

**Pitt Community College
Health Sciences Division**



**Respiratory Therapy
Student Handbook
2022-2023**

Student Handbook

Revised July, 2022

In addition to the policies and schedules of Pitt Community College outlined in the PCC Catalog, Respiratory Therapy students follow the student guidelines of the Health Sciences Division and the Respiratory Therapy Department. This Respiratory Therapy Student Handbook supersedes all previous handbooks and is published to provide the student with information about the College and the Respiratory Therapy Program.

The policies presented in this edition of the Respiratory Therapy Student Handbook are not to be regarded as an irrevocable contract between Pitt Community College and students. The Health Sciences Division and the Respiratory Therapy Department reserve the right to change any policies or schedules at any time.

It is the policy of Pitt Community College not to discriminate against any person on the basis of race, color, handicap, religion, age, or national origin in the recruitment and admission of students; the recruitment, employment, training, and promotion of faculty and staff; and the operation of any of its programs and activities, as specified by federal laws and regulations. Pitt Community College is an equal opportunity institution.

Formatting note: Times New Roman 12-point type font is used throughout this handbook to reflect information applicable to all Health Sciences Division programs. Arial 11-point type font is used to reflect information applicable to Respiratory Therapy only.

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1.0 Health Sciences Division

1.1 General Information

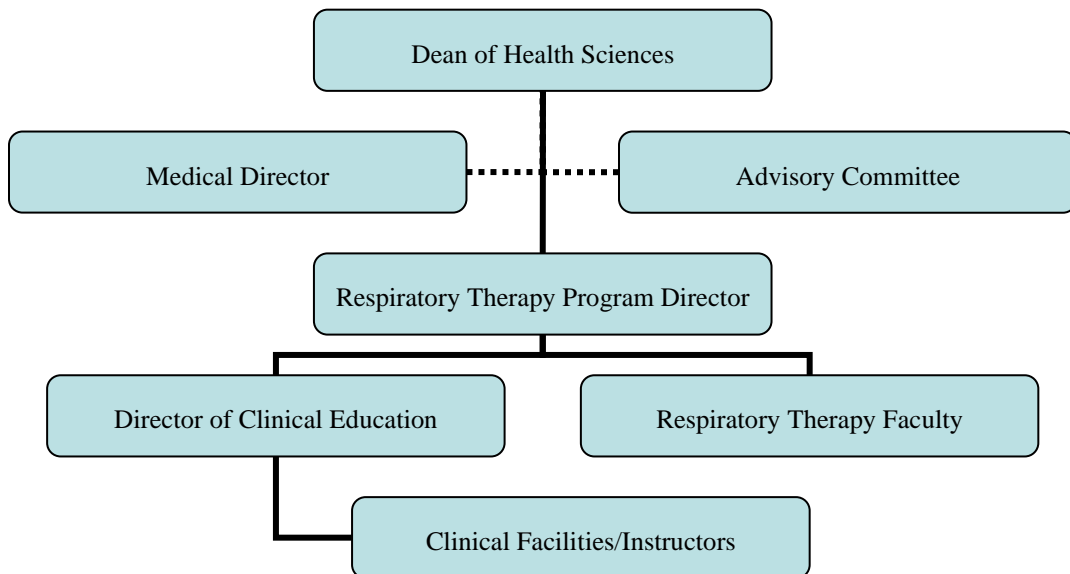
In addition to the policies of Pitt Community College, health sciences students follow the student policies of the Health Sciences Division. These policies have been developed by the Health Sciences Division administration and faculty in an effort to provide an effective and safe learning environment and establish professional attitudes and conduct in the student. Each student is responsible for being aware of and abiding by the policies at all times.

