

Modesto Junior College

*Associate Degree
Respiratory Care Program
Fall 2023-24*

Student Handbook

Dear Student,

Welcome to the Modesto Junior College Respiratory Care Program. The faculty is pleased that you have decided to enter a profession that is vital for providing healthcare and education to members of the community. We are committed to your success achieving your academic and professional goals. You will discover that the study and practice of respiratory care is challenging as well as rewarding.

The purpose of this handbook is to provide you with important information regarding the policies that govern our instruction in respiratory care and your conduct as a student within the Respiratory Care Program. Your understanding of these regulations and accountability in following them are fundamental to student success and patient safety. Read your handbook carefully as you are responsible for the information it contains. The Respiratory Care Program Student Handbook is supplementary to the Modesto Junior College Catalog. We recommend that you retain copies of both.

Regular revision of the handbook is based upon faculty and student input. We welcome your suggestions for improving the usefulness and clarity of this document for you and for future Respiratory Care students.

With sincere congratulations and welcome again!



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PROGRAM DESCRIPTION

Respiratory care is an allied health specialty employed in the treatment, management, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. Respiratory care involves the therapeutic use of medical gases, air, and oxygen administering apparatuses, environmental control systems, humidification and aerosols, cardiopulmonary medications, ventilatory assistance and control, postural drainage, chest physiotherapy and breathing exercises, pulmonary rehabilitation, assistance with cardiopulmonary resuscitation, and maintenance of natural, artificial, and mechanical airways.

Specific testing techniques may be employed in respiratory care to assist in diagnoses, monitoring, treatment, and research. Measurement of ventilation volumes, pressure and flows, and blood gas analyses are some of the testing techniques employed by respiratory care practitioners.

Although respiratory care is a specialty health area, it is broadly defined and parallels closely to other professional areas. It is important to realize that respiratory therapy interrelates with patient care performed by nurses, physical therapists, and other technologists.

The field of respiratory care offers a wide variety of specialty areas: long-term care, neonatal-pediatric care, ground and air transport, pulmonary rehabilitation, polysomnography, education, critical care, case management, home health care, pulmonary diagnostics and department management.

The respiratory care program prepares students to carry out the functions of the respiratory care practitioner in all phases of respiratory care. The two-year, associate of science degree program starts in August of each year at the beginning of the fall semester. Students must complete all program entrance requirements and be selected through a randomized computer selection process to be eligible to enroll in the program.

After successful completion of the curriculum, the program graduate is eligible to take the National Respiratory Care Board Therapist Multiple Choice (TMC) and Clinical Simulation Examination (CSE) that credentials individuals with a Certified Respiratory Therapist or Registered Respiratory Therapist credential. The Registered Respiratory Therapist credential allows the therapist to apply for licensure as a Respiratory Care Practitioner in the State of California.

MISSION

In accordance with the tenets of the Modesto Junior College Mission Statement, the mission of the Respiratory Care Program is to provide an excellent foundation in respiratory care education, to inspire commitment to lifelong professional growth, and to advance the standards and ethics of the profession. The Respiratory Care Program faculty are aware of and responsive to the health care needs of our community. By developing educational partnerships with local health care providers, our program is better able to meet the health care needs of our diverse community.

PHILOSOPHY OF THE INSTRUCTORS

Modesto Junior College offers a respiratory care program that prepares students to pass the examinations for the credentialing board, the National Board for Respiratory Care (NBRC). Completion of the program requirements meets the A.S. degree requirements and the overall philosophy of Modesto Junior College.

The instructors assume the responsibility for the quality of the educational program. They also assume the responsibility for designing curriculum instruction that will permit the student to develop critical investigation of ideas, independence of thought, objectivity of observation and assessment, and increased skill in organizing and synthesizing knowledge from other relevant fields.

The respiratory care practitioner (RCP) collaborates with the health care team within the hospital for achievement of a respiratory health program by assisting in all fields of operation. It is believed RCPs should be able to assume the initiative and responsibility for making decisions and formulating new approaches as necessitated by varying circumstances and technological advances.

The respiratory care program is designed to prepare students to be professional respiratory care practitioners with knowledge of therapeutic and diagnostic procedures. Formal courses and practical clinical experiences are designed to provide a challenging and stimulating program. The instructors recognize that respiratory care students have diversified interests, values, learning styles, talents, and backgrounds from which they make individual contributions to respiratory care. Cognizant of this fact, a climate is created in which student diversities can be nurtured through guidance and self-direction in pursuit of a professional education. Individual differences must be considered if effective learning is to take place. At the same time, all students are held to program standards and expected behaviors in order to successfully complete the program.

The instructors recognize that to minimize the effects of subjective evaluation, grades should be a composite of many educational ingredients. These ingredients include examinations, laboratory and clinical performance and competencies, and patient case studies. Performance in clinical practice and individual personal growth characteristics will realistically reflect the educational progress of the student.

PROGRAM GOALS AND OUTCOMES

The Respiratory Care educators at Modesto Junior College are dedicated to assisting students in their role transition from learner into entry-level professional. The program's primary goal is:

- To prepare competent Respiratory Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapist (RRTs).

The following Program Learning Outcomes support the program goal listed above:

1. Demonstrate knowledge and clinical skill in Respiratory Care.
2. Competently perform all duties and functions delegated to Registered Respiratory Care Practitioners in a proficient and ethical manner.
3. Evaluate habits, interests, and attitudes which promote lifelong learning
4. Successfully pass the National Board for Respiratory Care (NBRC) Therapist Multiple Choice (TMC) exam and the Clinical Simulation Exam (CSE) as a Registered Respiratory Therapist (RRT) and be eligible for licensure in the State of California.

PROGRAM ACCREDITATION

The Respiratory Care Program of Modesto Junior College is accredited by the Committee on Accreditation for Respiratory Care (CoARC). Our program was first accredited in 1983. We have maintained full accreditation since that time.

Committee on Accreditation for Respiratory Care
264 Precision Blvd.
Telford, TN 37690
(817) 283-2835
www.coarc.com

SELECTION PROCESS

In order to be fully qualified for admission, applicants must have completed the program prerequisites with a grade of "C" or better at the time of application. In the event that there are more qualified applicants than space available, a weighted lottery will be employed. The following factors will be considered in the weighted lottery:

Veteran Status - If the applicant provides a copy of the Defense Department form (DD214) – honorable discharge required, the applicant's name will be entered an extra time.

Science GPA –If the grade point average (GPA) for chemistry, anatomy, physiology and microbiology is 2.75 or better, the applicant's name will be entered an extra time.

Previously Qualified Applicant –If during the past three application periods an applicant was waitlisted and not selected for the Respiratory Care Program, the applicant's name will be entered an extra time for each of these application periods.

PREREQUISITES AND CURRICULUM REQUIREMENTS

<u>Prerequisites</u>	<u>Units</u>
ANAT 125: Human Anatomy	4.0
PHYSO 101: Introductory Human Physiology	4.0
MICRO 101: Microbiology	4.0
ENGL 100: Intensive Reading, Writing, and Reasoning or	5.0
ENGL 101: Composition and Reading	3.0
PSYC 101: General Psychology or	3.0
PSYC 141: Human Lifespan Development	3.0
	18-20

Required Respiratory Care Courses

Fall

RSCR 220 [1] Introduction to Respiratory Care Principles	5.0
RSCR 222 [1] Basic Cardiopulmonary Anatomy & Physiology	3.0
RSCR 230 [1] Clinical 1	2.5

Spring

RSCR 224 [2] Respiratory Care Theory	5.0
RSCR 240 [2] Advanced Cardiopulmonary Physiology	4.5
RSCR 232 [2] Clinical 2	3.5

Fall

RSCR 242 [3] Critical Care Procedures	4.5
RSCR 244 [3] Neonatal-Pediatric Respiratory Care	2.0
RSCR 250 [3] Clinical 3	3.5
RSCR 251 [3] Neonatal and Pediatric Clinical Practice	1.0

Spring

RSCR 246 [4] Current Issues in Respiratory Care	3.0
RSCR 252 [4] Physician Rounds for Respiratory Care	0.5
RSCR 255 [4] Clinical 4	2.0
RSCR 257 [4] Clinical Preceptorship	2.5
TOTAL UNITS IN A.S. MAJOR	43.5

TOTAL UNITS WITH PREREQUISITE COURSEWORK & RESPIRATORY CARE MAJOR COURSEWORK **61.5 -63.5**

To earn an Associate in Science degree in Respiratory Care, the student must complete the requirements detailed in the Career Technical Education Pathway or the University Preparation Pathway in addition to the Respiratory Care coursework. Consult with an educational counselor for selection of courses. (5.5 units)

Demonstrated competence in Reading	
Activities	2.0
Guidance	0.5
Area C: Humanities	3.0
Area D2: Communication and Analytical Thinking	3.0

The Area E Health Education requirement is waived for Respiratory Care candidates.

TOTAL UNITS REQUIRED IN A.S. DEGREE **70 -72**

REQUIRED MATH COMPETENCY FOR ACCEPTANCE INTO THE RESPIRATORY CARE PROGRAM

- Completion of MATH 89, MATH 989, or a course from CSU-GE: B4 or IGETC 2, or equivalent course with a grade of C or higher
- Score of 3, 4, or 5 on AP Exam: Calculus AB or Calculus BC or Statistics
- Score of 5 on IB Exam: Mathematics HL

Bachelor's degree holders are considered to have met this requirement

EXAMINATIONS AND CERTIFICATIONS

The credentialing system for respiratory care practitioners can be confusing. The national credential through the National Board of Respiratory Care confers a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT). Students who successfully complete the program are eligible to take the Therapist Multiple Choice Exam (TMC) and receive a national credential. Once students are awarded the RRT credential, they are eligible to apply for a license to practice within the state. The national organization also credentials in pulmonary function testing, Adult Critical Care Specialist, Neonatal/Pediatric Specialist and Polysomnography.

The examination can be applied for during the last semester of the program. Only those graduates passing the certification examination are eligible to work in the state of California. All tests are computer based and taken at selected secure sites.

Addresses:

California Licensing Board
Respiratory Care Board (RCB)
3750 Rosin Court, Suite 100
Sacramento, CA 95834
(916) 999-2190
(866) 375-0386
www.rcb.ca.gov

Credentialing Board
National Board for Respiratory Care (NBRC)
10801 Mastin Street, Suite 300
Overland Park, KS 66210
(888) 341-4811
www.nbrc.org

LICENSURE

As the students prepare to graduate from the program, it is a time for instructor guidance regarding licensure. In the final semester of the program, instructors will provide students with instructions and important dates regarding board registration.

Completion of the respiratory care program does not guarantee licensure as a Respiratory Care Practitioner (RCP). Licensure is controlled by the Respiratory Care Board of California, which evaluates applications for licensure after successful completion of an associate degree in respiratory care and attainment of the Registered Respiratory Therapist (RRT) credential.

Students successfully completing the A.S. degree program are eligible to take the Therapist Multiple Choice Exam. The examinations for the RRT credential objectively measure essential knowledge, skills, and abilities required of advanced respiratory therapist. The first examination for earning the RRT is the Therapist Multiple Choice (TMC) Examination. The TMC evaluates abilities required of respiratory therapists at entry into practice and determines eligibility for the Clinical Simulation Examination (CSE). The CRT and/or RRT credentials are used as the basis for licensure in all 49 states that regulate the practice of respiratory care. The State of California requires the RRT credential as the basis for licensure.

The computer assisted practice tests for the Therapist Multiple Choice (TMC) written and the Clinical Simulations are available in the Allied Health Computer Lab. The respiratory care instructors will explain the procedure for taking these practice tests and they will schedule the testing.

The practice tests provide an excellent strategy for preparing students for the examination process.

A respiratory care practitioner's first California license is issued for two birthdays (not two years) and expires the last day of the month following the RCP's birthday. After the first renewal, the license will expire every two years if the renewals and 30 continuation education units are completed according to schedule. Renewal applications are mailed out approximately three months prior to the expiration date of the license. Respiratory care practitioners are responsible for renewing their license even if they do not receive a renewal notice. By law and to ensure receipt of renewal applications, respiratory care practitioners must notify the Board within 30 days of a name change or change of address.

