therapy)

## APPLICATION FOR ADMISSION

Admission into the Respiratory Therapy Program is a **two-step process**:

1. First, the prospective Respiratory Therapy Program student must be admitted to Salisbury University.
2. Second, the prospective student must apply to the Respiratory Therapy Program by completing this "Application for Admission" by February 10<sup>th</sup>.

**Admission to the University does not guarantee acceptance into the respiratory therapy program.** The Respiratory Therapy Program is gated. Therefore, due to course sequencing, required respiratory therapy courses begin in the fall semester only, with an admitted cohort of approximately **30 students** each year.

During the Freshman year, the College of Health and Human Services Academic Advisor will advise you. However, you are highly encouraged to contact the Respiratory Therapy Program Admissions Coordinator. (See below). This will further facilitate professional program advising.

Admission to the Respiratory Therapy Program is competitive. Applicants who will be ready to begin the fall upper division respiratory therapy cohorted class must complete an "Application for Admission" by February 10<sup>th</sup>. Upon a comprehensive admission criteria review process, applicants will receive notification (accepted or declined) by March 15<sup>th</sup>. Applications submitted after the February 10<sup>th</sup> date may still be considered for admission, space permitting.

Please identify the year of the fall semester in which you are requesting to enroll: Fall 20\_\_

Name: \_\_\_\_\_ SU ID# \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City

State

Zip Code

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form to:**

Salisbury University  
Respiratory Therapy Program  
DH 311-1101 Camden Avenue  
Salisbury, MD 21801

**For more information, contact:**

Dr. Randy Insley  
Admissions Coordinator, Respiratory Therapy Program  
(E) [rcinsley@salisbury.edu](mailto:rcinsley@salisbury.edu)  
(O) 410-677-0145

\*\*\*\*\*

OFFICE USE ONLY: <mailto:rclinsley@salisbury.edu>

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# CURRICULUM GUIDE

This curriculum guide is an unofficial tool for planning. Matriculated students and advisors should consult the Academic Requirements Report in GullNet before and after registering for classes each semester to track academic progress.

## University Undergraduate Major Policies

- Refer to the program page for this major and the Courses section of this catalog for approved prerequisites and General Education courses.
- Requirements may not equal 120 credit hours. Students must register for additional electives to complete 120 credits required for graduation.
- All graduates must have a minimum of 30 credits of 300/400-level courses with C grade or above; at least 15 of those credits must be taken at SU.
- Students must have a minimum cumulative GPA of 2.0 for graduation.
- Students must complete at least 30 credit hours by direct classroom instruction and/or laboratory experience.
- Students must take 30 of the last 37 credit hours at SU.
- It is the student's responsibility to satisfy graduation requirements. Please refer to the program page of this catalog for detailed major requirements.
- Students must apply online for graduation by November 15 for May and by May 15 for December.

## First Year

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### Semester 1

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- BIOL 215 - Human Anatomy and Physiology I **4 Hour(s) Credit**
- ENGL 103 - Composition and Research **4 Hour(s) Credit**
- MATH 135 - College Algebra: A Modeling Approach **3 Hour(s) Credit**
- IIIB - Gen. Ed. Social Science course **3-4 Hour(s) Credit**

Total Credits: 14-15

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### Semester 2

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- BIOL 216 - Human Anatomy and Physiology II **4 Hour(s) Credit**
- ENGL XXX - Gen. Ed. IB Literature course **4 Hour(s) Credit**
- HIST 10X - Gen. Ed. IIA (HIST 101, HIST 102 or HIST 103) **4 Hour(s) Credit**
- MATH 155 - Modern Statistics with Computer Analysis **3 Hour(s) Credit**

Total Credits: 15/29-30

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## Winter/Summer Term

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List courses that were taken during winter/summer terms:

## Second Year

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### Semester 1

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- CHEM 121 - General Chemistry I **4 Hour(s) Credit**
- FTWL 106 - Lifelong Fitness and Wellness **3 Hour(s) Credit**
- HIST XXX - Gen. Ed. IIB History course **4 Hour(s) Credit**
- IIIC - Gen. Ed. Social Science/Humanities course **3-4 Hour(s) Credit**

Total Credits: 14-15/43-45

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Semester 2

- BIOL 211 - Microbiology **4 Hour(s) Credit**
- HLSC 301 - Human Pathophysiology for Health Care Majors **4 Hour(s) Credit**
- RESP 210 - Foundation Studies in Respiratory Therapy **3 Hour(s) Credit**
- HLSC 201- Medical Terminology-

Total Credits: 15/58-60

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**Winter/Summer Term**

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List courses that were taken during winter/summer terms:

**Third Year**

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Semester 1

- RESP 301 - Patient Care Procedures **4 Hour(s) Credit**
- RESP 302 - Basic Respiratory Procedures/ Clinical Practicum **5 Hour(s) Credit**
- RESP 303 - Cardiopulmonary Physiology **3 Hour(s) Credit**
- RESP 322 - Pharmacology **3 Hour(s) Credit**

Total Credits: 15/73-75

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Semester 2

- RESP 304 - Cardiopulmonary Disease **3 Hour(s) Credit**
- RESP 321 - Advanced Respiratory Care **4 Hour(s) Credit**
- RESP 323 - Clinical Practicum II **5 Hour(s) Credit**
- IIIA - Gen. Ed. Humanities course **4 Hour(s) Credit**

Total Credits: 16/89-91

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**Winter/Summer Term**

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List courses that were taken during winter/summer terms:

**Fourth Year**

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Semester 1

- RESP 401 - Neonatal and Pediatric Respiratory Care **4 Hour(s) Credit**
- RESP 402 - Cardiopulmonary Diagnostics and Rehabilitation **4 Hour(s) Credit**
- RESP 403 - Clinical Practicum III **5 Hour(s) Credit**
- RESP 404 - Management Practices in Health Services **3 Hour(s) Credit**

Total Credits: 16/105-107

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Semester 2

- RESP 400 - Fundamentals of Respiratory Care Research **2 Hour(s) Credit**
- RESP 420 - Respiratory Care Seminar **4 Hour(s) Credit**
- RESP 424 - Critical Care Specialization **5 Hour(s) Credit**
- RESP 425 - Diagnostics Specialization **4 Hour(s) Credit**

Total Credits: 15/120-122

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## A. PROFESSIONAL DEMANDS

The effective Respiratory Therapist is an individual with an interest in helping/working with people, and possesses an aptitude in math and science. He/she should be in good health and should possess the necessary physical attributes to move freely and quickly about health care facilities (sometimes in confined spaces).

Respiratory Therapists must have the ability to manage time effectively, exercise independent judgment, assume responsibility for their own work/actions, and sometimes work under stressful conditions. They must possess ethical judgment, integrity, honesty, dependability and accountability.

It is necessary for prospective respiratory students to have an understanding of the cognitive, affective, and psychomotor learning domains and behavioral components that must be mastered to successfully complete the respiratory care curriculum before they enter the program.

Salisbury University actively seeks to provide equal access to its programs, services, and activities for people with disabilities. Therefore, to the extent practical, the University will endeavor to make a reasonable academic adjustment for an applicant with a disability who is otherwise qualified.

The 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.

### a. ESSENTIAL SKILLS

The following list contains information regarding essential skills outlining the physical abilities and behavioral characteristics necessary for the student to successfully participate in and complete the respiratory therapy program. These standards are not conditions of admission, but reflect the performance abilities and characteristics necessary to successfully complete requirements for respiratory care.

The student should carefully look over the essential skills for the program and ask questions if not familiar with the activities or functions listed. The student must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the student's responsibility to meet these essential skills if accepted into the respiratory therapy program.

The student should consult with the program director, or the director of clinical education, to discuss any individual situation if he or she may not be able to meet these essential performance requirements.