1.2 Accreditation Information

Pitt Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees. Questions about the accreditation of Pitt Community College may be directed in writing to the SACSCOC at [1866 Southern Lane, Decatur, GA 30033-4097](mailto:1866.Southern.Lane@SACSCOC.org), by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

The Respiratory Therapy Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). CoARC Program #200318. 264 Precision Blvd., Telford, Tennessee 37690. Telephone: 817-283-2835. Email: tom@coarc.com

2.0 Organizational Structure



3.0 Mission

3.1 Health Sciences Division

Mission: The Health Sciences Division will provide quality health care programs that educate and empower graduates with the knowledge, skills, and behaviors to be competent and professional health care providers within their scope of duties.

Vision: The Health Sciences Division is committed to preparing the health professional of the future. Our knowledge, skill, and compassion for others is demonstrated to our students, influencing and preparing them to become the leaders of tomorrow while maintaining the level of quality care the health care industry demands.

Values: Commitment to serve our students, the health care industry, and the community is the cornerstone of the Health Sciences Division. We strive to attain the highest standards of excellence through assessment, accountability, and continuous improvement. We value the learning experience and the accomplishments that can be achieved through collaboration and service. We value diversity among our students, faculty, staff, and community and celebrate our differences. We value honesty and believe integrity is essential for long-term success. These core values provide the principles and standards for all we do, define our relationships with others, and are reinforced in our students, the health care industry, and ourselves.

3.2 Program Mission

The mission of the Respiratory Therapy Program at Pitt Community College is to educate and empower graduates with the knowledge and skills required to be competent and caring advanced-level respiratory therapists.

4.0 Curriculum Outcomes

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

Outcome 1: Students will demonstrate the ability to relate respiratory care knowledge to adult, pediatric and neonatal clinical practice.

Outcome 2: Students will demonstrate proficiency in selecting and performing adult, pediatric and neonatal respiratory care skills.

Outcome 3: Students will demonstrate behaviors consistent with employer expectations.

Outcome 4: Students will successfully pass the RRT credentialing exams.

5.0 Curriculum

	Pre-requisites		Class	Lab	Clinical	Credit
	BIO 163 <i>or</i>	Basic Anatomy & Physiology	4	2	0	5
	BIO 168 & BIO 169	Anatomy & Physiology I Anatomy & Physiology II	3 3	3 3	0 0	4 4
	ENG 111	Writing & Inquiry	3	0	0	3
	MAT 121	Algebra/Trigonometry I	2	2	0	3

	FALL I		Class	Lab	Clinical	Credit
	ACA 111	College Student Success	1	0	0	1
	RCP 110	Introduction to Respiratory Care	3	3	0	4
	RCP 117	Respiratory Care Pharmacology	1	2	0	2
	RCP 132	Clinical Practice I	0	0	6	2
		Total	5	5	6	9
	SPRING I					
	HUM 115	Critical Thinking	3	0	0	3
	RCP 111	Therapeutics and Diagnostics	4	3	0	5
	RCP 114	Cardiopulmonary Anatomy & Physiology	3	0	0	3
	RCP 123	Special Practice Lab	0	3	0	1
	RCP 143	RCP Clinical Practice II	0	0	9	3
		Total	12	3	9	15
	SUMMER I					
	RCP 112	Patient Management	3	3	0	4
	RCP 222	Special Practice Lab	0	2	0	1
	RCP 153	RCP Clinical Practice III	0	0	9	3
		Total	3	5	9	8
	FALL II					
	PSY 150 <i>or</i> SOC 210	General Psychology Introduction to Sociology	3	0	0	3
	RCP 210	Critical Care Concepts	3	3	0	4
	RCP 214	Neonatal/Pediatric Respiratory Care	1	3	0	2
	RCP 223	Special Practice Lab	0	3	0	1
	RCP 235	RCP Clinical Practice IV	0	0	15	5
		Total	7	9	15	15
	SPRING II					
	ENG 112	Writing/Research in the Disc	3	0	0	3
	RCP 211	Advanced Monitoring/Procedures	3	3	0	4
	RCP 215	Career Preparation-Advanced Level	0	3	0	1
	RCP 246	RCP Clinical Practice V	0	0	18	6
		Total	6	6	18	14