POLICY FOR IMPOSING PENALTIES OR DENIAL OF LICENSURE

The law provides for denial of licensure for crimes or acts related to patient care activities, i.e. sex crimes, drug crimes, alcohol or drug abuse and crimes of violence. In such cases, it is the applicant's responsibility to present sufficient evidence of rehabilitation to the Respiratory Care Board of California prior to taking the licensure examination. If the above violations are only misdemeanors, an in-house review and penalty determination may be performed and fines, warning letters, and/or probation may be issued without denial of a license. The Respiratory Care Board of California will screen applicants individually. Any student considering a career as a Respiratory Therapist who might be denied licensure is advised to consult the Disciplinary Guidelines (California Code of Regulations, 1399.374) published by the Respiratory Care Board of California before entering the program. For information on disciplinary guidelines contact:

Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834
Toll Free in California (866) 375-0386
<http://www.rcb.ca.gov/index.html>

PROFESSIONAL ORGANIZATIONS

Students are encouraged to develop habits, interests, and attitudes favorable to continued professional growth. Respiratory Care Practitioners are represented by state and national organizations that work for the benefit of the profession by providing educational and professional conferences, disseminating information through scientific and professional journals, and promoting the interests of respiratory care professionals within government. Students are encouraged to become members of the:

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

California Society for Respiratory Care (CSRC)
3868 Howe Street, #1
Oakland, California 94611
(888) 730-2772 (Toll Free)
(831) 763 2814 (Fax)
www.csrc.org

Students are also encouraged to request the following free publications.

Advance for Respiratory Care Practitioners
<http://www.advanceforrcp.com>

RT Magazine
<http://www.remagazine.com>

CONTINUING EDUCATION

To maintain active status of a respiratory care practitioner's license, mandatory continuing education for license renewal is required by law. Proof of 30 contact hours of continuing education is required for every renewal of an active license. Continuing education courses must be relevant to the practice of respiratory care and approved by the Respiratory Care Board. For more information on licensure, continuing education and ethics requirements, visit the RCB of California website at www.rcb.ca.gov.

ALLIED HEALTH CODE OF CIVILITY

A climate of mutual respect and tolerance is fundamental for teaching and learning to occur. The Allied Health Code of Civility and Student Code of Conduct are in effect both on campus and in the clinical setting. Students will be held accountable for their behavior. A disruptive student or a student who violates the Allied Health Code of Civility will be subject to disciplinary action in accordance with college and/or Program policies. See the Allied Health Code of Civility in the Appendix section of this handbook.

CODE OF ETHICS

You represent both the Respiratory Care Program and the college to those you meet during your training. This representation is especially important during your clinical experience when you are performing patient care. Please follow the rules of the respective facilities during your clinical rotations.

Every patient has the right to privacy. The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) has put in place national regulations protecting the privacy and security of health information. As students, you will have access to extremely personal information. You must respect the patient's right to privacy by never repeating or discussing any information to unauthorized persons. You should not discuss a patient's condition with friends or relatives. If requested by the patient's family to provide such information, you should refer them to the nurse or Respiratory Care Practitioner responsible for the patient.

It is essential that students using client records as a vehicle for learning experiences in the agencies protect the client's privacy whether it is for case studies or use on the units. To assure absolute protection of the client, the students will not be allowed to copy any portion of the client's record under any circumstances, i.e., Xerox or photocopy.

In such cases when information is obtained for case study review, information must be handwritten and summarized eliminating any information, i.e., names of the client, relative, agency, physician or any person on the health team caring for that client. Furthermore, should any names or evidence of identity be found by the instructor on any written papers, they shall not be returned to the student, and the grade 0% or "F" may be recorded (at the discretion of the respiratory care instructor).

Any student purposely falsifying records of clinical attendance may be placed on probation. A second falsification of clinical attendance may result in dismissal from the program.

Students are encouraged to review the AARC Statement of Ethics and Professional Conduct as a guide to professional conduct for respiratory therapist.

<http://www.aarc.org/wp-content/uploads/2017/03/statement-of-ethics.pdf>

SYLLABI AND TEXTS

Instructors have picked textbooks for classes based on their value rather than cost. We have tried to keep cost to a minimum. Used respiratory care textbooks are rare since most students keep their texts for future reference.

Books can be ordered through the Bookstore according to school policy or students may order textbooks on their own. Each semester the Bookstore will have a list of required books.

Each course has a syllabus that will be available online. You will receive instructions for accessing the syllabus during the Orientation and on the first day of class.

STUDENT FEES AND EXPENSES

In addition to the standard Student Fees (enrollment, health, parking, materials, etc.) listed in the MJC catalog, students are responsible for all program costs such as textbooks, syllabi, uniforms and expenses related to the health clearance process, background check and drug screen. Students are also responsible for living accommodations and transportation expenses to and from the college and assigned clinical facilities. Clinical rotations at any point in the program may require the student to travel locally or out of town. Reliable transportation is essential and the lack of it will not provide justification for special arrangements regarding clinical rotation sites. All non-residents must comply with student requirements as outlined in the MJC catalog.

UNIFORMS AND SUPPLIES

Students are responsible for the purchase of a gray scrub uniform worn during clinical rotations. Closed toe, low-heeled shoes with rubber or crepe soles must be worn. All students cleared for clinical will obtain a clinical ID badge provided by the Respiratory Care Program.

A watch, pocket watch, or stopwatch with a second hand will be required. Stethoscopes will be purchased with materials fees. In addition, many students have found the following helpful:

- Calculator (pocket type)
- Pocket-size spiral notebook
- Stapler, 3-hole punch, and several 3-ring binders
- Pocket-type penlight and small screwdriver
- Bandage scissors
- Portable SpO2 monitor

BASIC LIFE SUPPORT (BLS)

BLS for Healthcare Providers through the American Heart Association is required of all students in the Respiratory Care Program. Certification cannot lapse during the time the student is in the program. Failure to comply with health clearance or BLS requirements will result in a notice of clinical probation, disqualification from clinical participation until requirements are met, and/or potential dismissal from the respiratory care program.

STUDENT SERVICES AND PROGRAMS

To Promote Student Success

Modesto Junior College is dedicated to student success. The college offers a wide variety of student services and programs. A listing of these services and programs is available on the MJC website and in the MJC Catalog under Student Services.

Student success is a partnership. It is important that students choose to be successful. To accomplish this goal, students must understand what is expected of them. Those expectations are detailed in the MJC Catalog.

LIBRARY & LEARNING CENTERS (L&LC)

Library services are available on East and West campuses and can also be accessed through the MJC Library & Learning Center website. All students have full library privileges. The West campus L&LC provides many resources that may assist in improving your understanding of respiratory therapy pathologies, practices, modalities, and professional development. The L&LC can also provide helpful information for research. Respiratory Care magazines and medical journals are available on site, however, access to the Modesto Junior College website provides a link to acquiring medical periodicals and magazines, online E-Books, and other resources that may provide invaluable information for successful completion of the respiratory care program. Selected textbooks are on reserve in the West campus L&LC.

ALLIED HEALTH COMPUTER LAB

The Allied Health computer lab, Glacier Hall room 158, plays an invaluable part in the program. Students have scheduled class time in the lab, as well as independent study time. Students are allowed and encouraged to use the computer lab on their own time. Resources available in the computer lab include ABG interpretations, practice board exams, practice clinical simulation exams, cardiovascular anatomy and physiology, fundamentals of respiratory care, ECG interpretation, two ventilator simulators, hemodynamics, fluids and electrolytes, and breath sounds.

TUTORING

If you find you are having difficulty with your course work, **seek help early**. There is help available from your instructors. Contact your instructor during office hours or to schedule an appointment. Tutoring sessions are scheduled weekly for both first- and second-year students which allow an opportunity for academic assistance. Tutoring sessions will be posted each semester.

GUIDANCE AND COUNSELING

The program instructors are available for academic and personal advisement during their office hours. The student or a faculty member may request conferences regarding a student's progress. The student may request mid-term standing in a course.

The Counseling Center at Modesto Junior College offers academic planning, career planning and personal counseling and referrals. To keep abreast of graduation and transfer requirements, all students are advised to meet with the Allied Health counselors on an annual basis. If you need assistance with personal problems that affect your school performance or a referral to college services or community resources, contact program faculty, the Allied Health Success Team or Health Services.

Students are responsible for their learning. At the first sign of difficulty, the student needs to take appropriate action. If a student is having trouble in math or has poor writing skills, the student can go to the Math Drop-in Center or the Writing Center for help. If a student is experiencing personal problems, Health Services has trained staff to assist. If a student is experiencing financial difficulties, the Financial Aid office is a great resource for a wide variety of financial assistance. If a student is experiencing health problems, there is a Health Services office of both East and West Campuses. We encourage you to take advantage of the services and programs we offer. We want you to be successful.

ACCOMMODATIONS AND SUPPORT CENTER

The Accommodations and Support Center is a system of support services available to students with verified disabilities. The center is designed to meet the individual needs of the students, allowing them an equal opportunity to benefit from their education experiences. Support may include assistance with planning programs, priority registration, testing accommodations, note-taking services, reader, sign language interpreting, assistive listening device, and with alternate media based on eligibility. Inform your instructor if support or assistance is required within the classroom or laboratory environment or for taking quizzes or exams.

<https://www.mjc.edu/studentservices/asc/>

CHANGES IN NAME, ADDRESS, OR PHONE NUMBER

Any change in name, address, or phone number must be submitted to the Allied Health office within three (3) school days following the change. The student is required to designate someone to contact in case of emergency. This will include name, address, and phone number. The Records Office at Modesto Junior College should also be notified of any changes.

MENTAL AND PHYSICAL QUALIFICATIONS

Our goal for the students entering the Modesto Junior College Respiratory Care Program is that they not only successfully complete the respiratory care program but also go on to enjoy a career as a competent, well-respected Respiratory Care Practitioner. To accomplish this end, there are certain physical and mental abilities that are required. If a student is not able to demonstrate the skills and abilities listed below, it is the responsibility of the student to request appropriate accommodation. In consultation with Disability Services, reasonable modifications and/or accommodations may be made for the student with a documented disability.

Respiratory care students must possess adequate strength, motor coordination and manual dexterity to be able to:

- Stand and walk for up to 90% of work time during a 12-hour shift.
- Bend and kneel to competently perform CPR.
- Climb stairs when necessary.
- Lift up to 50 pounds and transfer 100 pounds.
- Push and pull heavy objects on wheels such as compressed gas cylinders and ventilators.
- Use hand and fingers 100% of the time for such duties as percussion and auscultation of patients, assembling and disassembling equipment, and manipulating controls on machines.
- Document communication in Electronic Health Records, reports and other forms of correspondence with basic typing skills and legible handwriting.

The student must be able to communicate verbally to effectively explain procedures and direct patients during these procedures.

The student must be able to hear, understand, and react quickly to verbal instructions, patient needs and requests of others. The student must be able to hear alarms on equipment and monitors.

The student must have near vision acuity to accurately read charts, observe patients, read machine controls, dispense medications, read LEDs, and read patient monitors. The student must be able to see in dim light.

At the completion of the program, entry-level respiratory care practitioners must be able to:

- Maintain an effective performance level, in stressful situations, related to equipment and patient care in stressful situations,
- Respond appropriately to situations requiring emergency care of the patient.
- Provide physical and emotional support to patients during procedures.
- Work effectively with all members of the health care team.

Any student who would like assistance in identifying or obtaining accommodations for a disability should contact the Modesto Junior College Disability Services by calling (209) 575-6225.

HEALTH & SAFETY POLICIES: OVERVIEW

Students must be in optimal physical and emotional health to ensure patient safety and maintain personal well-being. To further these goals, the Respiratory Care Program is committed to fostering assessment and promotion of wellness and self-care by its students

A physical examination, health history, positive titers/immunizations, tuberculin skin tests, and drug screen are health clearance criteria required of all entering students. In addition, *all* students upon entering the program sign a **Release of Liability Form** verifying the ability to meet physical expectations of students. As students' progress through the Respiratory Care Program, proof of updated clearance criteria is required according to the standards specified in **Clinical Clearance Procedures**.

Students who experience illness, injury, surgery, or pregnancy during the program are advised to place self-care as a priority. The student must seriously consider the prudence of continuing in the program while the condition exists and should consider withdrawal from the program with possible re-entry later. If a student is returning to clinical after an injury, pregnancy, serious illness, or surgery, or if a pregnant student opts to remain in the program while pregnant, a **Release of Liability Form** and a **Health Release Form** must be signed by the student and be on file. The student's MD must sign the **Health Release Form**.

Students re-entering the Respiratory Care Program within six months, or one semester of exiting, do not have to provide a new health history, but are required to update the existing one as necessary. Other health clearance expectations may be imposed.

Most immunizations and screening tests required by the Respiratory Care Program are provided by MJC Health Services.

Students are expected to follow Standard Precautions, abide by the infection control policies and procedures of both the Respiratory Care Program and the clinical sites utilized in the program, and observe the **Clinical Illness Policy** of the program. Students who experience significant disruptions in physical or mental health, function, or mobility may be required to withdraw from a course. Chemically or mentally impaired students are subject to **Procedures for the Impaired Student**.