	Psychomotor Related	Necessary Capability
Gross Motor Ability	<ul style="list-style-type: none"> <li>• Move within confined spaces</li> <li>• Sit and stand to maintain balance</li> <li>• Reach above shoulders and below waist</li> </ul>	<ul style="list-style-type: none"> <li>• Function in a high stress, high risk ICU environment: move about in an ICU room in order to perform procedures on the patient.</li> <li>• Adjust equipment settings, and/or equipment displays. Sit to record findings.</li> <li>• Change equipment settings above head and below waist. Plug in equipment.</li> </ul>
Fine Motor Ability	<ul style="list-style-type: none"> <li>• Pick up large and small objects with hands</li> <li>• Grasp/pinch/squeeze small objects with hands or fingers</li> <li>• Write clearly and neatly with pen or pencil</li> <li>• Use a computer</li> <li>• Twist or turn knobs with hands</li> <li>• Have adequate manual dexterity as to be capable of maintaining sterility</li> </ul>	<ul style="list-style-type: none"> <li>• Lift medication vials to read.</li> <li>• Squeeze medication vials to empty.</li> <li>• Squeeze Ballard suction catheter button.</li> <li>• Grasp hold of and read small instruments such as volume measuring devices.</li> <li>• Write and/or type in patient chart.</li> <li>• Accurately record patient data in the medical record.</li> <li>• Change settings on equipment by turning knob and observing change.</li> </ul>
Physical Endurance	<ul style="list-style-type: none"> <li>• Stand at client's side during procedure</li> <li>• Sustain repetitive movements (example: chest compressions in CPR)</li> <li>• Maintain physical tolerance (continue tasks throughout an 12 hour shift)</li> <li>• Work and complete tasks at a reasonable pace</li> </ul>	<ul style="list-style-type: none"> <li>• Stand and perform repetitive procedure(s) on patients such as Chest Physical Therapy and CPR.</li> <li>• Repeat this procedure periodically throughout a 12-hour shift.</li> </ul>
Physical Strength	<ul style="list-style-type: none"> <li>• Relocate 25 pounds, push/pull/roll 60 pounds</li> <li>• Move light objects up to ten pounds, move heavy object weighing from 10-50 pounds</li> <li>• Carry equipment/supplies</li> <li>• Squeeze with hands (example: use of a fire extinguisher)</li> <li>• Use upper body strength</li> </ul>	<ul style="list-style-type: none"> <li>• Assist patient from bed to chair.</li> <li>• Hoist patient up in bed.</li> <li>• Carry medications, pulse oximeter, stethoscope or other equipment to patient room.</li> <li>• Push ventilator or other heavy equipment from respiratory care department to patient room.</li> <li>• Move other equipment such as Pulse oximeter, IPPB or IPV machine.</li> <li>• Lift equipment from bed height to shelf height above chest level.</li> </ul>
Body Mobility:		

- Twist, bend, stoop and squat
- Move quickly
- Climb ladders/stools/stairs
- Walk
- Turn to change settings on equipment while standing at patient bedside.
- Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head.
- Gather equipment and manually resuscitate patient without delay.
- Make rapid adjustments if needed to ensure patient safety.
- Make way to patient room if an emergency is called using stairs.

Hearing:

- Hear normal speaking level sounds
- Hear faint voices
- Hear faint body sounds (example: breath and heart sounds)
- Hear auditory alarms
- Hear telephones
- Hear sounds with stethoscope
- Listen to patient breath sounds to determine if patient is breathing.
- Listen to heart sounds to determine if heart is beating.
- Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis.
- Hear audible alarms such as a ventilator alarm.
- Hear overhead pages to call for emergency assistance.

Visual:

- Visually assess clients
- See object up to 20 inches and see object more than 20 feet away
- Use peripheral vision Distinguish color and color intensity
- See emergency lights/lamps
- Read patient chart to determine correct therapy.
- Visually assess patient color to assess for hypoxia.
- Read settings on monitors and other equipment.
- Visually assess for changes.
- Confirm settings visually such as with ventilator display.

Tactile:

- Feel vibrations (example: pulses)
- Detect client temperature and environmental temperature
- Feel the difference in surface characteristics
- Feel the differences in sizes, shapes (example: palpate artery/vein)
- Assess patient by feeling for patient pulse, temperature, tactile fremitus, edema, subcutaneous emphysema

Smell:

- Detect odors from client
- Detect smoke, gas or noxious smells
- Assess for noxious odors originating from the patient or environment (example gas leak or smoke).

## 1. ESSENTIAL FUNCTIONS

All individuals, including persons with disabilities, who apply for admission to the respiratory therapy program, must be able to perform specific essential functions with reasonable accommodations. Essential functions are the basic activities that a student must be able to perform to complete the curriculum and function as a respiratory therapist. A respiratory therapy student must be able to perform these essential functions:

	Psychomotor Related	Necessary Capability
Reading:	<ul style="list-style-type: none"> <li>• Read and interpret physicians' orders</li> <li>• Read and understand written documents</li> <li>• Read very fine or small print</li> </ul>	<ul style="list-style-type: none"> <li>• Read and interpret physician orders, as well as physician, therapist and nursing notes.</li> <li>• Read from a computer monitor screen.</li> <li>• Gather data assuring reasonably accurately, and in a reasonable amount of time, to ensure safe and effective patient care relative to other care givers.</li> </ul>
Arithmetic:	<ul style="list-style-type: none"> <li>• Read and understand columns of writing, digital displays, tabular and graphic printouts (example: flow sheets)</li> <li>• Calibrate equipment</li> <li>• Convert numbers to metric</li> <li>• Tell time and measure time (duration)</li> <li>• Count rates (example: pulses, breathing rate)</li> <li>• Use measuring tools (example: thermometers, scales)</li> <li>• Able to perform basic arithmetic functions: add, subtract, multiply, divide</li> <li>• Compute fractions</li> <li>• Use a calculator</li> <li>• Record numbers (example: chart observed parameters)</li> </ul>	<ul style="list-style-type: none"> <li>• Read and interpret patient graphics charts and graphic displays.</li> <li>• Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, as well as other functions.</li> </ul>
Emotional Stability:	<ul style="list-style-type: none"> <li>• Establish therapeutic boundaries</li> <li>• Provide client with appropriate emotional support</li> <li>• Adapt to changing environment/stress</li> <li>• Deal and cope with unexpected stress (example: crisis, grief)</li> <li>• Focus attention on task despite distractions</li> </ul>	<ul style="list-style-type: none"> <li>• Provide for safe patient care despite a rapidly changing and intensely emotional environment.</li> <li>• Perform multiple tasks concurrently, such as the delivery of medication or oxygen in one room while performing an arterial blood gas in another as may occur in an emergency room environment.</li> <li>• Maintain enough composure to provide for safe and effective patient care despite crisis circumstances.</li> </ul>



- Perform multiple responsibilities concurrently
- Show appropriate compassion through communications

Critical Thinking:

- Transfer/extrapolate knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve, prioritize tasks
- Use long and short term memory
- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information
- Evaluate different sources of diagnostic information to help arrive at a patient diagnosis.
- Evaluate priorities in order to provide for the most appropriate care.
- Evaluate data in order to formulate an appropriate action plan.
- Appropriately evaluate data in order to notify physician and nursing when necessary.

Interpersonal Skills:

- Negotiate interpersonal conflict appropriately
- Respect differences in clients and co-workers
- Establish rapport with clients and co-workers
- Work effectively with physicians, staff, clients and clients' families
- Communicate effectively with disagreeable patients, family, doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.
- Recognizes and respects cultural, socioeconomic, learning and behavioral differences in patients, as well as differences due to patient age.

Communication Skills:

- Teach (example: client, family, co-worker)
- Speak clearly and distinctly (verbal reports, telephone)
- Explain procedure
- Interact with others
- Direct activities of others
- Convey information through writing (example: progress notes)
- Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

Travel:

- Requires the ability to travel to and from the College campus, clinical facilities, and other assigned locations off campus.

B. FIT FOR DUTY ASSESSMENT

**ASSESSMENT:** As described by the essential skills and essential functions outlined above, Salisbury University Respiratory Therapy students are expected to report to clinical fit for duty, which means able to perform their clinical duties in a safe, appropriate, and an effective manner free from the adverse effects of physical, mental, emotional and personal problems.

**Physical Requirements:** Respiratory Therapy is a physically demanding profession. Students are required to work up to twelve hour shifts covering several areas throughout the hospital and may be on their feet for extended periods of time. As a graduate you will most likely be required to work shifts (day or night), weekends, and holidays. Respiratory therapy students also help lift patients and transport patients to various sites in the hospital while maintaining ventilation with manual equipment. Ventilators must be cleaned and moved from one area of the hospital to other areas on a regular basis. Specialty gas cylinders are also transported from one area of the hospital to another. Metering devices must be attached to these cylinders requiring the use of wrenches and some degree of physical strength.