TOTAL CREDITS FOR AAS DEGREE

72

6.0 Clinical Facilities

The Respiratory Therapy Program has clinical education agreements with the following facilities:

- CarolinaEast Medical Center; New Bern, North Carolina
- East Carolina University-Brody School of Medicine, Pulmonary/Critical Care; Greenville, North Carolina
- Family Medical Specialties; Greenville, North Carolina
- Lenoir UNC Health Care; Kinston, North Carolina
- Martin General Hospital; Williamston, North Carolina
- Physician's East; Greenville, North Carolina
- RHA Howell Center; Greenville, North Carolina
- ECU Health Medical Center; Greenville, North Carolina
- ECU Health Beaufort Hospital; Washington, North Carolina
- ECU Health Roanoke-Chowan Hospital; Ahoskie, North Carolina
- Wayne UNC Health Care; Goldsboro, North Carolina

Students and faculty will follow the policies and procedures set forth by each clinical facility during the time the students are performing clinical practice.

A clinical facility has the right to refuse clinical practice experience for any student whose clinical performance is unsatisfactory or who is found to be in non-compliance with the personnel policies and procedures of the clinical facility. Students who are denied clinical privileges will be unable to complete clinical practice and will be dismissed from the program for failure to progress.

Students must be cleared and remain cleared for clinical rotations at all clinical facilities in order to progress in the program.

7.0 Expenses

Students should prepare for the following expenses while enrolled in the program:

- Tuition and Fees
- Malpractice Insurance (cost included with tuition and fees)
- Criminal Background Checks/Drug Screen (annually)
- Textbooks
- Clinical Uniforms/Shoes
- Clinical/Laboratory Supplies
- Clinical Travel
- Physical Examination & Required Immunizations
- Annual TB Test
- Flu Vaccine
- Kettering Review Seminar
- Self-Assessment Exam (cost included with tuition and fees)

Expenses associated with employment include the cost of the Therapist Multiple-Choice (TMC) Exam, Clinical Simulation Exam, licensing and professional membership fees.

A more detailed explanation of expenses can be found on the PCC Respiratory Therapy Program website.

8.0 Admission

8.1 Admission Requirements

The Respiratory Therapy Program has special admissions requirements. These requirements are in addition to those completed for PCC general admission. Until students complete the special admissions requirements and are accepted into the Respiratory Therapy Program, they are enrolled as an Associate in General Education (AGE) major or special credit student.

The following steps must be completed prior to applying to the Respiratory Therapy Program:

- Complete an application for general admission to Pitt Community College.
- Submit official transcript from high school or high school equivalency diploma. Applicants with a bachelor's degree are exempt.
- Submit official transcripts from all colleges/universities attended.
- Meet with assigned Advisor.
- Complete new student orientation.
- Check your myPittCC email account for important announcements on a regular basis.
- Read the Health Sciences Essential FAQs.

By completing these steps, students have not applied for or been accepted into the Respiratory Therapy Program. Applying to the Respiratory Therapy Program is a separate process and not allowed until all of the following application criteria and minimum prerequisites are met.

Application Criteria:

- Must be a high school graduate or hold high school equivalency diploma.
- Must have a 2.5 GPA in general education and recommended courses for the Respiratory Therapy Program (see page 2).
- Must have a minimum total score of 60% on TEAS within the past 3 years counting back from the date of enrollment in the program. Applicants should consult an academic advisor to determine the best time to take the TEAS. Refer to the TEAS Testing Guide for information on preparing and registering for the TEAS.

Minimum Prerequisites (must be completed or in progress at time program application is submitted):

- BIO 163 or [BIO 168 and BIO 169] with a C or better within the past 10 years counting back from the date of enrollment in the program.
- ENG 111 with a C or better.
- MAT 121 with a C or better.