Finally, because respiratory care is a physically demanding profession, students are expected to have sufficient strength, mobility, and psychomotor control to meet the physical requirements of the program. In addition, adequate acuity of vision, hearing, tactile sensation, and olfaction is necessary for application of respiratory care assessments in the clinical setting.

CLINICAL CLEARANCE PROCEDURE

Students are not permitted to participate in clinical rotations without complete, accurate documentation of health, titer/immunizations, drug screen, background check, and Basic Life Support (BLS) clearances by due dates. **Clinical clearances are mandatory and deadlines are not negotiable.** Criteria and timelines for students are outlined here.

Health Clearance Requirements

For first time students, completion of the procedural steps for Allied Health Clearance as outlined by Health Services. Students are advised to find directions on www.mjc.edu and follow the links to Health Services. Forms can be downloaded and completed for the Allied Health Clearance procedure. Health Clearance consists of TB clearance, titers/immunizations, drug screen, health history, and physical examination according to the following standards:

Tuberculosis (TB) Standard Requirement

- ❖ **2 Step TST (Tuberculin Skin Test) or QuantiFERON TB Gold Blood Test.**
- ❖ If positive results on TST **or** QuantiFERON TB Gold Blood Test, or T spot blood test, a chest x-ray report with a written comment indicating no disease present is required.
- ❖ **2 Step TST (Tuberculin Skin Test)**
The 1st step TST is administered and read 48-72 hours later. If the 1st step TST result is negative, the 2nd step TST should be administered at least 7 days after the 1st TST result was **READ**. The 2nd TST is read 48-72 hours after it is placed.
- ❖ **If proof of a negative TST within the last year, the student may only need one more TST to complete the two-step process. Contact Health Services for more information.**
- ❖ **NOTE: Two-step TSTs MUST be completed before receiving any live-virus vaccinations such as Influenza, MMR, and/or Varicella.**
- ❖ If TST is positive, a chest x-ray report with a written comment indicating no disease present **or** a Public Health Department Clearance is required.
- ❖ **QuantiFERON TB Gold Blood Test**
A blood test drawn at the lab. If results are positive, a chest x-ray report with a written comment indicating no disease present **or** a Public Health Department Clearance is required.

Varicella Standard Requirement

- ❖ A positive IgG antibody titer* for Varicella **or**
- ❖ Varicella vaccine series of 2 staged injections administered according to CDC (Centers for Disease Control) guidelines followed by a positive antibody titer for Varicella. The titer cannot be drawn sooner than 30 days following the last injection.

- ❖ If the titer is equivocal, the student must receive 2 booster injections and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the booster injection) with positive results.
- ❖ If the titer is negative, the student must complete Varicella vaccine series and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the booster injection) with positive results.

Tetanus, Diphtheria, & Pertussis (Tdap) Standard Requirement

- ❖ Documentation of a Tdap booster within the past 10 years.
- ❖ Tetanus vaccination MUST be Tdap, and contain pertussis to meet requirement.
- ❖ A Td, DT, or DTaP immunization DOES NOT meet this requirement.

Measles, Mumps, & Rubella (MMR) Standard Requirement

- ❖ A positive IgG antibody titer* for MMR **or**
- ❖ MMR vaccine series of 2 staged injections administered according to CDC guidelines, followed by a positive antibody titer for MMR. The titer cannot be drawn sooner than 30 days following the last injection.
- ❖ If the titer is negative or equivocal, and the student has proof of previous immunity, the student must receive 1 booster injection and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the booster injection) with positive results.
- ❖ If the titer is negative or equivocal, and the student has no proof of previous immunity, the student must complete MMR vaccine series and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the last injection) with positive results.

Influenza Standard Requirement

- ❖ Documentation of influenza vaccination, (not the Flumist) administered during the current flu season.

Hepatitis B Standard Requirement

- ❖ A positive surface antibody titer* for Hepatitis B **or**
- ❖ Hepatitis B vaccine series of 3 staged injections administered according to CDC guidelines, followed by a positive antibody titer for Hepatitis B. The titer cannot be drawn sooner than 30 days following the last injection.
- ❖ **If the titer is negative AND proof of three vaccinations is provided by the student:**
 - The student must receive 1 booster injection and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the booster injection) with positive ***or*** negative results.

- ❖ **If the titer is negative AND *proof of three vaccinations is not provided by the student:***
 - The student must complete Hepatitis B vaccine series of 3 staged injections administered according to CDC guidelines, and repeat a 2nd titer (the 2nd titer cannot be drawn sooner than 30 days following the last injection) with positive results. *If the 2nd titer is negative*, student must repeat the series of 3 vaccines and repeat a 3rd titer (the 3rd titer cannot be drawn sooner than 30 days following the Booster injection) with positive *or* negative results.

Physical Examination Standard Requirement

- ❖ The student needs to provide physical exam form completed and signed on a school form by a physician, physician assistant, or nurse practitioner. An NPI# **must** accompany the medical professional's signature.

Primary Clearance

- ❖ It is the student's responsibility to submit all clearance documents (health, drug screen, background check, and BLS card) by the primary clearance due date as delineated at the New Student Orientation. In order for a Respiratory Care student to be eligible for clinical participation, these deadlines must be met. Criteria for primary clearances are:
 - 2-Step TST
 - Tdap
 - Positive Varicella titer (or in process Varicella immunization series)
 - Positive MMR titer (or in process MMR series)
 - Positive Hepatitis B titer (or in process Hepatitis B vaccine series)
 - Influenza vaccine (not the Flumist)
 - Physical Examination/Health History
 - Drug screen
 - Background check
 - American Heart Association (AHA) Health Care Provider BLS
 - Final Health Clearance Form with stamp from Health Services
- ❖ **Failure to meet primary clearance by communicated deadline may result in disciplinary action, including clinical probation and/or failure to proceed in the Respiratory Care Program.**

Secondary Clearance

- ❖ The due date to hand in proof of secondary clearance will be communicated in class. For a Respiratory Care student to be eligible for clinical participation, this deadline must be met. Criteria for secondary clearance:
 - 2nd Varicella immunization if needed and positive varicella titer
 - 2nd MMR immunization if needed and positive MMR titer
 - Hepatitis B #2
- ❖ **Failure to meet secondary clearance by communicated deadline may result in disciplinary action, including clinical probation and/or failure to proceed in the Respiratory Care Program.** Students entering the Respiratory Care program in the fall will submit proof of influenza vaccine (not the Flumist) by week 7 of the semester. Students entering the Respiratory Care program in the spring will submit proof of influenza (not the Flumist) by the primary clearance date.

Outstanding Clearance

- ❖ Students in the *third semester* of the Respiratory Care Program must comply with outstanding clearance requirements. For a *third semester*** continuing student to be eligible for clinical participation, outstanding clearance must be completed by communicated deadlines which are strict, nonnegotiable, and may be made prior to the start of the semester. Criteria for outstanding clearance:
 - Annual TST (1 step)
 - Hepatitis B #3 if completing vaccine series, followed by positive Hepatitis B titer (if not previously submitted)
 - Influenza vaccine (current season's influenza vaccine; (not the Flumist) proof of vaccination must be submitted according to seasonal deadlines established by contracting clinical facilities)
- ❖ *All* students in the Respiratory Care Program must receive an *annual* influenza vaccine administered (not the Flumist) during the flu season. Proof of vaccination must be submitted with a Lot #, injection date, manufacturer name and injection site to the Program Specialist in Allied Health.
- ❖ **Failure to meet outstanding clearances including annual influenza vaccination by communicated deadlines may result in disciplinary action, including clinical probation and failure to proceed in the Respiratory Care Program.**

Rev.7/13/22 bh

OVERRIDING CONCERNS

Students are expected to conform to standards of behavior called “Overriding Concerns.” These behavioral expectations are in effect throughout the program. Thus, students are evaluated, both on and off campus. Overriding Concerns represent safe, responsible, ethical, and professional respiratory practice and assume a position of paramount importance in the RC Program.

Overriding Concerns include the following areas: Accountability; Physical Jeopardy; Emotional Jeopardy; Therapeutic Communication; Asepsis.

Accountability

Accountability is assuming responsibility for academic and clinical expectations and being answerable for one’s behavior. Accountability of the student is directed at the concerns and best interests of the patient. Accountability includes:

- ♦ Notifying the instructor in advance of unavoidable absences.
- ♦ Arriving at the clinical site at the assigned time.
- ♦ Assuming responsibility for care of assigned patients.
- ♦ Reporting information about the patient’s care/condition.
- ♦ Documenting information about the patient’s care/condition.
- ♦ Being accountable for one’s own actions.
- ♦ Assuming responsibility for practice of clinical skills in related courses.
- ♦ Being accountable for knowledge/skills acquired in previous and current courses.
- ♦ Communicating with staff, instructors, and students in a manner that contributes to safe practice and a non-threatening learning environment.
- ♦ Demonstrating compliance with the Allied Health Code of Civility in academic and clinical settings, and at program-associated functions.
- ♦ Showing evidence of preparation for clinical assignments at the start of the clinical day.
- ♦ Identifying and communicating personal learning needs to the instructor.
- ♦ Observing the Respiratory Care Program dress and grooming code in the clinical setting for all assignments and when preparing for assignments.

Physical Jeopardy

Physical jeopardy is any action or inaction that threatens the patient's or self's physical well-being. Physical jeopardy includes both behaviors that harm the patient/self or place the patient/self at *risk* of physical injury, illness, or a complication of an existing problem. Critical elements that protect the patient and self from physical jeopardy include:

- ♦ Protecting the patient/self by utilizing principles of body mechanics.
- ♦ Assisting the at-risk patient.
- ♦ Consulting and implementing the patient's activity orders.
- ♦ Leaving the bed in low position when care is completed and/or when the Practitioner is not at the bedside.
- ♦ Correctly using assistive devices when required for patient mobility and transfer.
- ♦ Putting side-rails up when leaving the bedside, unless otherwise instructed.
- ♦ Identifying the patient when beginning care, and prior to procedures and medication administration.
- ♦ Identifying patient allergies when beginning care, and prior to procedures and medication administration.
- ♦ Adhering to all safety principles and policies in medication administration, including patient assessment, the performance of rights and checks, accurate preparation, checking relevant lab values, identifying drug interactions, correct, complete documentation, and patient evaluation.
- ♦ Observing medical/surgical asepsis.
- ♦ Observing the ordered, safe use of restraints and documenting their appropriate use per facility policy.

Emotional Jeopardy

Emotional jeopardy is any action or inaction that threatens the patient's emotional well-being. Emotional jeopardy includes those behaviors that could induce or increase emotional stress. Critical elements that protect the patient from emotional jeopardy include:

- ♦ Maintaining confidentiality of all patient information.
- ♦ Utilizing medical records where seen only by authorized personnel in designated areas.
- ♦ Providing patient privacy during care, communication, and procedures.
- ♦ Demonstrating sensitivity to the emotional needs of the patient and family.
- ♦ Employing therapeutic communication with the patient and family.

Therapeutic communication

Therapeutic communication is the utilization of techniques and principles of communication which demonstrates sensitivity, respect, and concern for patients/families, faculty, peers, and all health care professionals. Critical elements of therapeutic communication include:

- ♦ Initiating and establishing a therapeutic relationship.
- ♦ Explaining procedures to patients/others at their level of understanding.
- ♦ Forewarning patients when an action may cause discomfort.
- ♦ Using clarification and reflection in patient communication.
- ♦ Identifying patients' perceptions of their needs.

- ♦ Being alert to nonverbal cues and communication from patients and self.
- ♦ Communicating with respect, concern, and sensitivity.
- ♦ Demonstrating professional conduct and respect when communicating with faculty, peers, and health care professionals.
- ♦ Performing appropriately in the presence of patients' loss and grief.

Asepsis

Asepsis includes those behaviors that utilize principles of medical or surgical asepsis. Critical elements promoting patient safety with regard to asepsis include:

- ♦ Demonstrating hand hygiene before and after patient contact, when indicated during the provision of care and procedures, and between patients.
- ♦ Maintaining barrier protection in the provision of care.
- ♦ Implementing Standard Precautions and Body Substance Isolation.
- ♦ Confining and disposing of contaminated materials per facility protocol in designated areas.
- ♦ Following facility protocols for patients in isolation.
- ♦ Observing principles of surgical asepsis when required.

Overriding Concerns are incorporated into the student's clinical evaluation in every respiratory care course that has a clinical component. Students must satisfactorily demonstrate the standards of care outlined in RC Program Overriding Concerns to pass the course.