A great deal of manual dexterity is required to manipulate artificial airway equipment, needles for arterial puncture and application of certain types of oxygen equipment. Students must be able to hear equipment alarms from a distance and distinguish subtle changes in air entry and breaths sound in the lungs and airways. Patients are often observed from a distance and heart monitors must be accurately read from at least the end of the patient’s bed, approximately 6 feet away. The student may be exposed to cleaning materials as well as biological (e.g., blood, mucus), infectious/communicable diseases, and chemically hazardous materials in the clinical setting.

Emergency situations frequently occur that require immediate response and action by the student. Considerable reaching, stooping, bending, kneeling and crouching are also required. Students must have the ability to judge distance and spatial relationships, see peripherally, distinguish and identify different colors.

**Psychological Requirements:** Must be emotionally stable in order to provide safe care to patients. Students receiving pharmacological treatment must be considered to be on a stabilized dose in order to provide patient care.

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Provider: In your opinion, is there any reason why the student could not withstand the physical or mental exertions related to the requirements in the Respiratory Therapy Program? Yes  No  If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

I find the above named individual “fit for duty” and free from communicable disease: Yes  No

\_\_\_\_\_

Print Name of Healthcare Provider  
(MD, DO, PA OR NP)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Healthcare Provider

\_\_\_\_\_

Address stamp: (including phone number)

## II. FAILURE FROM PROGRAM

Courses in the Respiratory Therapy curriculum are sequenced, with each semester's courses a prerequisite for the succeeding semester. If a student earns a grade less than 'C' in any course respiratory therapy program didactic course or clinical course, the student's progress in the program is halted. The policy below outlines scenarios that would result in halting a student's progress in the program, and what the student is required to do should they desire to remediate the problem and continue in the program.

### A. FAILURE FROM A CLINICAL COURSE

1. A grade of less than 'C' in a clinical course shall result in dismissal from the program. The student may choose to **re-apply** to the program for the subsequent year. Re-admission would require evidence of change in any factors that led to the dismissal.

**NOTE:** Readmission / re-entry is contingent on the availability of clinical space at the time of re-entry.

### 2. SECURED TMC EXAMINATION

Respiratory Therapy majors in the fall semester of their senior year must surpass a threshold cut-score on the web-based secured comprehensive Therapist Multiple Choice (TMC) Examination purchased by the student from the National Board for Respiratory Care. **Each student must achieve at least a 60% on this exam in the fall semester of their senior year!** The secured comprehensive Therapist Multiple Choice (TMC) Examination purchased by the student from the National Board for Respiratory Care (NBRC) is designed to allow each student to demonstrate broadly their competency to become an independent practicing respiratory care professional. This final examination, therefore, consists of material that is more than the sum of the courses they have taken, pulling together the knowledge and skills acquired in classes and clinical to think critically, develop larger ideas, and generally show an independent ability to work as a professional health care provider.

Any student failing to achieve the cut-score (**≥ 60%**) on the NBRC secured comprehensive TMC exam may attempt the exam one additional time as scheduled by the Program Director. The student is responsible for the cost of each exam.

A student who fails to achieve the cut-score the second time will receive a grade of Zero (0) for the 30% for this portion of their final grade in their clinical course, such students will not be eligible for graduation. The student will then be given a prescription for remediation by the Program Director, which may include help in changing the student's major.

### 3. 2<sup>nd</sup> SECURED TMC EXAMINATION

All Respiratory Therapy majors in the spring semester of their senior year must surpass a threshold cut-score on the web-based secured comprehensive Therapist Multiple Choice Examination (TMC) purchased by the student from the National Board for Respiratory Care. **Each student must achieve ≥ 65% on this exam!** The secured comprehensive Therapist Multiple Choice Examination (TMC) purchased by the student from the National Board for Respiratory Care (NBRC) is designed to allow each student to demonstrate broadly their competency to become an independent practicing respiratory care professional. This final examination, therefore, consists of material that is more than the sum of the courses they have taken, pulling together the knowledge and skills acquired in classroom and the clinical setting to think critically, develop larger ideas, and generally show an independent ability to work as a professional health care provider.

Any student failing to achieve the cut-score ( $\geq 65\%$ ) on the NBRC secured comprehensive TMC may attempt the exam one additional time as scheduled by the Program Director. The student is responsible for the cost of each exam.

A student who fails to achieve the cut-score the second time will receive a grade of 0% of the 30% for this portion of their final grade in clinical, such students will not be eligible for graduation. The student will then be given a prescription for remediation by the Program Director, which may include help in changing the student's major.

## B. FAILURE IN A DIDACTIC COURSE

A grade of less than 'C' in a didactic course shall result in dismissal from the program. The student may choose to **re-apply** to the program for the subsequent year. Re-admission requires evidence of change of factors that led to dismissal.

**Note:** Readmission/ re-entry is not guaranteed and contingent on the evidence provided by the student of a change in any factors that led to the dismissal and the availability of clinical space at the time of re-entry.

**IMPORTANT:** Beyond an extremely unusual circumstance, **NO ONE** will be allowed to take a respiratory course more than **twice**. If unsuccessful after two attempts the student will commonly need to change their major. This policy is supported by the Henson School of Science & Technology two-take course repeat policy that can be found at the following website: [http://www.salisbury.edu/henson/advising/course\\_repeat\\_policy.html](http://www.salisbury.edu/henson/advising/course_repeat_policy.html)

## III. ACADEMIC POLICIES

### A. ATTENDANCE

#### 1. DIDACTIC/LABORATORY

- a. Class attendance is considered essential to the student's learning experience and academic success. Each student is expected to attend all regularly scheduled class meetings. Beyond 3 absences will result in a one-letter grade reduction of the final course grade.
- b. Lab attendance is considered essential to the student's learning experience and academic success. Each student is expected to attend all regularly scheduled lab meetings. Beyond 1 absence will result in a one-letter grade reduction of the final course grade.
- c. Class/laboratory lateness will not be tolerated. Upon the start of the class/laboratory, if entrance to the classroom is closed, no further admittance will be allowed: therefore the late student will be considered absent.
- d. By requirement of the program, seating arrangements during examinations will be:
  - Assigned using a randomization process.
  - No student will be allowed to select their seating.
  - All seating will be assigned by the instructor prior to beginning of each exam.

**MAKE-UPS:** In the event that you must miss a scheduled examination, for whatever reason, you must notify your instructor via email PRIOR to your absence or lateness, so he/she is aware of your problem.

**NOTE:** Failure to properly notify the instructor will result in a grade of zero "0" for that examination.

#### 2. ANNUAL PARTNERS IN RESPIRATORY CARE CONFERENCE

All Respiratory Therapy Majors are required to attend both days of the annual Partners in Respiratory Care Conference held on the Salisbury Campus. *Failure to attend this conference will result in the loss of a letter grade in the student's clinical.* Please plan early for this, as it is a requirement for successful completion of the program.

### 3. INCLEMENT WEATHER and EMERGENT CONDITIONS:

- a. In the event of inclement weather, students can receive information concerning university closing by listening to local radio and television stations WMDT or WBOC or by consulting the Salisbury University website: *www.salisbury.edu*.

*\*\*\*Please note: All revisions to assignments, quiz and exam dates, and class and grading policies that would occur during such an emergency will be communicated via e-mail. You will be responsible for completing all these assignment in accordance with class policies.*

## IV. RESPONSIBILITIES OF THE STUDENT

### A. ACADEMIC MISCONDUCT POLICY

Salisbury University and the Respiratory Therapy Program expects all students to conduct themselves in accordance with the highest standards of personal integrity and academic honesty. The faculty of the Respiratory Therapy Program expects all students to adhere strictly to the code of conduct and the principle and spirit of academic integrity as described in the "Policy and Procedures Concerning Student Behavior in the Health Professions Academic Programs (Health Professions Student Behavior Policy)". Any student who commits, abets or attempts any act in violation of the Code of Conduct or Academic Misconduct Policy is subject to reprimand, counseling, disciplinary action/or prosecution as by law"(Health Professions Behavior Policy). Penalties for such infractions may include any of the following: a failing grade in the assignment, a failing grade in the course, dismissal from the program, and/or dismissal from the university. Integrity is a principle that permeates all the activities of the University and guides the behavior of faculty, students and staff. The spirit of academic integrity denotes adherence to the precept that one's work is one's own. The process by which integrity is upheld assumes clear communication of University expectations, standards and policies and clear communication of students and faculty rights and responsibilities. Complete information about the Health Professions Student Behavior Policy can be found at the following website:

[http://www.salisbury.edu/henson/simcenter/BehaviorPolicyHandbook\\_13.pdf](http://www.salisbury.edu/henson/simcenter/BehaviorPolicyHandbook_13.pdf)

#### a. Definitions

This policy is intended to foster student academic integrity and to address cases of student academic misconduct which may include, but are not limited to, the following:

#### b. Lying

- Communicating untruths or withholding information as part of an investigation, or in order to gain an academic advantage.