Once you meet all application criteria and minimum prerequisites for the Respiratory Therapy Program, contact Health Sciences Admissions at (252) 493-7473 or hltscadm@email.pittcc.edu to complete a Respiratory Therapy Program Application. Applications may be submitted from September 1, 2022 through 5 p.m. on February 15, 2023 for those applying for Fall 2023. Upon receipt of your application, you will be invited to register for an information session that is specific to the Respiratory Therapy Program. All applicants are required to attend this information session.

Admission to the Respiratory Therapy Program is competitive. Applicants compete for admission based on quality points. Applicants earn quality points by completing the general education and recommended courses required for the Respiratory Therapy Program with a C or better (see page 2). To calculate quality points, multiply the number of credit hours for each general education course successfully completed with a C or better by the quality point value assigned to the grade earned (A=4, B=3, C=2). The best grade earned for general education and recommended courses is used to calculate total quality points and GPA. Refer to the Health Sciences Essential FAQs for details on how quality points are calculated. • Pitt County Schools Health Sciences Academy (PCSHSA) graduates who participated in the Health Sciences Academy in their junior and senior years of high school, earned college credit for general education courses required for their program of interest with an “A” or “B,” and fulfilled all responsibilities of the Health Sciences Academy program will receive a 10% increase to their quality point calculation. These points are awarded to PCSHSA graduates who have graduated within five years prior to enrollment in a health sciences program at PCC. PCSHSA graduates are not guaranteed acceptance into any health sciences program. Applicants will be notified by email (myPittCC email) of their acceptance status no later than April 30. Please do not contact health sciences admissions regarding your acceptance status until this notification date has passed.

Applicants accepted to the Respiratory Therapy Program will be required to submit active BLS Certification from the American Heart Association by July 1. Instructions for submitting BLS Certification will be included in the acceptance letter.

8.2 Re-Admission Policy

A student may enter the Respiratory Therapy Program **two times** (initial entry is counted as the first entrance). Re-entry is contingent upon available space in the program. Students must have at least a 2.5 GPA in general education and recommended courses for the program and current anatomy and physiology (less than 10 years old from the date you will re-enroll in the program) in order to be considered for re-entry. Re-admission guidelines are as follows:

- If re-applying for fall (first year), the student will be competing for a space with all other students applying for the program and must re-apply through health sciences admissions during the application period.
- If re-applying for a subsequent semester, re-entry is contingent upon available space. Re-entry applicants must submit a formal letter to the Program Director requesting consideration for re-entry. If the number of students who apply for re-entry exceed available space, applicants will be ranked according to program

GPA (program GPA is based on grades earned in the general education and RCP courses completed for the program).

- Re-entry students must repeat all RCP courses in the semester in which they return and pass with a grade of 78 or higher in order to progress.
- Re-entry students may be required to update admission and medical documentation, purchase textbooks, and/or obtain an updated criminal background check and drug screening.
- Students who left the program as a result of unsatisfactory performance may re-enter the program on probation and will remain on probation for at least one semester.
- Any student re-admitted to the Respiratory Therapy Program in a semester subsequent to the fall (first year) will be required to demonstrate proficiency in all RCP courses (containing a lab) for which they previously earned credit. A student may demonstrate proficiency by repeating all core competency evaluations as designated by the Program Director.
- Competency evaluations are administered within 14 days of a student re-enrolling in the program. An evaluation score of 2 or 3 is required on all **core** competency evaluations and must be successfully completed within three attempts.
- Any student who fails to demonstrate proficiency in the **core** competencies in any RCP course for which they previously earned credit, will be unable to continue in the program.

Students missing more than two consecutive semesters are not eligible for re-admission and must apply through Health Sciences Admissions following the guidelines outlined in Section 8.1. If accepted, all RCP courses for which credit was previously earned must be repeated and a grade of 78 or higher must be achieved in order to progress. Admission will be counted as a second entry.

Students called to active-duty military service while enrolled in the Respiratory Therapy Program will be re-admitted with the same academic status that he or she had when last attended.