BACKGROUND CLEARANCE POLICY

Eligibility for participation in the clinical component of the respiratory care program is contingent upon background clearance. State and regulatory agency positions on background checks for respiratory care students clarify the issue:

“Background checks are commonly completed on health care personnel, including students and volunteers. Current and prospective respiratory care students must at all times meet applicable hospital security standards for placement in mandatory clinical rotations at selected hospitals. Every student offered space in the program will be required to submit to a background screening prior to beginning clinical rotations as part of their clinical requirements for admission. A history of felony conviction(s) or any bar, exclusion or ineligibility for federal program participation could render a student ineligible for clinical placement, as determined by the clinical agencies.”

Beyond specification of the procedure for obtaining background clearance for clinical participation, the respiratory care program’s Background Clearance Policy addresses the broader issues involved in background clearances as well as potential alternatives in the event of a failed background check:

- The use of background checks on individuals working in clinical settings is one of the means agencies use to help protect patients. Therefore, clinical agencies have the right to establish criteria that would exclude a student from placement at their facility. Furthermore, the Joint Commission on Accreditation of Healthcare (JCAH) has developed standards related to background checks. The JCAH standard requires agencies to include respiratory care students in background checks when required by state law, regulation, or hospital policy. www.jcaho.com
- Clinical facilities contracting with the respiratory care program require background clearances on all students prior to participation in the clinical component of the respiratory care program. Therefore, clear background checks are a precondition and requirement of respiratory care students prior to clinical placements. Although they are not a requirement for admission for the respiratory care program, they are a prerequisite and requirement for participation in mandatory clinical rotations.
- The initial background check required of new or transfer students to the respiratory care program, if clear, is sufficient for clinical participation throughout the entire program, as long as there is continuous enrollment in the program (for a period of up to two years.) If the student’s progression in the program is interrupted, a new background check will be required, depending on the duration of the student’s absence from active enrollment in respiratory care courses.
- The respiratory care program utilizes a company called Castle Branch www.castlebranch.com. Instructions on completing the background check are included in the acceptance packet of newly admitted students to the respiratory care program and are available upon request in the Allied Health office.

- The student is responsible for all costs associated with obtaining their background clearance from the company providing this service. Payment is made directly to www.castlebranch.com. The respiratory care program does not apply, finance, or facilitate student background checks.
- Students who receive background clearance from the entity conducting the check will submit their background check and drug screen along with their Health Clearance documentation to the Program Specialist, Allied Health, Glacier Hall, 575-6362, by the primary clearance due date.
- Student background clearances, at a minimum, include investigation and verification of the following:
 - ✓ Student name, including aliases (AKA)
 - ✓ Social Security Number
 - ✓ Current residence
 - ✓ Previous residences (last three in the past seven years)
 - ✓ Sex offender registry search
 - ✓ OIG/GSA (Medicaid/Medicare Sanctioned Fraud List)
 - ✓ All county criminal search
- The foregoing criteria for clearance may be expanded if additional requirements are imposed by clinical facilities at any time.
- Students must permit the respiratory care program to share their background check information with all contracted clinical agencies. Students are advised to make a copy of their background check for their personal records.
- If the student cannot obtain background clearance from the clinical agency, it will not be possible to place the student in the clinical setting, which is a required component of the course/program. In the event that a student cannot obtain a background clearance, the student's space in the program will be forfeited.
- The student is subject to dismissal from the respiratory care program, as they will be unable to complete mandatory clinical rotations.
- If the student's clearance record is incomplete, unclear, or ambiguous, it is the student's responsibility to provide all documentation required to fully appraise their clearance status, correct it, or update it. The student must do so in a timely manner, prior to the start of course clinical rotations. If this deadline is not achieved, the student will be unable to attend the clinical section of the course. If the student cannot complete clinical expectations and clinical objectives within the curriculum time frame, the student will not be allowed to remain in the respiratory care program and his/her space will be forfeited.

- The clinical agency determines if a student has disqualifying background convictions. The following student background issues will lead to a disqualification from clinical participation:
 - Registered sex offender history
 - Felony convictions
 - Felony deferred adjudications involving crimes against persons (physical or sexual abuse)
 - Misdemeanor convictions that would generally prohibit employment by the clinical site

- In the event of a failed background check as determined by the clinical agency, the student has the right to receive a copy of the screening report, has the right to dispute the accuracy of the report, and has the right of appeal to the clinical agency, following the appeal process of that agency. The student is advised that he/she may seek a legal remedy if desired.

- If a clinical agency denies a student with a prior conviction placement in their facility, the respiratory care program will evaluate such students, in collaboration with their clinical agencies, to find possible alternatives for the student to complete the clinical objectives of the course. All students are expected to meet course objectives as defined by course syllabi and program policy.

- The self-disclosed data and the results of a background check are confidential student information. Confidentiality of the student's record will be maintained within the respiratory care program and under the protection of the program director. The respiratory care program consults with its contracting clinical agencies to maintain the security and integrity of this student information and the associated documents containing it.

DRUG SCREEN

Students entering the respiratory care program shall complete a “10-panel” drug screen prior to beginning the clinical portion of the MJC Respiratory Care program.

1. The student should notify Castlebranch.com of any prescribed drugs or narcotics, which may alter the outcome of the drug screening or affect student performance or behavior.
2. The student will provide acceptable medical documentation of prescribed drugs or narcotics.
3. The student shall be responsible for the cost of the drug screen

The drug screen must include screening for the following:

1. Amphetamines (1000 ng/mL SCREEN)
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolites
5. Marijuana Metabolites, (50 ng/mL SCREEN)
6. Methadone
7. Methaqualone
8. Opiates (2000 ng/mL Screen)
9. Phencyclidine
10. Propoxyphene

Students who test positive for any of the above substances on the initial 10-panel drug screen will have one additional opportunity to complete a negative drug screen. Students who fail to clear the 10-panel drug screen on the second attempt will be denied entrance into the clinical setting and dismissed from the respiratory care program. Disqualified students should make an appointment for an exit interview with the respiratory care program director.

Verification of satisfactory results will be honored by all hospitals for the duration of the student’s enrollment in the respiratory care program if the participating student has not had a break in the enrollment at the college.

Disqualified students may reapply for the program the next application period. Students will need to complete a new program application and will be considered as part of the new applicant pool. Acceptance will be conditional on clearing all health-related requirements, including the 10-panel drug screen.

Results of a positive drug screen will be kept confidential to the extent permitted by law

STANDARD PRECAUTIONS

Standard Precautions and Body Substance Isolation (BSI) are infection control guidelines recommended by the Centers for Disease Control and Prevention (CDC) and are designed to protect both healthcare workers and patients. These guidelines apply to all patients regardless of their diagnosis and must be followed by all Modesto Junior College Respiratory Care students and instructors.

Standard precautions and BSI require the use of barrier devices to prevent transmission of blood borne diseases, such as Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C. Barrier devices are not limited to secretions associated with the transmission of blood borne diseases, but include all potentially infectious substances, such as fluid contaminated with blood, semen, vaginal secretions, cerebral spinal fluid (CSF), synovial, pleural, peritoneal, pericardial, and amniotic fluids. Urine, feces, emesis, and moist mucous membranes etc. also require the use of a barrier device.

Personal Protective Equipment (PPE) should be used to create a barrier when contact with blood or body fluids is anticipated, rather than with the presumed diagnosis of infection. PPE consists of, but is not limited to, gloves, lab coats, gowns, shoe covers, goggles, and glasses with side shields, masks, and resuscitation bags. Some form of PPE is indicated for all patients who potentially have an infection that can be transmitted to others.

Hand hygiene is a general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis. Because contaminated hands cause the transmission of infection, hand hygiene is an essential responsibility of all health care workers.

Hand washing still maintains its place as the most important and effective infection control measure. Alcohol-based hand antiseptics for reducing bacterial counts on the hands offer an alternative to traditional hand washing that is highly effective. Critical elements for these procedures include:

- ❖ Hand washing with antimicrobial soap using warm water; rubbing hands together vigorously to form lather and friction for ***at least 20 seconds***; this method should be used when hands are visibly dirty or soiled with blood or other body fluids, contaminated with proteinaceous material, after exposure to patients with spore-forming organisms such as *Clostridium difficile*, before and after eating, and following the use of the restroom.
- ❖ Hand hygiene using alcohol-based antiseptic hand rub, foam, or gel; rubbing hands together with ample amount of product covering all surfaces until alcohol dries; this method should be used before and after direct patient contact, before applying sterile gloves, prior to invasive procedures, after contact with patient's intact skin, inanimate objects near patients, and after removing gloves.

The incidence of needle stick injuries is reduced by the use of needleless devices, safety syringes that are equipped with a plastic sheath that slips over the needle as it is withdrawn from the patient, other safe needle systems, and the immediate disposal of sharps in puncture/leak proof containers. Following the exposure control plan of the facility is essential in the event of a needle stick or other blood borne exposure. Recapping contaminated needles should not be done; if a rare circumstance involves this situation, facility policy and procedure for safe disposal must be followed.

Dressings and disposable equipment that have been contaminated with blood or body fluids should be discarded into biohazard containers (red bags) according to facility policy.

Students must follow facility procedures for patient isolation as ordered.

BLOODBORNE PATHOGEN EXPOSURE POLICY

In the event a student sustains a blood borne exposure through a contaminated needle stick or body fluid contact, the following measures are to be taken. Exposure is defined as “eye, mouth or other mucous membranes, non-intact skin or parenteral contact with blood as a result of clinical duties in the health care setting or on campus during laboratory learning activities.”

Immediate Measures:

- Exposed area washed or flushed immediately with water and available soap; in case of sensitive mucous membrane (eyes or mouth) normal saline or water used.
- Verbal report to MJC faculty by student, to determine extent of exposure and to complete required paperwork. (Refer to Procedures for Student Injuries on the next page.
- Faculty assessment of student and referral: ER if emergency intervention is required; referral to College Health Services nurse if incident is minor and occurs on campus. Follow-up care for off-site exposures in clinical setting is with MJC **Workers’ Compensation** providers.

MJC Area Students

Sutter Gould Medical Foundation, Occupational Medicine
600 Coffee Road
Modesto, CA 95355
(209) 521-6038

Follow-up: (Sutter Gould Medical Foundation protocol)

- Acute Hepatitis panel.
- Hepatitis B Surface Antibody Test: Quantitative.
(If not immune, repeat immunization within 7 days.)
- HIV test.
Low risk: Repeat HIV and Hepatitis C Antibody Test in 6 months.
High risk: Repeat HIV and Hepatitis C Antibody Tests in 6, 12, and 24 weeks.
- Td: 0.5 cc (if needed).
- Blood is drawn from the source to perform an acute Hepatitis Panel and HIV test.

If donor is known to be HIV positive, start post-exposure prophylactic within 24 hours of exposure. An infectious Disease Specialist is consulted if needed.

- Student counseling for prevention of transmission of Hepatitis B, C and HIV.

CLINICAL ILLNESS POLICY

To prevent additional health risks to patients and to promote student health, restriction of participation in the clinical component of a respiratory care course may be necessary. The following guidelines govern restriction in clinical participation due to illness:

- Students are responsible for reporting any illness that they have, or may have been exposed to, to their clinical instructor.
- Faculty may request a physician clearance on a student returning after a reported illness. Contact with patients in the clinical setting may be restricted until clearance is obtained.
- Students are expected to remain out of the clinical area if they have any of the following, and may be asked to do so by their clinical instructor:
 - Fever (temperature greater than 101°F.
 - Gastroenteritis (stomach/intestinal flu.)
 - Upper or lower respiratory infection (including cold, flu, acute bronchitis, or other communicable respiratory infection.)
 - Open, draining lesions(s) or skin condition that has the potential for harboring or being colonized with pathogenic microorganisms.
 - A known exposure to Varicella (chickenpox) in a student who has not had a clinical case of it, or who has a negative antibody titer for Varicella, from the 10th to 21st day following exposure.
 - Herpes simplex lesions for students working in clinical areas involving newborns, oncology patients, or other immuno-compromised patients.
 - Conjunctivitis (pink eye); restriction from clinical participation until 24 hours after administration of antibiotic eye drops, or as long as excessive drainage of eyes or redness continues without signs of improvement.

Failure of students to observe Clinical Illness Restriction guidelines constitutes Physical Jeopardy to patients and warrants a Student Contact Sheet, or Clinical Performance Improvement Contract as determined by the clinical instructor.

PROCEDURES FOR THE IMPAIRED STUDENT

Impairment or impaired practice occurs when alcohol, drugs, and/or mental illness interfere with the student's judgement, cognitive, interpersonal, and/or psychomotor skills so that the student is unable to function safely in a professional role.