#### c. Cheating

The act of wrongfully using or attempting to use unauthorized materials, information, study aids or the ideas or work of another in order to gain an advantage. Acts of cheating include but are not limited to:

- giving unauthorized aid to another student or receiving unauthorized aid from another person on tests, quizzes, assignments or projects;

- using or consulting unauthorized materials or using unauthorized equipment or devices on tests, quizzes, assignments or projects;
- submitting as one's own work material written by someone else, whether purchased or not;
- altering or falsifying any information on tests, quizzes, assignments or projects;
- working on any project, test, quiz or assignment outside of the time constraints imposed;
- submitting an assignment in a somewhat altered form or using any material portion of a paper or project to fulfill the requirements of more than one course unless the student has received prior faculty permission to do so;
- failing to adhere to an instructor's specific directions with respect to the terms of academic integrity or academic honesty;
- using fraudulent methods in laboratory, studio, field, computer work or professional placement;
- Other acts generally recognized as dishonorable or dishonest which bear upon academic endeavors.

#### d. Misappropriation of Course-Based Intellectual Property

Lectures delivered by faculty in class, as well as course materials faculty create and distribute, are protected by federal copyright law as their original work. Misappropriation of intellectual property is the act of intentionally taking the intellectual property of faculty or others, and/or the sale or distribution of class notes, tests, assignments or class projects for profit, either directly or through a third party, without the express consent or permission of the faculty member or lecturer, or without documentation to demonstrate the need for such accommodations. Such property includes, but is not limited to class notes, tests, assignments, class projects or other academically related work. All academic work undertaken by a student must be completed independently unless instructed otherwise by a faculty member or other responsible authority.

#### e. Plagiarism

Students are responsible for learning proper scholarly procedures which require that all quoted material be identified by quotation marks or indentation on the page, and the source of information and ideas, if from another, must be identified and be attributed to that source. Acts of plagiarism include but are not limited to:

- intentionally or unintentionally deceiving or disregarding proper scholarly procedures;
- participating in illicit collaboration with other individuals in the completion of course assignments;
- presenting information, thoughts or ideas from another source as if they are your own, or without giving appropriate attribution;
- other acts generally recognized as plagiarism.

#### f. Social Networking

- Social networking site: Spaces in the internet where users can create a profile and connect that profile to others (individuals or entities) to create a personal network. Examples include Facebook, LinkedIn, Twitter, Instagram, etc.
- Weblog: A website, usually in the form of an online journal, maintained by an individual with regular commentary on any number of subjects. It may incorporate text, audio, video clips, and any other types of media.

### B. GUIDELINES FOR ETHICAL/PROFESSIONAL BEHAVIOR

#### a. Professionalism

- i. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. The permanence and written nature of these postings make them even more subject to scrutiny than most other forms of communication. The professionalism description can be found in the Salisbury University Professional Behavior Policy and the American Association for Respiratory Care (AARC) position statement for ethics and professional conduct, which is signed by all students during orientation each semester. Student conduct is also governed by the SU Student Code of Conduct. Students may be subject to disciplinary actions for comments that are either unprofessional or violate patient privacy.

- ii. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.
- iii. Do not violate copyrighted or trademarked materials. If you post content, photos or other media, you are acknowledging that you own or have the right to use these items.
- iv. In online social networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as a Salisbury University student, you are creating perceptions about this program by those who have access to your social network profile or weblog. Be sure that all content associated with you is consistent with your position within the program and with the values and professional standards of the program, university, and hospital.
- v. SU logos may not be used on any social media site. Any medically oriented weblogs should contain the disclaimer: "The posts on this site are my own and do not necessarily represent the positions, strategies, or opinions of the SU Respiratory Therapy Program or Salisbury University"
- vi. Use of these social networking sites or weblogs can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings (e.g. State Professional Licensing Boards).
- vii. You are expected to exercise sound, mature judgment when posting to social network sites. The following behaviors may be considered unprofessional behavior and may be the basis for disciplinary action:
- viii. Display of vulgar language.
- ix. Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- x. Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
- xi. Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.
- xii. Unprofessional postings by others on your page reflect very poorly on you. Please monitor others' postings on your profile and work to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.
- xiii. Relationships online with attending physicians, fellows, residents, interns, and other medical staff are all governed by the SU policy against sexual harassment. Cyber stalking and requests from those who you engage in activities outside of work, and inappropriate postings to social networking sites can all be considered forms of sexual harassment.
- xiv. Avoid giving specific medical advice.

### C. PRIVACY

- a. Due to continuous changes in these sites it is advisable to closely monitor the privacy settings of your social network accounts to optimize their privacy and security.
- b. It is advisable that you set your privacy profile so that only those people whom you provide access may see your personal information and photos.
- c. Be aware that resourceful individuals often can and do access information that has not been made available beyond your privacy settings. Nothing is truly private on the internet.

- d. Avoid sharing identification numbers on your personal profile. These would include address, telephone numbers, social security, passport numbers or driver's license numbers, birth date, or any other data that could be used to obtain your personal records.
- e. Others may post photos of you, and may "tag" you in each of the photos. It is your responsibility to make sure that these photos are appropriate and are not embarrassing or professionally compromising. It is wise to "untag" yourself from any photos as a general rule, and to refrain from tagging others unless you have explicit permission from them to do so.
- f. Maintain the privacy of colleagues, doctors, and other university or hospital employees when referring to them in a professional capacity unless they have given their permission for their name or likeness to be used.
- g. Make sure that you differentiate medical opinions from medical facts. The world of medicine is foreign to many, so readers may take your words at face value. Try to make clear what statements reflect your personal beliefs.

#### D. CONFIDENTIALITY

- a. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.
- b. Patient privacy measures taken in any public forum apply to social networking sites as well.
- c. Online discussions of specific patients should be avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to which you are referring based upon the context and treatment information. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment may still allow the reader to recognize the identity of a specific individual.
- d. Under no circumstances should photos of patients or photos depicting the body parts of patients be displayed online. Remember, even if you have permission, such photos may be downloadable and forwarded by others.

#### E. PATIENT CONTACT

- a. Interactions with patients within these sites are strongly discouraged. This provides an opportunity for a dual relationship, which can be damaging to the provider-patient relationship, and can also carry legal consequences.
- b. Private patient information obtained on a social networking site should not be entered in the patient's medical record without the patient's knowledge and consent.
- c. Social media in clinical settings
  - i. Be aware of social networking policies at each of the program clinical affiliates.
  - ii. Refrain from accessing personal social networking sites while at work or in clinical work areas.

#### F. WRITING ACROSS THE CURRICULUM

Written communication is vitally important to patient safety and appropriate care. All written work will be graded equivalently. There are numerous resources to help students with written assignments. The Writing Center is located on the second floor of the Academic Commons, Room 260. Not seeking out assistance is not an excuse. With the use of the resources available, everyone can turn in exceptional work. Therefore, leniency will be not afforded to poorly written assignments. For more information: [www.salisbury.edu/uwc](http://www.salisbury.edu/uwc).



**All students are encouraged to make use of this important service.** For more information about the Writing Center's hours and policies, visit the Writing Center or its website at <http://www.salisbury.edu/uwc> .

## G. DISABILITY AND SUPPORT SERVICES

“Any student registered with the Disability Resource Center who would like to utilize approved accommodations in their courses should contact their faculty members as soon as possible to arrange a meeting to coordinate any and all accommodations.

Students with disabilities can request reasonable accommodations, auxiliary aids and services, and/or modifications to University policies, through the DRC by following the DRC's procedures for Requesting Accommodations, Modifications, Aids, and Services.