8.2.1 Auditing Courses

Students may not audit **RCP** prefix courses.

8.3 Transfer Policy

Transfer students are defined as a student currently enrolled in another Respiratory Therapy Program, in good academic standing, and eligible for progression to the next semester at the college from which they are transferring. Students that have been dismissed from a Respiratory Therapy Program due to unsatisfactory academic or clinical performance will not be considered eligible for transfer.

Transfer is only allowed if the transferring college's Respiratory Therapy Program is Commission on Accreditation for Respiratory Care (CoARC) accredited.

Transfer applicants must meet the same admission criteria required of all students applying for the program (refer to Section 8.1 Admissions Requirements); the minimum

required TEAS score is excepted. Transfer is contingent upon available space in the program and the transferring college's curriculum aligning with the PCC curriculum. Transfer credits are awarded according to the policy as stated in the college catalog. In some instances, course syllabi (including course description, outline, and/or competencies achieved) may be required in order to award transfer credit. All transfer students must complete at least 25% of the credit hours required for the Respiratory Therapy Program at PCC. Within the 25%, at least 12 credit hours must be major courses work with the RCP prefix. Credit by examination cannot be included in the 25% requirement.

To be considered for transfer, students must complete the following steps:

- Complete an application for admission to the college.
- Submit official transcript from high school or high school equivalency diploma. Applicants with a bachelor's degree are exempt.
- Submit official transcripts from all colleges/universities attended.
- Any student transferring into the Respiratory Therapy Program will be required to demonstrate proficiency in **all** RCP courses (containing a lab) for which they previously earned credit. A student may demonstrate proficiency by repeating all **core** competency evaluations as designated by the Program Director.
- Competency evaluations are administered within 14 days of a student transferring into the program. An evaluation score of 2 or 3 is required on all **core** competency evaluations and must be successfully completed within three attempts.
- Any student who fails to demonstrate proficiency in the **core** competencies in any RCP course for which they previously earned credit, will be unable to transfer into the program.

Submit to the Program Director a letter requesting consideration for transfer in addition to a letter of recommendation from the program director at the transferring college. The letter of recommendation must state the student is in good academic standing and has passed courses with a "C" or better and is not on any form of academic or clinical probation or suspension.

8.4 Experiential Learning

The College does not consider experiential learning or life experiences for transfer credit evaluation. However, students who evidence prior proficiency for a course due to previous work or life experiences may apply for credit by examination. Contact the program director for more information.

8.5 Change of Major Policy

Health sciences programs have special admissions requirements. Until these requirements are met, students are enrolled at the college as an Associate in General Education (AGE) major or special credit student. Once accepted into a health sciences program, the major will be changed by health sciences staff. Accepted students are not required to submit a request for the change of major. Students will not be allowed to register for health sciences prefix courses until the major has been changed.

The health sciences major will be ended for the following:

- Applicants accepted to a health sciences program but do not enroll.
- Students who fail, withdraw, or are dismissed from a health sciences program.

In any of these instances, students choosing to take classes at the college in subsequent semesters must contact a student success advisor at 252-493-7245 to select an alternative major. In addition, students may also contact the AGE department at 252-493-7456.

8.6 Double Major Policy

Students who double major are taking classes for two different programs simultaneously. It is challenging for most students to double major while enrolled in any health sciences program because the course load is often too heavy and it is difficult to align the course schedule for two programs.

Students must receive approval from the program director to double major. Students unable to provide a career and educational plan that validates the need to double major will not be approved. The program director reserves the right to deny or rescind approval to double major for any student that demonstrates academic difficulty while enrolled in the program or does not follow the approved educational plan.

Students approved to double major must submit a “Request for Double Major Form” to the Admissions and Records Office. Request for Double Major Forms must be signed by the program directors of both programs.