RESPIRATORY CARE FACULTY POSITION

- Chemical dependency, including alcoholism, drug abuse, or addiction, and mental illness are diseases that require treatment.
- People suffering from chemical dependency or mental illness often deny the problem
- If left untreated, these problems may jeopardize patient health and safety, as well as the health and safety of the individual.
- Personal and physical problems involving these diseases affect both clinical and academic performance.
- To maintain patient welfare and safety, it is imperative that any faculty, staff, or clinical facility employee who detects a chemical dependency problem or mental health disorder in a student take appropriate action.
- Respiratory care students who develop these diseases can be helped to recover and must identify their personal responsibility in voluntarily seeking treatment and recovery.
- Confidential handling of the diagnosis and treatment of these diseases is essential.
- Patient safety is the paramount and overriding concern in dealing with issue of student chemical dependency or mental illness.

Signs and behaviors of impairment

- Signs and behaviors which may indicate chemical or mental impairment and pose a real or potential danger to patients, self, or others include:
 - A positive drug test
 - Physical signs: smell of alcohol on the breath, altered gait, slurred speech, evidence of track marks, dilated or constricted pupils, unexplained red eyes, runny nose, diaphoresis, pallor, deterioration of physical appearance and grooming, wearing of sunglasses indoors, long sleeve attire in hot weather
 - Impaired judgment
 - Mental or emotional signs/symptoms: labile attitude, mood swings, emotional outbursts, change in alertness, inability to concentrate, sleepiness/report of sleeplessness, disorientation
 - Disruptive behavior, inappropriate behavior, change in behavior over time
 - Unsatisfactory clinical or theory preparation and/or performance
 - Inconsistent behavior patterns
 - Dropping or failing grades
 - Inconsistent academic/clinical performance
 - Inconsistent attendance
 - Long lunch breaks or frequent bathroom breaks
 - Absenteeism (especially on Mondays and Fridays)
 - Poor interpersonal skills

- Isolating behavior
- Argumentativeness or secretiveness
- Signs of increasing restlessness, excessive motor activity
- Anger
- Sadness or depression
- Easy irritability
- Over-sensitivity to criticism
- Theft from employer, home, school, clinical facility
- Dishonesty regarding behaviors

Procedures for intervention with the impaired student

- Chemical dependency and mental illness invariably impact clinical performance and academic success. Faculty documentation of student behaviors falling below established standards of the program's academic and clinical policies is essential. Documentation tools include:
 - Faculty narrative notes
 - Student Contact Sheet
 - Clinical Probation Notice
 - Academic Probation Notice
 - MJC Student Conduct Report Form

Supportive documentation in this manner is integral to the way a student with suspected chemical dependency, impairing mental problem, or any other behaviors falling below program standards is appraised of identified problems and offered resources for success. It also provides the justification in the event of ultimate student failure of a course or dismissal from the program.

If the instructor observes a pattern of behaviors or manifestations as listed above or identifies student behavior suspicious of chemical or mental impairment, the instructor will remove the student from the clinical or academic area to a private area.

The instructor will objectively identify observed behaviors in the student, while refraining from interpretation of observations. The instructor will permit the student to provide a verbal explanation. The instructor will question the student regarding the use of any alcohol, chemicals, medications, or the existence of personal and/or mental health problems. The instructor will not employ an accusatory tone, but offer the student the opportunity to communicate problems and identify the need for help.

Students who self-identify chemical or incapacitating mental health problems will be provided information on treatment resources by the instructor. The instructor will arrange for emergency counseling on campus as needed, and outline a student action plan. Students are expected to place self-care as a priority and will be required to withdraw or will be dropped from the program until recovery or wellness is well established. (*See Program Re-entry*)

Students who deny or resist instructor interventions for impaired behavior will be failed by the instructor when a determination is made that there is a risk to the safety of patients or others.

Instructor documentation is imperative, as outlined above, and is fundamentally based on the student's failure to meet program concerns especially as they govern physical jeopardy.

The instructor shall immediately dismiss a student from the clinical setting when behavior threatens patient safety. (*See Signs and behaviors of impairment above*) The student is subject to clinical failure and dismissal from the Respiratory Care Program

A documented incident of impaired behavior or a pattern of behaviors consistent with the impaired student profile presents a danger or potential danger to patients, self, and others, and may result in clinical failure and dismissal from the Respiratory Care Program.

In the clinical setting, the clinical instructor and the Respiratory Care Program faculty must also act in accordance with facility policies and procedures related to employee impairment when these standards apply to student respiratory care practitioners. These include applicable facility procedures in the event of a positive drug screen.

When behaviors consistent with impairment due to chemical dependency or mental illness result in clinical, classroom, office, or other campus location disruption, faculty shall follow procedures for **Disruptive Students** as discussed in the MJC Code of Conduct (**See MJC Catalog**). In conjunction with the procedural steps for handling disruptive student as outline in this policy, faculty must also complete a **MJC Student Conduct Report Form** and follow steps for its immediate distribution to the Dean of AH/FCS.

PROCEDURES FOR STUDENT INJURIES

The guidelines below are to be followed in the event of a student injury or exposure in the clinical setting, respiratory care laboratory or other locations on or off-campus. Use of appropriate documentation and procedural steps are imperative for all student injuries both on and off campus.

Procedures for student injuries occurring in the clinical setting:

- Following the injury, the student may be seen in the Emergency Room of the facility **if it is a life-threatening injury**. If the injury represents an emergency and occurs at a non-acute care clinical site, call 911 and seek emergency treatment immediately. Follow-up evaluation and treatment:
 - 1) For MJC area student, follow up care is at Sutter Gould Medical Foundation-Occupational Medicine located at 600 Coffee Road, Modesto, CA.
- For **non-life-threatening** injuries, the student is to be directed to Sutter Gould Medical Foundation – Occupational Medicine located at 600 Coffee Road, Modesto.
- The **shift supervisor** and the injured student shall immediately call the injury hotline at 1-877-854-6877 to report the injury to the COMPANY NURSE. The nurse will assist and advise the student with his or her medical needs and expedite claims processing. The COMPANY NURSE hotline is available 24 hours per day, 7 days per week.

- The student should contact the clinical instructor. Cell phone numbers will be provided.
- After reporting the injury to the Company Nurse via the injury hotline, this agency will notify and forward the report to the YCCD Benefits Office.
- The YCCD Benefits Office will forward a copy of the injury report to the Allied Health Division Dean.
- The YCCD Benefits Office will mail the **Employee's Claim for Workers' Compensation Benefits, DWC Form 1** to the student to complete and return to the YCCD Benefits Office.

Sutter Gould Occupational Medicine: (209) 521-6038
YCCD Benefits Office: (209) 575-6547 or (209) 575-6919

Procedures for student injuries occurring on-campus:

- Students who incur an exposure, needle stick, or other injury in the Skills Lab or elsewhere on campus are advised to report the incident to the supervising faculty or staff (i.e., Clinical Instructor; Skills Lab staff) at the time of the incident for assessment and treatment. (Refer to **Blood-borne Pathogen Exposure Policy** for procedures specific to this type of injury.)
- MJC Health Services is available for evaluation/treatment of injuries. For life-threatening emergencies, call 911.
- MJC faculty/staff are to contact Campus Safety at **(209) 575-6351** in the event injury is related to any hazardous situations.
- The supervising instructor fills out an **Injury Reporting Form**. The student completes the top section. The instructor or college staff fills out the bottom section of the form. The student should be provided with an Accident Insurance Plan pamphlet, available in Health Services or online.
- The Injury Reporting Form is then forwarded to Health Services East Campus: MM, 108.
- If the student refuses to fill out the Incident Form or go to Health Services as advised, the instructor should fill out the form, check the "treatment refused" box, print the student's name on the form and send the form to Health Services.
- Students covered by insurance requiring follow-up will need to obtain medical treatment as specified by the rules of their plan including using specified facilities. Students' private insurance will be the primary insurance in all situations. All students requiring follow-up medical care must complete a **Claim Form** in addition to the Injury Reporting Form. Contact Health Services for additional instructions.

For more information, contact:

Health Services

(209) 575-6037 (East Campus)

(209) 575-6360 (West Campus)

UNSATISFACTORY/UNSAFE CLINICAL PERFORMANCE PROCEDURE

When a patient is placed in real or potential danger by the student's actions or omission of expected therapist behaviors as defined by established criteria, * the following procedure will be implemented:

1. Depending on the complexity of the care and if necessary, to protect patient safety, the student's assignment may be terminated.
2. The student may be requested to return to the classroom or laboratory for remedial assistance.
3. The instructor will fill out the Student Contact form identifying the student/patient assignment, behaviors, and criteria for improvement.
4. A Probation Notice will be completed, and a conference will be scheduled for the student and instructor to review the form and discuss the incident. The focus of the conference will be on how to improve performance.
5. The student will be placed on "Clinical Probation." Students will be evaluated each week during clinical rotations and will confer with their clinical instructor until removed from clinical probation.
6. Continued unsatisfactory clinical performance that does not meet established criteria and jeopardizes client safety will be reviewed by the Respiratory Care Program Director and Director of Clinical Education as well as the division dean. The instructors, as expert practitioners, are in the best position to judge unsafe practice. In addition, they have a professional obligation to protect clients against real or potential harm. Therefore, if necessary, the instruction team will recommend the student be suspended or expelled from the Respiratory Care Program.
7. Should suspension or expulsion from the program be recommended, the procedures for disciplinary action under the student conduct regulations in the Student Handbook shall be implemented.

* As provided in the clinical course syllabus

CLINICAL ORIENTATIONS

Every student admitted into the respiratory care program must attend a general acute care orientation and specific clinical orientations for each clinical site. The individual clinical sites may require students to attend an orientation designed for their specific facility. The dates and times of each orientation will be announced, and attendance is mandatory. Your clinical scrubs must be worn during hospital-specific orientations.

CLINICAL ASSIGNMENTS

The Director of Clinical Education will assign your clinical work time. You should report to your clinical site at the time assigned. The respiratory care supervisor will provide your clinical assignment. Your clinical assignment is not to be changed by you or anyone else unless it is approved by the department supervisor.

First Semester Only: Ten 12- hour clinical assignments during the day or night.

Second and Third Semesters: Fourteen 12-hour clinical assignments during the day or night.

Fourth Semester: Twenty 12-hour clinical assignments during the day or night.

BREAKS

Lunch is 30 minutes long (not included in total clinical time). Arrange lunch period with your clinical preceptor.

Two 15-minute breaks are allowed during the day. Again, check with your clinical preceptor.

TELEPHONE CALLS

Emergency messages will be taken by the Allied Health office staff and relayed to the student. It is the student's responsibility to provide appropriate family members, childcare providers and/or schoolteachers with a current semester schedule including clinical rotation schedules. The student is also required to provide the name, address and phone number of someone to contact in case of emergency. While on campus, students should use personal cell phones for non-emergency phone calls. In the clinical areas, emergency messages will be relayed through the instructor or shift supervisor.

CELL PHONES

Cell phones may not be used in the classroom or during clinical time unless you are officially on break or at lunch or per instructor request.

CLINICAL SCOPE BY ROTATION

1st Rotation (120 hours)

Observation, some direct patient contact, O2 therapy, vital signs, aerosol therapy, CPR, etc.

2nd Rotation (168 hours)

More hands on with patients including, O2 therapy, vital signs, aerosol therapy, CPT, NT suctioning, tracheostomy care, NPPV, etc.

3rd Rotation (168 hours)

Initial critical care rotation including ventilator management, airway care, bronchial hygiene, ABGs, NPPV, CPR, patient transport, etc.

Neonatal/Pediatrics Rotation (60 Hours)

As much exposure as available to respiratory care in the neonatal/pediatrics population including ventilator management, airway care, NPPV, O2 therapy, deliveries (meconium, C-sect, high-risk, etc.), aerosol therapy, surfactant administration, etc.

4th Rotation (240 hours + 144 Hours Preceptorship)

Final critical care rotation and Preceptorship. Students should perform all aspects of respiratory care within the scope of the institution and the profession at entry level. During Preceptorship, students should be able to function as a staff therapist under supervision with little assistance.

The clinical rotation component of the Respiratory Care Program is an invaluable experiential learning opportunity for learning the profession of respiratory care. Students will not receive wages or any remuneration for completing the required clinical hours. Additionally, clinical coursework will not be completed while a student is in employee status at a clinical site.

ATTENDANCE POLICY

Regular clinical and theory attendance demonstrates the level of commitment that is essential for success in the Respiratory Care Program and is expected of all Respiratory Care students. The Attendance Policy, consistent with college policy, underscores the value placed on attendance in both the classroom and clinical setting. Absences and tardiness interfere with the learning process and contribute to academic and clinical failure. The legitimacy of the reason for an absence in no way mitigates the losses incurred.