For more information, refer to our Disability Resource Center page at:

<http://www.salisbury.edu/students/drc/>

Or contact the office at:

Disability Resource Center

Guerrieri Student Union (GSU) 229

Email: [disabilitysupport@salisbury.edu](mailto:disabilitysupport@salisbury.edu)

## H. CORRESPONDENCE BETWEEN STUDENTS AND FACULTY

The University's official mode of communication with students is your campus e-mail account. ALL campus offices use this mode of communication. Failure to read notices sent to your campus e-mail account is not an excuse for missing deadlines.

Clinical Instructor cell phone numbers are to be used for the singular purpose of reporting an absence from clinical ONLY. All other questions or concerns are to be communicated via your *campus email account*.

## I. OUTSIDE EMPLOYMENT

1. The Respiratory Therapy Program is an intensive program. Besides requiring in-class, in-lab, and clinical time; the individual study time commitment is extensive. Students who work outside of the school day are encouraged to keep the number of hours within the limits of good health, allowing adequate time for rest, recreation, study, and extracurricular activities. External work detracts from individual study time and may impact the student's success in the program and licensure exams.

2. The Respiratory Therapy Program will not excuse students from class or clinical experience due to employment schedules, including on-call duties. Students are expected to meet their obligations to the course of study. Absences and tardiness due to employment are not acceptable.

3. For the safety of the patients, students arriving at the clinical site impaired in any way, (fatigue, drugs, alcohol, etc.), will be asked to leave the clinical setting. Any student dismissed from clinical because of impairment must meet with the Respiratory Therapy Program Director to determine if they will be allowed to attend clinical in the future. *Egregious* acts that cause a student to be dismissed from clinical are frequently causes for program dismissal.

## J. TRANSPORTATION

Students will need and are responsible for their own transportation to and from all class and clinical rotations. This includes transportation to the Salisbury Campus in Salisbury, MD as well as rotations across the state of Maryland.

## K. STUDENT ACADEMIC ADVISEMENT AND COUNSELING

1. Each student is assigned an academic advisor upon entering the Respiratory Therapy Program. Students are encouraged to become acquainted with their advisor during available time and bring academic problems to the advisor as soon as recognized. The advisor is available to the student for counseling on grades and progress toward graduation.

**It is the responsibility of the student to schedule these required meetings with the advisor.**

2. Each student is responsible for meeting all course requirements for graduation. If a student wishes to discuss any particular course, he/she is to confer with the instructor of that course. Each respiratory therapy student is assigned a faculty advisor to guide and assist with graduation requirements. It is your responsibility to meet with your advisor each semester and review personal progress.

**Failure to meet with your advisor is documented and absolves faculty of any responsibility relative to advisement toward fulfillment of the students' graduation requirements.**

3. Students are responsible for knowing the contents of the Rules and Regulations contained within the Student Handbook for the program. Students are responsible for periodically reviewing the policies throughout the duration of the program so as to alleviate any miscommunications. Students are responsible to maintain appropriate, professional conduct at all times during clinical and didactic courses. Inappropriate behavior consists of, but is not limited to:
  - a. Malicious gossip that is detrimental to another student, Respiratory Care Practitioner, instructor, or other hospital or college personnel.
  - b. Conversations that compare or contrast, in a negative manner, patients, other students, clinical sites, and/or staff.
  - c. Discussions breaching patient confidentiality in any manner (e.g., face-to-face conversation or electronic means – Facebook / Twitter / Snap Chat, etc.).

## V. CLINICAL POLICIES

The clinical experience provides the opportunity for students to apply what they have learned, to perform the skills they have acquired, to practice their profession under supervision, and to develop as respiratory care professionals. Clinical rotations are designed for students to observe and practice methods of treatment and use equipment in real clinical settings.

The hospitals associated with our clinical education program may require criminal background checks on incoming students to ensure the safety of the patients treated by students in the program. When you are assigned to a hospital that requires criminal background checks, you will be required to obtain your background check in sufficient time for it to be reviewed by the hospital prior to beginning your clinical rotation. The background checks are conducted by various professional agencies, and hospitals may utilize different agencies to obtain the information they require. We will make every attempt to only require a single background check, but there may be instances where that is not possible. More information will be provided by the Program faculty.

### A. EXPECTED STUDENT BEHAVIOR

1. These guidelines are designed to assist the student in developing behavior patterns, which are conducive to learning achievement, safety and good patient care.
2. In order for the student to know whether or not the faculty views his/her behavior, as being in compliance with the guidelines, the faculty shall make notation of the behavior on the clinical evaluation form. This evaluation shall be signed by the student, instructor and DCE and placed in the student's file.
3. The notation on the clinical evaluation will be utilized by the faculty and the student to identify behavior patterns, which are to be discouraged and behavior patterns, which are to be encouraged.
4. These guidelines are presented to clinical affiliations as an outline of expected student behavior. Students are expected to comply at all times. Failure to comply indicates inappropriate behavior, and appropriate steps must be taken to correct any deficiencies.
5. When assigned to patient care areas, a stethoscope, a wrist watch with a second indicator, an air adapter (if indicated), a ball point pen and a small pocket notebook are required.
  - a. Clinical faculty will be introduced followed by a discussion of the clinical schedule for that quarter. Rules, regulations, objectives, evaluations, and grading will also be discussed. Orientation will conclude with a tour of the clinical facility, and a review of the policies and procedures for that facility.
6. Supervision
  - a. When students are performing in the clinic, a clinical instructor or staff therapist will be available for supervision and consultation. All work documented by the student will be verified via Trajecysis by the instructor.
7. Physician Orders
  - a. Students cannot and will not accept a physician order.
8. Telephone Use/Cell phone
  - a. The telephone should be used for business purposes only.
    - i. NOTE: Absolutely under no circumstances are cell phones in the clinical environment. They must be turned off. If you are seen using a cell phone, you will be dismissed from clinical and be required to meet with Director of Clinical Education prior to returning to the clinical setting.
9. Lunch Break
  - a. The break for lunch is 30 minutes. Students are expected to stay in the hospital for the entire clinical day.

## B. DOCUMENTED PREREQUISITE REQUIREMENTS FOR CLINICAL PRESENCE

1. IMMUNIZATIONS - Physical examinations and fit for duty assessment is required for all entering students. The following immunizations are required for entry into the Program, for protection of students and patients:
  - a. Hepatitis B (HBV):
    - i. A series of three doses of vaccine is required; or,
    - ii. Evidence of Hepatitis B vaccination series in process, completion by the start of the second semester
    - iii. Laboratory evidence of Hepatitis B immunity.
  - b. Varicella:
    - i. Completed vaccinations with a series of two doses; or,
    - ii. Laboratory evidence of immunity.
  - c. Measles:
    - i. Laboratory evidence of immunity; or,
    - ii. Immunization with two doses after the first birthday with at least 30 days between doses.
  - d. Mumps:
    - i. Laboratory evidence of immunity; or,
    - ii. Immunization with 2 doses of mumps vaccine on or after your first birthday.
  - e. Rubella:
    - i. Laboratory evidence of immunity; or,
    - ii. Immunization with 2 doses of Rubella vaccine on or after your first birthday.
  - f. Tetanus:
    - i. Record of booster every 10 years
  - g. Tuberculosis:
    - i. Annual PPD skin test with negative reactivity; or,
    - ii. Evidence of chest x-ray and medical follow-up for those with past history of positive reactivity.
  - h. Influenza:
    - i. Annually (beginning each fall) with current seasonal formulation
    - ii. Begin as early as vaccine is available each year
    - iii. Intramuscular, intradermal, or intranasal injection is acceptable
  - i. Drug Screen
    - i. 10 Panel test
  - j. Covid
2. BACKGROUND CHECK
  - a. Pursuant to the Agency's policies, the Students participating in the Program at the Agency must be subject to certain criminal background check reports and reviews prior to placement at the Agency.
3. CPR REQUIREMENTS
  - a. Students are required to be certified and maintain certification by the American Heart Association in BLS for the Healthcare Provider prior to the beginning of the clinical experience.