8.7 Medical Examination/Immunizations

Students admitted to health sciences programs are required to have a physical examination to determine if they are physically and emotionally capable of performing the essential functions of the program and must submit a completed medical form. A record of immunizations, including, but not limited to, an annual Influenza vaccine and the COVID-19 vaccine must be included with the medical form. A medical or religious exemption for vaccines must be approved by the clinical site(s). PCC does not grant vaccine exemptions in lieu of the clinical site(s) and does not guarantee vaccine exemptions will be approved by the clinical site(s).

Students will be required to have a follow up medical form completed if any changes in physical and/or emotional health are noted while enrolled in the program.

Students are encouraged to keep copies of all medical information submitted. Copies will not be provided after submission to the college without a signed Medical Form Request.

8.8 Professional Licensure Disclosure Statement

Programs at Pitt Community College that prepare students for professional licensure/certification are designed to prepare a student to apply for applicable

licensure/certification in North Carolina. Residents outside of North Carolina who desire to enroll in a course or program leading to professional licensure/certification may review the licensure disclosure to determine the status of a course or program in each state.

Professional licensure/certification disclosures may be found at www.pittcc.edu (search Professional Licensure/Certification) and indicate whether PCC:

- meets **state** educational requirements for licensure or certification
- does not meet **state** educational requirements for licensure or certification
- or a determination has not yet been made

Questions related to professional licensure should be forwarded to the program contact noted on the respective licensure disclosure.

8.9 Special Admission Considerations

Admission of applicants residing outside North Carolina to an online health sciences program or individual online health sciences courses is dependent on the College's ability to secure authorization from the applicant's state of residence and state for which clinical practice will be completed, if such authorization is required. Individuals interested in applying to online health sciences programs or courses who do not reside in an authorized state, should not begin the health sciences admissions process until authorization is verified.

Applicants unable to provide and maintain active appropriate documentation of legal presence in the U.S. are not eligible for admission to health sciences programs with competitive admission and/or health sciences programs requiring clinical practice at a facility in the U.S.

Clinical placements are not permitted in facilities positioned in geographic locations outside U.S. jurisdiction.

9.0 Progression

9.1 Evaluation and Guidance

9.1.1 Evaluation

Student evaluation begins prior to admission to the program when the application to enter the College, placement test scores, and high school and college transcripts are reviewed by the Admissions Office and Health Sciences Admissions Specialist.

Once enrolled into the program, a planned program for regular evaluation of each student's progress is instituted in the first semester and is ongoing until the student completes the program. Students are required to participate actively in the process of evaluation. Specific evaluation processes are outlined in each course syllabus.

9.1.2 Guidance

Students are assigned a faculty advisor to guide them in creating and meeting academic goals.

The faculty advisor is responsible for:

- Meeting with each student in order to create and discuss an academic educational plan and to set academic goals;
- Maintaining contact and assisting students with adhering to their academic plan, meeting curriculum requirements, and fulfilling academic goals;
- Assisting students with college policies and procedures;
- Preparing students for graduation through the completion of a graduation audit and guidance in making career-oriented decisions;
- Acting as the student's representative when needed and providing direction for additional campus resources; and
- To post office hours, showing when available for consultation with students.

Students are responsible for:

- Contacting their advisor each semester before registering for classes so the advisor can evaluate academic progress, review educational plan, and confirm completion of program requirements;
- Meeting with their advisor prior to program completion/graduation in order to have graduation audit completed.
- Maintaining regular class attendance and a strong GPA, seeking guidance from their advisor when additional campus resources are necessary.

The Student Services Division provides a variety of counseling services to students. Counseling services are available at no charge to every student from pre-admission through graduation. Counseling services provided include admission counseling, group counseling, academic counseling, personal counseling and social counseling.

9.2 Academic Progression

A program grade point average of 2.5 is required for a student to enter and re-enter the program. A program grade point average of 2.0 is required to progress and graduate from the program. A student whose program grade point average falls below 2.0 at the end of any semester will be allowed one semester in which to raise his/her program grade point average to 2.0.

Students must have a grade of "C" or higher in all curriculum courses in order to progress through the curriculum and graduate.