- Students are expected to be punctual and attend all classes and scheduled clinical.
- Excessive absences will result in the student being unable to meet theory and clinical learning objectives. All theory and clinical objectives must be achieved for a student to pass the course.
- When an instructor for a course determines that a student's absences are excessive, the instructor may drop the student from the class. Any student who fails to attend class regularly may be dropped.
- Tardiness (10 minutes or more) may be treated as an absence. Excessive tardiness (more than five per semester) will result in a loss of points.
- It is the student's responsibility to discuss anticipated and/or extensive absences with the instructor. No absence relieves the student of the responsibility of completing all work assigned.
- If a student is absent, it is the student's responsibility to make arrangements for make-up assignments in theory. Failure to plan for make-up assignments may result in a grade of "0" for missed examinations and assignments. (See course syllabi for makeup policies for exams and quizzes.)
- If course objectives have not been met in either clinical or theory due to excessive absences, the instructor will meet with the student to complete a Student Contact Form and a Probation Notice Form. Unmet objectives and problems will be identified, and the student will be counseled regarding methods and expectations for improvement and make-up, and evaluation of performance. Achievement of theory objectives will be demonstrated by:
 1. Passing specified exam(s) with a minimum score of 70%.
 2. Completion of written work according to guidelines established by the instructor.
 3. Completion of any or all other assignments.
- Achievement of clinical objectives will be demonstrated by:
 1. Performance of clinical skills and behaviors in accordance with clinical objectives, **Overriding Concerns**, and specifications of the clinical improve delineated on the Student Contact sheet.
 2. Completion of any or all written work specified on the Student Contact Sheet.
 3. Competency testing if appropriate and required, with clinical instructor observation and evaluation.

- Since absenteeism may affect the achievement of clinical objectives, **all** clinical absences must be made up. It is the student's responsibility to contact the clinical instructor to make arrangements for a clinical make-up assignment. Clinical absences must be made up in the manner specified in the course and within the time frame permitted and may include a make-up clinical day, written paper, or other activity. Any student who does not make up a clinical absence will be placed on clinical probation.
- Continued absences that are not made up or a pattern of clinical absences, even if made up, may make it impossible for achievement of clinical objectives, and may result in a clinical failure. The clinical instructor is entrusted to evaluate the effect of absences on the student's clinical performance.
- If a student is going to be absent or late for a clinical assignment, it is the responsibility of the student to provide prior notice to the clinical instructor and shift supervisor at the clinical site. (The facility may impose specific/additional requirements for students' reporting of absences or tardiness. The student is expected to provide the reason for the absence/tardiness. A clinical absence should be reported at least two hours before the start time of the clinical assignment.
- Course instructors determine the policy for notification of absence or tardiness in theory. Procedures for reporting absences or tardiness in theory are communicated by instructors in course orientations.
- Unreported absence/tardiness will result in the student being assigned probation status. Tardiness is defined as any amount of time after the instructor begins a class. Tardiness on three occasions equals one absence. This delinquency rule applies to both clinical and theory.
- A student who does not return to theory after a scheduled or provided break is considered absent for the day.
- A student who leaves the clinical site early without notifying the instructor is considered absent for the day. Failure to report off to the instructor and staff is considered a violation of student responsibilities.
- Excessive incidences of leaving the clinical site early result in a decrease in the total hours required for clinical rotations. Student may be subject to clinical probation.

Remember, you are in a real working situation. Therefore, you are subject to all the rules and regulations of the individual clinical facility and department.

STUDENT GROOMING AND DRESS POLICY

In the clinical setting, all students in the respiratory care program are required to observe the following grooming and dress standards:

- Due to close proximity with patients and others, impeccable grooming and daily personal hygiene are essential.
- Odors of any kind may be offensive to patients. Products with strong odors such as perfumes and tobacco should be avoided in clinical areas.
- Smoking is limited to designated areas and may be prohibited on most hospital campuses.
- Hair must be neat, clean, and pulled back from the face.
- Facial hair of male students must be clean, trimmed, and worn in a manner that will not obstruct activities.
- Make-up is permitted if it is natural and subtle.
- Nails must be short, clean, manicured, and without colored polish. To promote infection control and patient safety, absolutely no artificial, sculptured, or acrylic nails are permitted.
- Chewing gum is not permitted in the clinical setting.
- For the safety of the patients, jewelry, with the exception of a wedding ring, wristwatch, and post earrings, is not to be worn during clinical. For pierced ears only, one set of small, simple posts may be worn in the ear lobes. Body jewelry for other pierced body parts is not to be worn in clinical (e.g., tongue, nasal, eyebrow).
- Visible tattoos must be covered.
- Both male and female students are required to purchase gray scrubs. The uniform is worn throughout the program during clinical hours. Uniforms and an MJC Respiratory Care Program patch may be purchased at Wilson's Uniforms in Modesto. Students may purchase gray scrubs at any other store that sells scrubs, or may purchase online.
- Professional undergarments are required.
- Students may not substitute other pant or top styles or brands for their uniform attire.
- Students may wear a solid white, long-sleeved shirt or turtleneck underneath the regulation uniform top. No other color is permitted. No printed or textured shirts are permitted.
- Shoes must be clean, supportive, and safe. Closed toe, low-heeled shoes with rubber or crepe soles must be worn. Tennis shoes are permitted as long as they fit the above criteria. Canvas tennis shoes, open-toe or open-heel shoes or sandals are not permitted. Socks must be worn.

- The MJC student identification badge with the student's photograph is to be clipped above the left front pocket of the top. The identification badge is part of the uniform and must be worn at all times in the clinical setting and during patient selection and preparation prior to clinical.
- When selecting and/or preparing for patient assignments at the clinical site, students must wear complete student uniform as described, with ID badge.
- Additional or exceptional criteria will be defined and required by instructors in specific clinical areas.
- If a policy difference exists in a particular clinical setting, the issue will be resolved by the clinical instructor and the program director.
- Students who fail to observe grooming and dress standards may not participate in the clinical component of a respiratory care course, may receive clinical probation, and ultimately an "Unsatisfactory" clinical grade.
- Scrubs are to be worn to clinical orientation. Jeans are prohibited!
- *Improper, dirty, or unkempt appearance will result in suspension for the day.*

STUDENT EVALUATION POLICY

The instructors of the respiratory care program believe that the evaluation of student progress is a continuous process within which both instructor and student assume responsibility for assessment of learning needs. The instructors desire to see students demonstrate a high standard of academic and clinical performance. The following standards are common to all courses in the respiratory care program:

- Students receive one grade for combined performance in theory and lab for core respiratory care courses.
- The minimum cumulative percentage for passing in all theory courses is 70%.
- Clinical evaluation uses a Pass/Fail system based on Satisfactory or Unsatisfactory performance. Students must receive a satisfactory clinical grade to pass the course.
- A Satisfactory grade on all written assignments is required, i.e., care plans, case studies, data base assignments, assigned papers.
- A Satisfactory grade on all lab assignments, or other clinical performance evaluations or competency exams.
- Students receiving less than 70% in theory may be dismissed from the program and reentry into the next year will be based on a space available basis only.
- Students are retained and promoted based on achievement of a minimum grade of 70% in a theory course, and a satisfactory “Pass” grade in the clinical component of core respiratory care courses.
- To successfully complete the respiratory care program, students must meet all Program Outcomes, general program evaluation criteria and specific criteria of individual courses.
- A student may fail and be dismissed from the respiratory care program for academic and/or clinical reasons. (See Attendance Policy and Clinical Competency Policy in the Respiratory Care Program’s Student Handbook. See the Academic Integrity Policy in the Modesto Junior College Catalog.
- Students are graded according to the respiratory care program’s grading system*:

<u>Theory</u>		<u>Clinical</u>	
90 – 100	=	A	70 and above = Satisfactory = Pass
80 – 89	=	B	69 and below = Unsatisfactory = Fail
70 – 79	=	C	
60 – 69	=	D	
59 and below	=	F	

*Cumulative percentages falling midway between whole numbers are rounded up to the nearest whole number, i.e., 69.5 = 70% and 69.44 = 69%.

- Instructors are expected to communicate specific evaluation methods of individual courses and to include them in course syllabi. Students are oriented to general respiratory care evaluation procedures in the first semester of the program and are expected to understand the respiratory care grading system and course evaluation methods.
- Exam/quiz scores will be jeopardized if the student:
 1. Leaves an examination or exam review site with a test, quiz, or keyed Scantron, regardless of the rationale given.
 2. Records test answers or takes notes during a post-exam or quiz review.
 3. Compromises the integrity of the testing process.

The student will receive 0% on exam/quiz for this occurrence. This type of infraction may invoke application of the Academic Integrity Policy in the College Catalog. Other sanctions levied by the student's instructor(s) may apply.

- Students who fail a course may be eligible for re-entry into the respiratory care program according to the guidelines established in the Re-Entry Policy.

STUDENT REMEDIATION

Student may make errors in judgement, encounter life-changing events, or have difficulty understanding theoretical concepts and course information. As these particular incidences occur, faculty involved are expected to meet with the student to discuss the issues and work with the student to teach professional principles, behaviors, concepts, and course information in order to prevent re-occurrences or failure of a course. The instructor is responsible for developing a remediation plan and monitoring the remediation process within an established timeline. Failure of the student to satisfactorily complete the remediation plan will result in the student being dismissed from the program.

STUDENT GRIEVANCE PROCEDURE

A student who has a grievance, defined as a complaint about a real or perceived wrong, may address concerns or complaints within the framework of the respiratory care program's formal channels of communication:

1. Direct communication by the student to the instructor.
2. Direct communication by the student to the program director.
3. Direct communication by the student to the division dean.

Students are advised to follow these formal pathways for grievance resolution. Written documentation by the student may be submitted in addition to any oral communication. The student should make an appointment with the appropriate faculty member or administrator by contacting the faculty or administrator directly or by scheduling an appointment through the Allied Health support staff. Grievance resolution may take place at the instructor, program director or division dean level. A student, who was not able to resolve the grievance within Allied Health, may appeal to the Vice President of Instruction.

Grievances involving grades, allegations of unlawful discrimination, or sexual harassment should be addressed as follows:

Grades

The determination of a student's grade by the instructor shall be final in the absence of mistake, fraud, bad faith, or incompetence (California Administrative Code, Title 5.) With respect to grievances pertaining to the issuance of a grade, the student may pursue Modesto Junior College procedures for challenging a final grade as outlined in the MJC Catalog. The MJC Petitions Committee procedures evaluate grade disputes or challenges.

Unlawful Discrimination

A student whose grievance involves allegations of discrimination in the College programs, activities, or work environment based on ethnic group identification, religion, age, gender, sexual orientation, color, or physical or mental disability may initiate a Student Complaint. <https://www.mjc.edu/instruction/litlang/studentcomplaint.php>

Sexual Harassment

A student whose grievance involves allegations of sexual harassment as defined by the Yosemite Community College District Policy Title IX may access this policy in the below link
<https://www.yosemite.edu/title9/>

PROGRAM RE-ENTRY POLICY

Students who have an interruption in their progression through the respiratory care program may be eligible for re-entry. Distinctions are made in evaluating applications of re-entry for students in “good standing” at the time of exiting the program and students with an “unsatisfactory standing” at the time of exiting the program.

Students in good standing include those who are compelled to withdraw from the program due to health or personal reasons and who have maintained satisfactory theory and clinical performance while in the program (based on course evaluation criteria and Overriding Concerns.)

Students in unsatisfactory standing include those who have performed unsatisfactorily in the program and who have failed either theory or clinical components of a course **or** who have withdrawn due to unsatisfactory theory and/or unsatisfactory clinical performance or who have withdrawn for other reasons but whose performance in theory and/or clinical components of a course at the time of withdrawal was unsatisfactory.

Re-entry applications are available in the Allied Health office.

Re-entry criteria for students in good standing

- Student who exit the respiratory care program must make an appointment with the respiratory care program director or clinical directors for an exit interview.
- Submission of a Re-entry Application at least eight weeks prior to the semester in which you want to re-enter.
- Compliance with any other required information such as a physician’s release or updated health clearance information, immunizations, drug screen and/or background check.
- Re-entry Applications are evaluated on a case-by-case basis, with assessment of student’s circumstances.
- Students requesting re-entry after an interruption of more than one year may need to submit a new application to the respiratory care program as well as an application to Modesto Junior College.
- Re-entry students are required to complete the respiratory care program’s current requirements as well as the MJC graduation requirements in effect at the time of re-entry.
- Academic and/or clinical testing for currency of knowledge and skills may be required for re-entry students who are returning after a significant time lapse.
- The program faculty reviews all Re-entry Applications and decides whether or not a student will be allowed to re-enter the program.
- Re-entry to the program is on a **space available basis**.