## C. PERSONAL APPEARANCE

1. Professional appearance during clinical is as follows and will be strictly enforced:
  - a. No visible facial jewelry (body piercing) is allowed (i.e., tongue, nose, chin, etc.).
  - b. No visible tattoos. All tattoos must be covered with clothing.
  - c. Students may wear only 2 (two) conservative earrings in each ear.
  - d. Hair color and styling will be conservative (i.e., not blue, green, unnatural red, etc.).
  - e. Students are not permitted to wear artificial nails, extenders, and/or long fingernails 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.
  - f. Students are not permitted to wear underwear that is visible through uniform pants.
  - g. Students wishing to wear a shirt under their scrub top must be solid white.
  - h. Only approved uniforms are permitted.
  - i. Only clean shoes are permitted.
  - j. Proper insignia and name badge must be worn at all times
  - k. Hair must be tied back or worn off the collar.
  - l. Jewelry is not permitted, except wedding bands.
  - m. No perfumes or strong deodorant may be worn.
  - n. Absolutely **NO** chewing gum.
2. The Casual dress code will be required for all other interactions within the program (case study presentations, case study preparation, physician lectures, hospital orientations) with the following exceptions
  - a. NO JEANS
  - b. NO OPEN TOE SHOES OR HIGH HEELS
  - c. NO LOW CUT SHIRTS
  - d. NO EXPOSURE OF THE BELLY BUTTON
  - e. YOUR NAME BADGE MUST BE WORN AT ALL TIMES.

Remember, this is a professional program and you are representing the University and the Program at all times and we expect you to act and look professional.

## D. CLINICAL ATTENDANCE AND PUNCTUALITY

Students must be aware that the attendance and punctuality guidelines outlined in this absence policy are for all clinical courses/rotations, physician lectures and senior clinical case presentations. Time allotted for clinical practice is very limited; therefore, guidelines for attendance and punctuality are rigorous.

1. Attendance in the clinical field is mandatory.
2. Students are expected to adhere to the following policy on absence: the student may miss one clinical day without penalty **provided all necessary paper work and notifications were completed as outlined below.**
  - a. An absence must be reported to the clinical instructor a **minimum** of one hour before the scheduled course or presentation start time.
  - b. Students arriving to clinical sick or who become sick in clinical will be sent home and that clinical day will be recorded as an absence.
3. Improper notification will be considered an unexcused absence. This unexcused absence will result in **a one-letter grade reduction in the students' final course grade.**

#### 4. Lateness

- a. Lateness shall be defined as presenting oneself at the clinical area in excess of 1 minute after scheduled start of rotation.
- b. Lateness greater than 5 minutes will count as an absence. Lateness will not be tolerated and the student will be sent home.

#### 5. Notification of Impending Absence or Lateness

- a. Students must make their **own** phone calls. Phone calls from someone other than the student will not be accepted. Messages will not be accepted from other students or family members.
- b. Failure to notify the instructor of your absence or lateness will be regarded as an **unexcused absence** and will result in a conference with the Director of Clinical Education.
- c. Students are required to submit and email notification from their SU email account to the following individuals:
  1. Director of Clinical Education: Professor Lisa Joyner: [lrjoyner@salisbury.edu](mailto:lrjoyner@salisbury.edu)
  2. Your assigned clinical Instructor for that rotation
  3. Yourself

### E. INCLEMENT WEATHER POLICY FOR CLINICAL PRACTICE

1. Should inclement weather result in classes being canceled information will be given to all local radio and television stations. Students can receive information concerning cancellations by listening to local stations or by calling the **Gull Line at (410) 546-6426**.

The institutional policy with regard to closing is that unless there are the direst circumstances the institution will remain open for business. Students, staff and faculty members must exercise their best judgment about whether they attend class or report to work. Different conditions prevail for each individual under inclement weather situations so the decision should be essentially an independent one.

If you do not hear an announcement about cancellation of classes, then classes and events will be held as scheduled. Please do not call the University Police Office about cancellation notices so that office can assist with emergency needs.

#### 2. CANCELLATION

- a. **\*Announcement:** SU is closed prior to the beginning of scheduled clinical practice.

**Action:** Students and the clinical instructor do not report to clinical practice. The Clinical instructor will notify the clinical affiliate.

- b. **\*Announcement:** SU is closing during clinical practice.

**Action:** The Clinical Instructor will terminate clinical practice as soon as possible with regard to patient safety, and allow students to leave the clinical site. The Clinical Instructor will inform the clinical affiliate of this action.

3. All revisions to assignments, quiz and exam dates, and class and grading policies that would occur during such an emergency will be communicated via e-mail. You will be responsible for completing all these assignment in accordance with class policies.

## F. RELATIONSHIPS WITH PATIENTS

1. Students are to be reassuring, temperate, and considerate to patients at all times.
  - Arguing with patients will not be tolerated.
  - Students must not allow personal problems, attitudes, or prejudices to affect the way the patient is treated. **If you are having a problem, please talk with your instructor.**
2. Students will adhere to the *Patient's Bill of Rights*.
  - The patient must be treated with respect.
  - The patient has a right to know what therapy you are giving him/her, who ordered it, and why he/she is receiving this therapy.
  - The patient has the right to refuse any therapy. Any refusal must be recorded on the chart, with the reason for refusal, and reported to the instructor or supervisor.
  - The patient has the right to the privacy and confidentiality of his/her medical record.
  - Do not release any information to the patient which relates to his/her condition, diagnosis, prognosis, or any therapy which you do not administer. Refer all such questions to the floor nurse.
3. Students must be tactful in handling difficult situations.
  - Do not argue with the patients.
  - Do not take personally anything the patient may say to you.
  - Do not allow yourself to become angry or disorganized in front of the patient.
4. Students must explain all therapeutic procedures fully to the patient prior to the initiation of therapy.
  - Identify the patient and introduce yourself.
  - Explain what you are going to do for the patient.
  - Explain what you want him to do to cooperate.
  - Explain, within the limits of your own and the patient's understanding, why the patient is receiving the therapy.

## G. PATIENT CONFIDENTIALITY

1. Records and personal information regarding patients is **STRICTLY CONFIDENTIAL**.
2. No student should ever privately or publicly disclose any information about individual patients to anyone including the patient himself.
3. Students must always be on guard as to when and where it is appropriate to discuss questions about individual patients.
4. Students, who are questioned by a patient or relative about the treatment or condition of a patient, should never attempt to answer but direct the person requesting the information to the patient's physician or appropriate hospital personnel.
5. **Compromising patient confidentiality is grounds for dismissal from the program.**

## H. RELATIONSHIPS WITH FACULTY, HOSPITAL PERSONNEL, AND CO-WORKERS

1. Always act courteously and respectfully when relating to faculty and hospital personnel.
  - Do not interfere with the work or instruction of others.
  - Do not use foul, abusive, or disrespectful language anywhere within the clinical areas regardless of who you think can or cannot hear you.
2. Always use tact, not arguments, in handling difficult situations.
3. Always cooperate with hospital personnel and peers for the betterment of patient care.
4. Should you have a concern with a didactic or clinical course, you should consult with the instructor of that course, **FIRST**. Should there be no resolution, then your next step would be the Program Director for didactic courses or the Director of Clinical Education (DCE) for clinical courses. If the Director of Clinical Education (DCE) is unable to resolve the clinical related concern, your next step is the Program Director. Should all previous avenues not come to a resolution, then a meeting with the Director of the School of Health Sciences is the next step.

## I. CONCERN FOR SAFETY

**Before giving therapy, the student shall familiarize him/herself with the entire patient record.**

1. Always check all physicians' orders before initiating any therapy. Also, check for orders to discontinue therapy.
  - If no current order can be found, notify your Clinical Instructor.
  - Administration of therapy not ordered will jeopardize the student's continuance in the Program.
2. Check all medications prior to administration.
  - Check the physician's order for dosage, dilution, frequency, etc.
3. Check identification of the patient before therapy is administered.
  - Check the chart to make certain order is written for the patient.
  - Check the wrist identification band.
4. Do not endanger the patient or your fellow workers by any of your actions or failure to act.
  - If in doubt, question the staff or faculty member.
  - Always be alert to dangerous situations.
5. You must report dangerous or potentially dangerous conditions immediately to your instructor.

## J. OBSERVING, REPORTING, AND CHARTING

1. Always observe your patient during therapy.
2. Always report any changes in your patient's condition to your clinical instructor.
3. Always chart fully, accurately, and truthfully – following accepted policy of clinical affiliation.



## K. ACCEPTANCE AND RESPONSIBILITY

1. Perform all assigned tasks as specified.
2. Follow established department and school policies.
3. Always utilize the procedure taught by your instructor.
4. Perform all reading or homework assignments.
5. Demonstrate level of achievement required by each instructor in each course.
6. Remedial consultation with your instructor if required achievement is not demonstrated.
7. Always attempt to conserve and protect hospital or school supplies and equipment.
8. When in doubt, ask your instructor.
9. Accept full responsibility for your performance and evaluation regardless of circumstances.