The curriculum is designed so that each semester's requirements must be met before proceeding into the next semester.

In the event that physical or mental impairments exist or arise which may interfere with the performance of classroom, laboratory, and/or clinical activities, the student will be referred to a physician. A letter of treatment or medical clearance will be required before the student may progress further in the program. The student, program faculty, and PCC Office of Accessibility Services staff will jointly decide upon an individual plan of progression, including any applicable reasonable accommodations. Physical and/or mental impairments that do not respond to treatment within a reasonable period of time or reasonable accommodations may result in dismissal from the program. At any time, a faculty member may remove a student from clinical practice if the student demonstrates any behavior which is in conflict with safe patient care. Please refer to the Essential Functions (Section 12.1) to determine the skills and abilities necessary to function as a Respiratory Therapy student.

Any student who has a positive drug screen after enrollment in the program, whether the drug screen is completed to meet a clinical requirement or for just cause (refer to Section 16.3), will be dismissed from the program. Refusal to complete a drug screen when requested or failure to complete a drug screen by the specified deadline will be treated as a positive result. Expense associated with the drug screen is the responsibility of the student.

Clinical experiences that must be suspended for extenuating circumstances (i.e., pandemic, inclement weather, etc.) may slow academic progression and result in a delay in graduation.

9.3 Grading System

LETTER	NUMERICAL EQUIVALENTS	QUALITY POINTS PER SEMESTER HOUR
A	93-100	4
B	85-92	3
C	78-84	2
D	70-77	1
F	Below 70 (failing)	0

9.3.1 Incomplete Policy

A temporary grade of Incomplete (“I”) is issued at the discretion of the program director if the student is enrolled past the 60% point of the course and has a “C” or better in the class but needs more than one semester to complete the requirements of the course due to extenuating circumstances. Examples of extenuating circumstances include illness or injury requiring hospitalization or long-term recovery, natural catastrophe, or family emergency.

When an “I” is issued, the course requirements must be completed within a specified time frame determined by the program director. This time frame can be no more than eight weeks from the beginning date of the next academic term, including summer.

Incompletes not finalized within the appropriate time frame will convert to an “F.” An extension of the 8-week time frame may be made by the Dean of Health Sciences.

Because of incomplete work, a grade of “I” receives no grade or quality points.

A student receiving an “I” in a prerequisite course may not proceed to the sequential course.

9.3.2. Grade Awarded After Dismissal

A student dismissed from the program for an academic-related reason will be withdrawn from the course in which the dismissal occurred and any clinical course(s) for which the student is currently enrolled. A student may elect to complete any other courses in which the student is enrolled. However, the student will be unable to progress in the program in subsequent semesters.

A student dismissed for cheating or other types of misconduct will receive an F for the course in which the incident occurred and withdrawn from all other courses for which the student is currently enrolled.

Eligible students interested in re-applying to the program should refer to Section 8.2-Re-Admission Policy.

9.4 Withdrawal

9.4.1 Withdrawal Deadline

Students may officially withdraw from a course on or before the 60% point of the term or class. Once processed, a student-initiated official withdrawal may not be reversed.

Instructors may also officially withdraw students from a class on or before the 60% point of the term (or class) if they do not adhere to the attendance/contact policy as stated in the syllabus. Instructors may choose not to officially withdraw a student if the student maintains regular, constructive communication with the instructor during an extended series of absences. A student may be reinstated after being officially withdrawn by the instructor if the reinstatement is deemed appropriate by the class instructor. The instructor must notify the Admissions and Records Office in writing that the student has been reinstated.

After the 60% point of the term (or class), students who do not adhere to the attendance/contact policy as stated in the syllabus may be removed from the class and issued a grade of F at the instructor's discretion.