Re-entry criteria for students in unsatisfactory standing

- Student should schedule an appointment for an exit interview with the respiratory care program director at time of exit.
- Applications for re-entry for students in unsatisfactory standing must be made within two years of failure or withdrawal.
- Submission of a **Re-entry Application** at least 8 weeks prior to the semester in which you want to re-enter.
- Compliance with any other required information such as a physician's release or updated health clearance information, immunizations, drug screen and/or background check.
- The program faculty review all Re-entry Applications and evaluate on a case-by-case basis, with assessment of student's individual circumstances.
- - ❖ The student's academic standing in theory and clinical, attendance, attitude and behaviors during the previous enrollment in the program.
 - ❖ The reason for the student leaving the program.
 - ❖ Resolution or potential for resolution of the reason for leaving the program.
 - ❖ The theory and clinical instructors' judgment regarding the student's potential to successfully complete the program.
- A student whose performance in a semester of the respiratory care program was unsatisfactory may be permitted to re-enter the program a maximum of one time.
- A student may be denied re-entry if program faculty determine the student poses a potential threat to patient safety, or for serious breach of program ***Overriding Concerns***.
- Specification by program faculty on improvement criteria to be met by the student prior to re-entry.
- Submission of required documentation of improvement criteria fulfillment and/or other demonstration that improvement criteria have been met, as specified in faculty written recommendations for re-admission.
- Students requesting re-entry into the respiratory care program after an interruption of more than one year may need to submit a new application to the respiratory care program as well as an application to Modesto Junior College.
- Re-entry students are required to complete the respiratory care program's current requirements as well as the MJC graduation requirements in effect at the time of re-entry.
- Academic and/or clinical testing for currency of knowledge and skills may be required for re-entry students who are returning after a significant time lapse.

- A student who is permitted to re-enter the program subsequent to a clinical failure re-enters on clinical probation and must follow all terms and conditions of a Clinical Performance Improvement Contract as set forth by the clinical instructor.
- Re-entry to the program is on a space available basis.

UNSATISFACTORY COURSE COMPLETION

Respiratory Care students are charged with satisfactory completion of all classes required for an A.S. degree. If a student receives less than a “C” in any required course, that course must be repeated with a “C” or better in order to qualify for an A.S. degree.

Receipt of a grade lower than a "C" will result in probationary action or dismissal from the program.

First "D":

- a. In a Respiratory Care class: The student will be dismissed from the program.

Students must re-apply to enter the program the next year.

Second "D":

If a student receives two "D"s in any core class in successive attempts, they will no longer be eligible to re-apply to the program.

"F": Receipt of an "F" in any course will result in dismissal from the program. If after re-admission a student receives either a "D" or an "F" in a repeat of a course, they will no longer be eligible to re-admit into the program. Students must re-apply to enter the program the next year.

Any student receiving a “No Pass” grade in a clinical class may be re-admitted on a case-by-case basis. If re-admitted, the student will be placed on probation for a period of one semester. Students must re-apply to enter the program the next year.

TRANSFER POLICY

To be admitted as a transfer student into the Modesto Junior College A.S. Degree Program in Respiratory Care you must be transferring from an accredited associate degree program in respiratory care. Applicants will be accepted on a space available basis

Transfer Student Application Process

If you are interested in transferring into MJC Associate's Degree Program in Respiratory Care you must:

- Apply to MJC at www.mjc.edu
- Apply to the Respiratory Care Program as a transfer applicant
- Application accepted and placement in the program is based upon course evaluation, completed clinical hours, and clinical rotation

Transfer Student Screening Criteria

Transfer students must meet all the entry requirements for the Respiratory Care Program and will be evaluated in two additional areas:

1. Detailed course descriptions of all respiratory coursework completed at another accredited respiratory care program
 2. Applicant's standing in the previous respiratory care program
- A student in satisfactory standing is defined as one who left the prior respiratory care program with passing grades for respiratory care (or program) coursework and was not compelled to leave the previous respiratory care program for misconduct of any kind.

A student in unsatisfactory standing is defined as one either who left the prior associate degree program in Respiratory Care with failing grades in respiratory care or program coursework, or who was compelled to leave the program due to misconduct.

In congruence with the MJC Code of Conduct and the Allied Health Code of Civility, an applicant may be denied entry based on unprofessional conduct despite meeting all other program acceptance criteria.

Unsatisfactory standing does not automatically disqualify a student from transferring to the Modesto Junior College A.S. Degree Program in Respiratory Care. However, due to the competitive nature of the student selection process, applicants in satisfactory standing will have priority over applicants of unsatisfactory standing

GRADUATION

The college does not award degrees automatically. You must apply for an associate degree during the semester in which you plan to complete your degree requirements. Apply for graduation online. No student, however, is a candidate for graduation until the degree or certificate application is completed. Degrees are posted each semester; however, the college graduation ceremony is at the end of the spring semester each year. Diplomas will be dated at the end of the semester or summer session in which the qualified student applies. Diplomas are available to successful candidates approximately two months after term is completed. You will be contacted via student email for instructions on whether you prefer your diploma mailed via USPS or if you choose to pick it up in the Records Office.

Students are ultimately responsible for making sure that they have completed program requirements and are eligible to receive an Associate of Science Degree in Respiratory Care. Unfortunately, occasionally a student is unable to graduate with their class because of a lack of units or failure to meet an MJC graduation requirement. It is to your advantage to develop an Educational Plan as soon as possible. All students should have an Educational Plan by the time they have earned 15 units. Guidance courses offered by the Counseling Center are designed to assist students in developing Educational Plans. A Guidance course is required for graduation.

PINNING CEREMONY

The pinning ceremony of the Modesto Junior College Associate Degree Respiratory Care Program recognizes and awards successful completion of program requirements in the conferring of the Respiratory Care pin. This ceremony is separate and distinct from the Modesto Junior College graduation ceremony. Students who have completed all A.S. degree requirements are strongly encouraged to participate in the college ceremony as well as the respiratory care pinning ceremony.

Pinning ceremony arrangements are made by the Respiratory Care Program Director or designated faculty in collaboration with student representatives of the completing class.

The class may arrange for a group picture with options for individual packages with a photographer pending class decision. Students are responsible for associated arrangements and costs. Completing classes are asked to donate a formal class picture to the Respiratory Care Program for its archives.

Total cost of the pinning ceremony is supported by the Respiratory Care program. Costs for which the program is responsible are firmly budgeted.

PROGRAM FACULTY

Dr. Bonnie J. Hunt, EdD, MPA, RRT
Program Director
Glacier Hall, 105
(209) 575-6388

Janet Fantazia, M.H.S., RRT, AE
Director of Clinical Education
Glacier Hall, 106
(209) 575-6381

ADJUNCT FACULTY

Randy Camasura – Clinical Instructor
Andrea Coonfeld – Clinical Instructor
Dale Esguerra – Clinical Instructor
Carla Espinoza – Clinical Instructor
Danielle Kokologiannkis – Clinical Instructor
Atour Maragoul – Clinical Instructor
Matthew Mendoza – Clinical Instructor
Lynsey Reynolds – Clinical Instructor
Jeannie Rodenberg – Clinical Instructor

APPENDIX

**MODESTO JUNIOR COLLEGE
ASSOCIATE'S DEGREE PROGRAM IN RESPIRATORY CARE**

SIGNATURE PAGE

I, _____, have read the Modesto Junior College Respiratory Care Student Handbook. I understand the policies, procedures, conditions, and behaviors that are expected of me as outlined in the handbook and agree to abide by all of them. I will use the handbook as a reference in the future to seek clarification about policy or procedure as needed. I understand that failure to observe the Respiratory Care Program's policies in both clinical and academic components may jeopardize my ability to be successful in the program.

Date: _____

Student' signature: _____

Semester:
_____ Fall _____ Spring

Print name: _____ Student W#: _____

**MODESTO JUNIOR COLLEGE
ASSOCIATE DEGREE RESPIRATORY CARE PROGRAM
RELEASE OF LIABILITY FORM**

I, _____, understand that participation in the clinical component of the MJC Associate Degree Respiratory Care Program may be physically and emotionally demanding. My signature below states that I am physically and mentally able to meet the expectations imposed by typical respiratory activities as listed below, with reasonable accommodations if I am an individual with a disability.

Activities and physical abilities that are required of students in the clinical/hospital setting include, but are not limited to:

- Lifting- 50 pounds
- Transferring- 100 pounds
- Bending, stooping, kneeling
- Pushing, pulling
- Walking
- Standing for prolonged periods (shifts may include 12 hours)
- Reaching
- Hearing acuity (average)
- Visual acuity (average)
- Manual dexterity
- Tactile ability- sufficient for patient assessment
- Equipment operation- transfer devices, monitors, computers, etc.

For those clinical experiences that are deemed essential by the clinical provider, I understand that alternate clinical experiences may not be available. I also understand that timeliness of performance may be, in some instances, an essential component of the clinical experience, and in those instances, it may not be possible to grant an extension of time as an accommodation. This will be determined on an individual basis.

To request reasonable accommodations, or to discuss whether reasonable accommodations are appropriate, please contact the Allied Health division office at (209) 575-6362 and request an appointment with the Respiratory Care Program Director.

Regardless of whether or not I am an individual with a disability, I will report to my instructor if I develop or experience any physical, psychological, or emotional problems that might impair my ability to perform respiratory care duties after I sign this release.

Date: _____

Student's signature

Print

**MODESTO JUNIOR COLLEGE
ASSOCIATE DEGREE RESPIRATORY CARE PROGRAM
HEALTH RELEASE FORM**

STUDENT AUTHORIZATION

I, _____, hereby authorize Dr. _____ to release any requested medical information regarding my ability to function in the MJC Associate Degree Respiratory Care Program. I further give my permission for my physician(s) to discuss my health status with representatives of the Respiratory Care Program if they contact my physician or health care team to clarify my health status and/or fitness for nursing duty.

Student's Signature

Date

PHYSICIAN'S RELEASE TO CLINICAL FUNCTIONING

The above-named student is a patient of mine as a result of:

____ Surgery ____ Childbirth ____ Illness ____ Injury ____ Other

which occurred on _____ (Date). I understand that this student is currently enrolled in the MJC Respiratory Care Program that requires students to be healthy and in good physical condition. I understand that the Program is not able to make arrangements for "light duty." Activities and physical abilities that are required of students in the clinical/hospital setting include, but are not limited to:

Lifting- 50 pounds

Transferring- 100 pounds

Bending, stooping, kneeling

Pushing, pulling

Walking

Standing for prolonged periods (shifts may include 12 hours)

Reaching

Hearing acuity (average)

Visual acuity (average)

Manual dexterity

Tactile ability- sufficient for patient assessment

Equipment operation- transfer devices, monitors, computers, etc.

The student will be fully released and able to meet the forenamed physical expectations as of the Associate's Degree Program in Respiratory Care.

Physician's Signature

Date

Yosemite Community College District Modesto Junior College Respiratory Care Program

AGREEMENT TO PARTICIPATE AND ASSUMPTION OF RISK

As a student who is currently enrolled in the Respiratory Care Program at Modesto Junior College, I am aware that the program content includes instruction on intravenous techniques and infusion.

I understand, as a part of the coursework in this program, I will receive hands-on instruction in the technique of performing venipunctures. I further understand I am required to demonstrate live venipunctures, and that the live venipunctures are required in order to start intravenous lines on patients in the clinical setting.

I understand that I will demonstrate intravenous puncture techniques on other students enrolled in the Respiratory Care Program **AND** that they will demonstrate intravenous puncture techniques on me. I understand that I may also be required to demonstrate injections and finger-stick blood sugar measurements on other students enrolled in the Respiratory Care Program and that they may be required to demonstrate injections and finger-stick blood sugar measurements on me.

I am aware that the risks associated with these activities may include, but are not limited to, the following:

Nerve damage	Phlebitis
Local hematoma	Arterial puncture
Syncopal episode	Hepatitis*
Infection	HIV*

*Only if a needle stick is incurred with a contaminated needle.

In consideration of Yosemite Community College District's (YCCD) permission for me to participate in the Respiratory Care Program intravenous therapy instruction and practice, I hereby assume all risks associated with participation and agree to exonerate and hold harmless YCCD, its officers, agents, servants, and employees, and all physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes, actions, or demands of any kind and nature whatsoever which may arise by, or in connection with, my participation in any activities related to courses in the Respiratory Care Program.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

Signed: _____ Date: _____

Print name: _____

LJS: Approved (T. Scott) – 6/30/10

Rev. 9/7/02, 11/2/06, 6/30/10, 7/27/12ADN/Policies & Procedures:cs



ALLIED HEALTH CODE OF CIVILITY

To ensure a learning environment that promotes respect for others, a quality education, and the safety of students, faculty, and staff:

I will...