### 4. ACCEPTANCE OF CONSTRUCTIVE CRITICISM

1. Constructive criticism is offered as guidance and advice, not as an admonishment.
2. Students should accept constructive criticism without public emotional display.
3. Constructive criticism should be heeded and any behavioral deficiencies corrected promptly. Differences of opinion may be discussed outside the clinical area.
4. Constructive is the **Key** word. This criticism will be offered in private sessions as much as possible. Remember, this is designed to be sure that the safest, most effective therapy will be given to patients; and secondly, to allow you to improve your skills by knowledge of weak or deficient areas in your performance.

## VI. GRADING AND EVALUATION

A. The grade is based on the following criteria:

### Technical Knowledge (35%)

- Adapts procedure and technique to the clinical situation
- Assesses treatment and procedure effectiveness
- Answers questions from the clinical instructor
- Applies basic and clinical science principles (anatomy, physiology, chemistry, etc.) to care
- Solves routine problems
- Assess the written order and makes sound conclusions

### Technical Competency (25%)

- Performs established procedures safely
- Performs established procedures smoothly and confidently
- Admits to errors without excuses, accepts criticism
- Assures treatment quality applying gained knowledge
- Properly identifies the patient
- Reacts effectively in crisis situations
- Seeks assistance when needed

### Efficiency (8%)

- Demonstrates an organization of daily activities
- Completes assigned responsibilities in a timely manner being conservative with materials
- Completes assignments accurately, thoroughly, and with a high degree of quality

Patient Rapport (5%)

- Explains therapy to the patient
- Reassures the patient and instills confidence
- Attentive to the needs and comforts of the patient
- Demonstrates principles of safety and effectiveness

Initiative (8%)

- Researches the patient's condition
- Has proper materials required for clinical practice
- Demonstrates an effort to help others
- Demonstrates self-motivation

Attitude (8%)

- Shows tact with peers, instructors, and staff
- Willingly accepts constructive criticism
- Demonstrate reliability and dependability
- Meets dress code and standard of professionalism

Charting (3%)

- Charts an assessment of treatment effectiveness accurately
- Completes and updates records correctly

Communication (8%)

- Gives a concise and complete report in English
- Communicates clearly and understandably in English
- Accurately relays significant and comprehensive information to the instructor and staff in English

## VII. EXPLANATION OF CLINICAL RATING SCALE

The table below is a representation of the point system used in grading our students on their clinical performance (The point system ranging from 0-4 has been broken down into 0.5 increments and what each represents as a "grade):

Well Below Standards	0 = 0%
	0.5 = 41.3%
Below Standards	1.0 = 60%
	1.5 = 67%
Meets Standards	2.0 = 70%
	2.5 = 73%
Exceeds Standards	3.0 = 80%
	3.5 = 90%
Distinguished	4.0 = 100%

The grading scale for clinical is:

90 - 100%

A

80 - 89.9%	B
70 - 79.9%	C
60 - 69.9%	D
59.9 and Below	F

## VIII. POLICY ON SMOKING, TOBACCO USE, AND VAPING

- A. Students should act as role models for the community, and therefore, it is the policy of this Program that SMOKING, TOBACCO USE, and/or VAPING IS NOT PERMITTED DURING CLINICAL.
- B. SUBSTANCE (DRUG/ALCOHOL) ABUSE
- a. A student with a substance abuse problem should seek counseling immediately. This may be done through the program faculty or by directly contacting on-campus counselors.
  - b. Students who are obviously impaired during classroom, laboratory, or clinical practice will be asked to leave the area and supervised by the instructor until all safety concerns have been satisfied.
  - c. Incidents of substance abuse will be reported to the Program Director and the Director of Clinical Education, where appropriate action will be taken following University policies set forth in dealing with substance abuse.
  - d. Consequences of substance abuse range from on-going counseling to dismissal from the program and University.

## IX. SCHOLARSHIPS

Throughout the year, several scholarships are offered through various organizations. Application deadlines and award amounts and criteria for each scholarship change each year. The student should contact their faculty advisor for more information on the scholarships.

Listed below are scholarships that pertain to Respiratory Therapy students:

1. Dr. Theodore Wiberg Health Careers Materials Award: The memorial scholarship awards \$500 / semester to a qualifying student. Selection of award recipients will be made by the Dean of the Henson School of Science and Technology, the Chairman of the Department of Health Sciences, and a member of the Wiberg Family.
2. MD/DC Society for Respiratory Care – Karrie Lipscomb Achievement Award: This scholarship is typically awarded to a second year respiratory care student enrolled in a respiratory care program in Maryland and the District of Columbia. Scholarship selection is based on recommendation from program faculty and priority will be given to those students who are in the most financial need and meet the required minimum GPA.
3. American Association for Respiratory Care Foundation Scholarship: Due late spring.
  - Morton B. Duggan, Jr. Memorial: The ARCF awards up to \$1,000 in memory of Morton B. Duggan, Jr. Applicants/nominees are accepted from all states. The award also includes registration for the AARC International Respiratory Congress, airfare, one night lodging, and a certificate of recognition.
  - Jimmy A. Young Memorial: The ARCF awards up to \$1,000 in memory of Jimmy A. Young, past president of the AARC, who personally contributed greatly to respiratory care education. The award also includes registration for the AARC International Respiratory Congress, airfare, one night lodging, and a certificate of recognition. The Foundation prefers that nominations be made by the school or program, but any student may initiate a request of sponsorship by the school in order that a deserving candidate is not denied the opportunity to compete simply because the school does not initiate the application. **Preference is given to applicants of minority origin.**
  - Robert M. Lawrence ARCF Education Recognition: The ARCF and the National Board for Respiratory Care, together with its wholly owned subsidiary, Applied Measurement Professionals Inc., awards up to \$2,500 annually to a third or fourth-year student enrolled in an accredited Baccalaureate respiratory therapy program. The award also includes registration for the AARC International Respiratory Congress, airfare, one night lodging, and a certificate of recognition.
  - Lambda Beta Honor Society (please see website for complete explanations of individual scholarships: <http://www.nbrc.org/LambdaBetaSociety/tabid/83/Default.aspx/default.htm>)
    - Lambda Beta Society, AMP or Hill Scholarships
    - Gerald K. Dolan Memorial Scholarship
    - Deshpande-Pilbeam Media Award

## **XII. PROFESSIONAL ORGANIZATIONS**

### **1. NATIONAL BOARD FOR RESPIRATORY CARE - (NBRC)**

The CRT Examination is the Entry Level credentialing exam of the NBRC and is prerequisite for the registry examination. Upon completion of the Entry Level Exam, the credential of Certified Respiratory Therapist (CRT) is awarded. The registry exam is divided into two parts; written registry exam and a clinical simulation exam. Upon successful completion of both exams the student will be credentialed a Registered Respiratory Therapist (RRT) by the National Board for Respiratory Care. Each respiratory therapy graduate is responsible for attaining and maintaining their own professional credentials.

Application Forms and Information about credentialing may be obtained by writing to:

National Board for Respiratory Care  
8310 Nieman Road  
Lenexa, Kansas 66214  
Phone: (913) 599-4200  
*<http://www.nbrc.org>*

### **2. AMERICAN ASSOCIATION FOR RESPIRATORY CARE - (AARC)**

The department recommends that each student apply for student membership in their professional organization, the AARC, as soon as he/she is enrolled. A student membership, entitles one to receive all publications from this organization including the AARC Times and Respiratory Care. Respiratory journals are frequently used to supplement class material. Student members also receive discounts for attendance at state and national professional meeting. *<http://www.aarc.org>*

### **3. THE MARYLAND/DISTRICT OF COLUMBIA SOCIETY FOR RESPIRATORY CARE - (MD/DC SOCIETY)**

The Maryland/District of Columbia Society for Respiratory Care Inc. is a non-profit chartered affiliate of the American Association for Respiratory Care (AARC). The Society is comprised of over 800 respiratory professionals in Maryland and the District of Columbia and represents the interests of respiratory care professionals and the patient's within these boundaries. *<http://www.mddcsoc.org>*

### **4. THE COALITION FOR BACCALAUREATE AND GRADUATE RESPIRATORY THERAPY EDUCATION (CoBGRTE)**

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) is a professional organization to help students, faculty, and the general public learn about baccalaureate and graduate respiratory therapy education in the United States. To learn more about the coalition please visit *<http://www.cobgrte.org/home.html>*

### **5. COMMITTEE ON THE ACCREDITATION OF RESPIRATORY CARE PROGRAMS (CoARC)**

The Commission on Accreditation for Respiratory Care (CoARC) accredits respiratory care degree programs at the Associate, Baccalaureate, and Master's Degree level in the United States. The CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography. CoARC's mission is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research, and service.