- communicate** with faculty, staff, and peers in a respectful and professional manner.
- be on time** for class and clinical.
- be prepared** for class and clinical.
- remain awake** in class and clinical.
- silence my cell phone** during class and clinical.

I will not...

- text message **during class or clinical.**
- use any unauthorized electronic or communication devices **during class or clinical.**
- conduct disruptive side conversations **when an instructor or speaker is talking.**

I will not engage in...

- yelling.
- physical or verbal abuse.
- profane, foul, or inappropriate language.
- threatening or intimidating behaviors.

Students, faculty, and staff will be fully accountable for their behavior. If they fail to observe the Allied Health Code of Civility, action will be taken according to established college and program policies.

I have read the Allied Health Code of Civility and agree to abide it.

Date: _____

Student signature

Semester:

☐ Fall ☐ Spring

Print name

**MODESTO JUNIOR COLLEGE
RESPIRATORY CARE PROGRAM
REQUEST FOR LETTER OF RECOMMENDATION**

Student name: _____ Date: _____

Print Full Name

Current semester/course: _____ Contact number: _____

RCP graduation date: _____ Email address: _____

Letter is needed for (check one or more of the following boxes):

- ☐ Scholarship/Grant

Name of scholarship or grant: _____

- ☐ Letter of reference or recommendation for a job or position:

Specify position: _____

Specify facility/organization: _____

- ☐ General/multi-purpose letter:

Reason(s) for letter: _____

- ☐ Letter of reference/recommendation for resumé.

- ☐ Letter of reference/support required by BRN

- ☐ Other: _____

- ☐ Letterhead or address of letter recipient:

Supply the following:

- ☐ Number of letters needed: _____

- ☐ Date letter is needed: _____ (Give at least 3 weeks' notice)

- ☐ Letter or form to be in sealed envelope with/without (circle one) author's signature
written across envelope flap

- ☐ Letter may be viewable by student

- ☐ Include any information, resumé, extracurricular activities, employment history,
and academic or service achievements that may assist in letter composition:

- ☐ Note of appreciation to author of letter after its completion

Faculty use only:

- ☐ Student may get letter from/how: _____ by _____

**MODESTO JUNIOR COLLEGE
RESPIRATORY CARE PROGRAM
LETTER OF RECOMMENDATION**

To: _____

The following student or program graduate has requested a letter of recommendation from the faculty of the Modesto Junior College Respiratory Care Program. The student/graduate student has authorized the author of this letter to candidly evaluate his/her performance as a student nurse in the Respiratory Care Program and to provide any and all information they have concerning the individual's performance, conduct, and professional qualities as listed below.

Name of Student/Graduate: _____

Semester in RC Program or Date of Program Completion: _____

Name of Faculty Submitting Letter: _____

Relationship to Student/Graduate: _____

Faculty Contact Information: _____

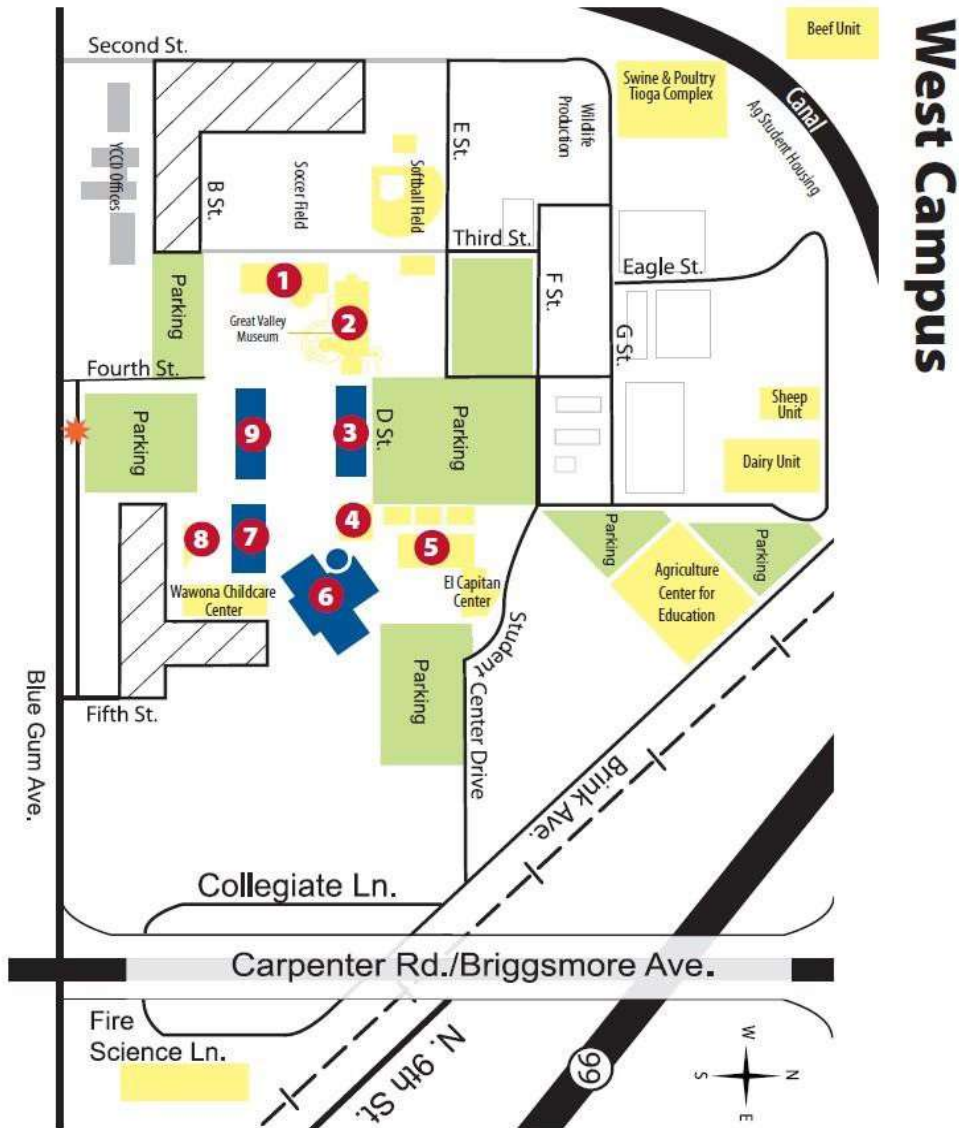
Qualities/Characteristics	Excellent	Good	Satisfactory	Poor
Academic Performance				
Clinical Reasoning and Competence				
Civility/Attitude				
Professionalism				
Safety/Judgement				
Accountability/Responsibility				
Integrity/Honesty				
Caring/Patient Advocacy				
Communication Skills				
Collegiality/Cooperation				
Punctuality/Attendance				
Initiative/Assertiveness				
Leadership/Delegation				
Community Service/Volunteerism				

Comments: _____

Signature of Faculty _____

Title _____

Date _____



West Campus



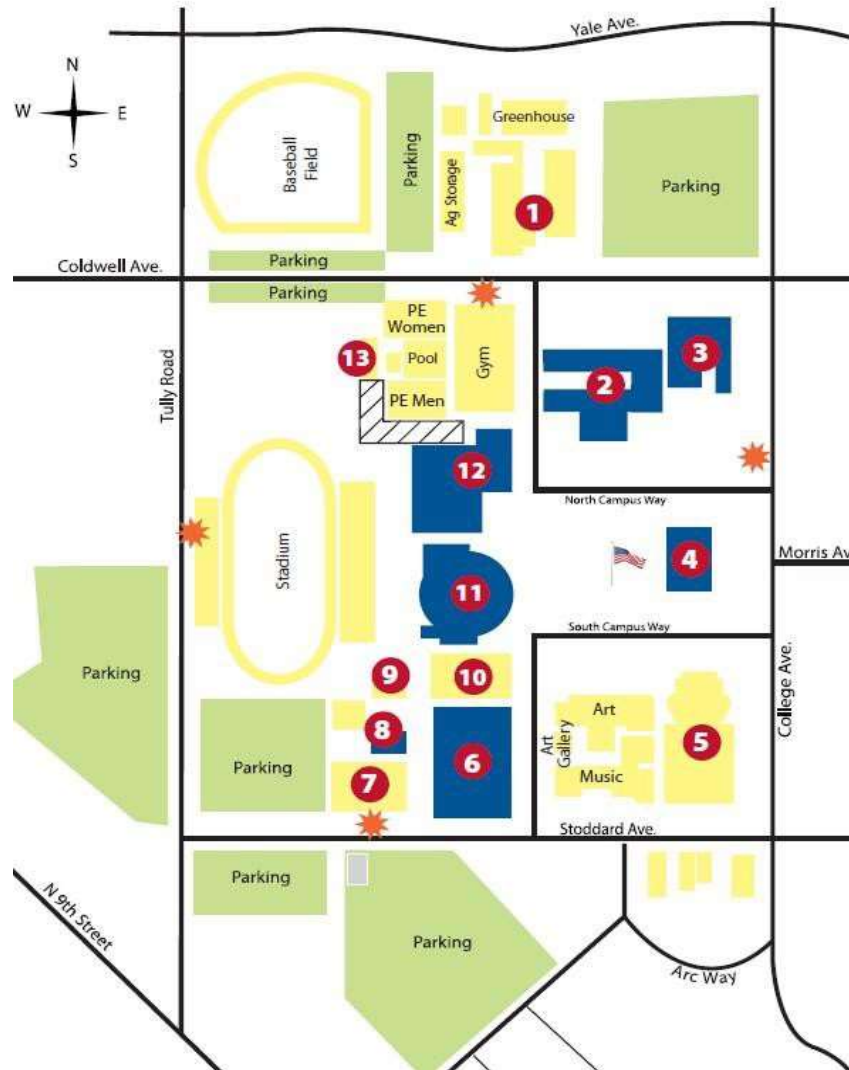
MODESTO JUNIOR COLLEGE West Campus Ledger - Student Services Locations (in blue)

- 1 Glader Hall (MGLA)**
Allied Health Division Office
- 2 Science Community Center (MSCC)**
Science, Mathematics and Engineering Division Office
- 3 Sierra Hall (MSER)**
Technical Education Division Office
Help Desk
- 4 Ansel Adams Hall (MADM)**
- 5 Tenaya Complex (MTAC)**
- 6 Mary Stuart Rogers Center (MMSR)**
Associated Students of MJC
Food Services
Pirates Bookstore (temporary – first 2 weeks of fall/ spring semesters)
- 7 John Muir Hall (MUIR)**
Campus Security Offices - Phone: 575-6351
English Language Learner Welcome Center
- 8 MeWuk Child Development Lab (MCDV)**
- 9 Yosemite Hall (MYOS)**
Admissions & Records
Counseling
Disability Services
Education Planning
Financial Aid
Health Services
Library and Learning Center (LLC)
Student Success Specialists
Tutoring

• Bathrooms located in every building

Prime Shine Pirate Express pick-up (on the hour and half hour)

East Campus



MODESTO JUNIOR COLLEGE East Campus Ledger - Student Services Locations (in blue)

- | | |
|--|---|
| <p>1 Agriculture Building (MAGR)
Agriculture & Environmental Sciences Division Office</p> <p>2 Center for Advanced Technologies (MCAT)
Testing Center (temporary location)</p> <p>3 Student Services Building
Admissions and Records
Business Services
CalWORKS
Counseling
Disability Services
Education Planning
EOP&S
Evaluations
Financial Aid
Student Success Specialists
Veterans Services</p> <p>4 Morris Memorial Building
Community Education
Health Services
MJC Foundation
President's Office (& other administrative offices)
Office of Student Equity and Learning
Scholarship Office
Student Success Specialists
TRIO SSS
TRIO Pre-College</p> <p>5 Performing and Media Arts Center (MPAC)
Arts, Humanities & Communication Division Office
Music (MMUS)
Art (MART)
Theatre (MTHETR)</p> <p>6 Founders Hall (MFND)
Business, Behavioral & Social Sciences Division Office
Literature and Language Arts Division Office
Multicultural Learning Center
Student Success Specialists</p> | <p>7 Electronics (MELT)</p> <p>8 Campus Security Offices - Phone: 575-6351
DSPS Testing & Resource Lab</p> <p>9 Classroom Annex (MCLS)</p> <p>10 Forum (MFOR)</p> <p>11 Student Center
Campus Life & Student Learning
Career & Transfer Center
Food Services
International & Undocumented Students
Pirates Bookstore
Student Activities
Student Success Specialists</p> <p>12 Library and Learning Center (MLIB)
Tutoring</p> <p>13 PE Offices (MPEM)
Physical, Recreational & Health Ed. Division Office</p> <p>• Bathrooms located in every building</p> <p>★ Prime Shine Pirate Express pick-up
(on the quarter and three-quarter hour)</p> |
|--|---|