## XIII. APPENDICES

### A. UNIVERSAL PRECAUTIONS

Universal Precautions must be used for all patients. Medical exam, history, or lab tests cannot always identify all patients with infectious diseases. Universal Precautions does not eliminate the need for disease specific isolation.

For many years, isolation precautions were used only for patients with known infections. Now, precautions are recommended for all patients. The increasing risk that Health Care Workers (HCW) will be exposed to blood and body fluids emphasizes the need for HCW to consider all patients as potentially infected with a blood-borne disease. Blood-borne diseases include Hepatitis B and AIDS, but there are others. The risk of getting Hepatitis B from blood contact is 6 to 30%, while the risk of getting AIDS from blood contact is less than 1%.

Universal Precautions must also be used even though a lab test may be negative for AIDS or Hepatitis. Lab tests may be falsely negative and there other blood-borne diseases besides AIDS or Hepatitis B with which you should be concerned (i.e., CMV). Universal Precautions should not be relaxed for any reason.

1. Engineering and work practice controls shall be used to eliminate or minimize exposure. Engineering controls are defined as controls that isolate or remove the blood-borne pathogen hazard from the workplace (e.g. needle boxes, self-sheathing needles). Work Place Controls are defined as controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique). All health care workers shall routinely use appropriate barrier precautions.
2. **Gloves** shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, specimens of body fluids, and for performing venipuncture and other vascular access procedures. Gloves shall be changed when torn or after contact with each patient.
3. **Hands** and other skin surface must be washed immediately and thoroughly if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.
4. **Gowns** shall be worn during procedures that are likely to generate splashes of blood or body fluids.
5. **Mask and protective eyewear** (safety glasses, goggles, or chin length face shields) shall be worn during procedures that are likely to cause sprays, splashes, or droplets of blood or body fluids.
6. **Resuscitation bags** are strategically located in areas of anticipated use throughout the Hospital to eliminate the need for mouth-to-mouth resuscitation.
7. **Sharps** shall be handled in a manner as to prevent injuries. Used needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. Students required to draw Arterial Blood Gases will continue to recap needles by sliding the contaminated needle into the cap with one hand. **Recapping shall not be done by holding the needle and syringe in one hand, the cap in the other and pushing the two together as there is an increased incidence of needle sticks.** Sharps shall be placed in a puncture resistant container for disposal. Large bore reusable needles shall be placed in a puncture-resistant container (i.e., basin, etc.) for transport to the reprocessing area.
8. **Blood and body fluid spills**

\* Spills of blood and other body fluids should first be removed and then the area disinfected with the disinfectant presently used by housekeeping.

\* Spills must be cleaned up promptly wearing gloves. Students will notify supervisor of any spill of blood, body fluid, tissue, or any laboratory substance.

9. **Health Care Workers (HCW)** who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
10. **Pregnant HCW** are not at great risk of contracting infection by HIV or other blood-borne viruses than non-pregnant workers, but infection by any of these viruses during pregnancy results in a risk of harming the unborn child. Pregnant HCW shall be especially familiar with and strictly adhere to precautions to minimize the risk of transmission of these viruses.
11. **Hepatitis B vaccine** is available through your doctor/student health center for students having contact with blood or body fluids.
12. **Special Medical Waste**
  - All waste contaminated with blood or body fluids will be placed in red trash bags to identify it for proper disposal. The lab will use the biohazard bags for contaminated waste. If the outside of the first bag becomes contaminated with blood or body fluids, the first bag will be put into another bag and closed properly.
  - Disposal of large volumes of blood may be accomplished by suctioning blood into a collection canister, securely closing the container and putting the container in a red trash bag.
  - Chest tube collection chambers and suction collection liners shall not be emptied. They will be securely closed and placed in the red trash bags for incineration.
13. **Laundry** contaminated with blood or body fluids shall be handled with gloves and emptied directly in the laundry bags.
14. **Monitoring of Universal Precautions** will be performed by the instructor on a routine basis. While in the hospital nurses or infection control personnel may observe your actions.
15. **If exposure to blood or body fluids occurs**, the student will immediately report this to his/her instructor and complete an Incident Report and Incident Investigation Form with the help of his/her instructor and department manager. Circumstances surrounding the exposure are reviewed and any necessary action taken by the department manager and/or safety officer. Notify Employee Health as soon as possible; if Employee Health is closed at the time of exposure, employee consults with instructor/supervisor to determine the necessity of going to the Emergency Department.
16. Eating, drinking, smoking, chewing gum, applying cosmetics, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

## B. PRIVACY STATEMENT

Student health information collected for screening and participation in the Department of Health Sciences at Salisbury University will be stored in locked files and accessed only by instructors teaching these courses.

Knowledge of personal health information will not be shared with anyone without the student's written consent.

If a student's health status changes, the student will be informed of their need to consult with the appropriate university personnel (department chair, Student Health Services, parents, counseling services). The student may be advised to seek individual consultation or medical care prior to continued participation in both classroom and clinical activities.

The instructor has the right to limit or discontinue participation at any time there is a concern for the safety and well-being of the student, whether or not medical evaluation or documentation has taken place.

### FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA affords eligible students certain rights with respect to their educational records. An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution. Specific information about this federal law can be found here: <http://www.salisbury.edu/registrar/Resources/FERPA/>

### **\*\*IMPORTANT ANNOUNCEMENT\*\***

1. Students must be aware that any misdemeanor or felony convictions may prevent a graduate from acquiring a state license. Contact the individual state licensing board if there are questions.



### C. ADDITIONAL PROGRAM EXPENSE

The following additional course fees will be required to successfully complete your degree in the Respiratory Therapy Program: Remember this is just an *approximation of prices*, actual cost may vary slightly and other fees may be added when deemed necessary as a course requirement.

#### FALL SEMESTER of SENIOR YEAR: (Estimated)

Neonatal Resuscitation Provider Course (NRP):	\$40.00
Pediatric Advanced Life Support Provider Course (PALS):	\$151.00
Wed-based Assessments:	\$135.00
Conference By the Sea	\$ 90.00

#### SPRING SEMESTER of SENIOR YEAR:

Advanced Cardiac Life Support Provider Course (ACLS):	\$ 50.00
Web-based Exam/Simulations:	\$ 330.00
Pinning Ceremony:	
Ceremonial Participation	\$ 50.00
Pins	\$ 45.00
Respiratory Therapy Sash	\$ 65.00

D. SIGNATURE VERIFICATION FORM

A. I acknowledge that I have received and am responsible for the 2022-2023 Salisbury University Respiratory Therapy Program Student Handbook.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

B. I verify that I have read the attached information concerning Universal Precautions. I understand the above information and agree to follow it closely.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

C. I have read the description of Essential Skills/Functions for the Respiratory Care Program. To the best of my knowledge, I am able to perform, or will be able to learn to perform, all of the functions listed.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

D. I verify that I have read and understand the attendance requirements.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

E. I understand fully the implications of the statements made above regarding the Secured Comprehensive TMC Exam grading policy and my progression through the program.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

F. I acknowledge that I have read the SALISBURY UNIVERSITY, Policy and Procedures Concerning Student Behavior in the Health Professionals Academic Programs.

By signing below, I \_\_\_\_\_ (print name) acknowledge I understand the following:

1. The student agrees that they will follow the terms of the, SALISBURY UNIVERSITY, Policy and Procedures Concerning Student Behavior in the Health Professions Academic Programs.
  2. The student will be held accountable should he/she violate the SALISBURY UNIVERSITY, Policy and Procedures Concerning Student Behavior in the Health Professions Academic Programs.
  3. The student understands that any violations of the SALISBURY UNIVERSITY, Policy and Procedures Concerning Student Behavior in the Health Professions Academic Programs will result in disciplinary action as described in the policy.
- 

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_