9.4.2 Exceptions for Withdrawal

Students wishing to officially withdraw after the 60% point of the term (or class) must file an appeal. Exceptions will be granted, with appropriate documentation, for the following reasons: Medical/Psychological, Legal, Safety Concerns, Military Obligations

9.4.3 Appeal for Official Withdrawals

If a student believes he or she has extenuating circumstances which justify an exception to the standard withdrawal policy, he or she may appeal to the Withdrawal Appeal Committee

- All requests must be received in writing and must include supporting documentation (i.e, drop/add forms, medical verification, military orders, etc.). Appeals received without the required form and proper documentation will not be considered.
- Appeals may be submitted at any point during the term up to the 12th week of the following term, as listed in the academic calendar. Appeals beyond this limit will not be reviewed. Students will receive a response to their appeal within 30 days of the submission date.
- Withdrawal procedures and add/drop deadline dates are widely publicized. Therefore, appeals based on a student's lack of awareness will not be reviewed.
- Appeals will be limited to a total of three (3) per student during his or her tenure at PCC.
- Approval of Appealed OW's will not count toward the limit of eight (8) withdrawals per student.
- All Appeals Committee decisions are final.

The Withdrawal Appeals Committee does NOT, under any circumstances, take phone calls or schedule appointments.

9.4.4 Criteria for Appeals

- Death in the student's immediate family (parent, sibling, offspring, spouse)
- Unforeseen medical incapacitation of student or immediate family member
- Illness or injury of the student of such severity or duration that competent medical authority certified that completion of the course is/was precluded
- Family circumstance of such severity that the student's presence is/was required away from school and precluded completion of the course
- Involuntary call to Military Duty - orders must accompany appeal
- Legal obligations and/or circumstances that prohibit student from completion of the course

9.4.5 Limit on Number of Withdrawals

All Pitt Community College students will be limited to eight (8) withdrawals while at PCC. Students who wish to withdraw from a course after reaching this limit will need to

file an appeal. (Refer to section regarding "Exceeding OW Limits and Effects on Academic Standing")

9.4.6 Exceeding OW Limits and Effects on Academic Standing

Once a student has accumulated eight (8) official withdrawals, the student will be classified as Ineligible for Official Withdrawal, where he/she will be ineligible for further official withdrawals. Any instructor-initiated withdrawal will be equated to an F in the course. Students who wish to be reclassified as Eligible for Official Withdrawal must do one of the following:

- Repeat and successfully complete a course with a C or better final grade for which the student previously received an official withdrawal. Students will be eligible for one additional official withdrawal for each OW course they repeat and pass with a grade of C or better.
- Complete 3 consecutive semesters of six (6) credit hours or more with a 100% pass rate.
- Not enroll at PCC for 6 consecutive semesters (2 years). Students in this category must reapply for admission and upon readmission they will revert to Eligible for Official Withdrawal Status and may now accumulate up to an additional eight (8) official withdrawals.

If an additional official withdrawal is obtained for a student who has regained eligibility to withdraw, the student will again revert to Ineligible Official Withdrawal Status, and once again have to complete one of the previous stipulations to regain Eligible for Official Withdrawal Status.

9.4.7 Re-admission after Withdrawal

A student who withdraws from the program is not guaranteed re-admission to the program. A student who withdraws from the program must meet eligibility criteria to re-apply and follow the re-admission guidelines outlined in section 8.2.

9.5 Good Academic Standing

Good academic standing is defined as a student who is currently enrolled in the Respiratory Therapy Program, passing courses with a C or better, and not on academic or clinical probation or suspension.

10.0 Attendance

10.1 Class/Lab Attendance

Students are required to attend all virtual or in-person class meetings (which include all lecture and laboratory sessions) and punctuality is expected. Attendance may be checked at any time during the class period. Students who miss more than 20% of the class contact hours for a course will receive an F for that course. Tardiness will not be

tolerated. Each occasion of tardiness will equal one hour absent from the class. Three hours absent based on tardies equals one day absent from the class.

It is the student's responsibility to obtain assignments and materials missed during any absence. Assigned work or scheduled tests must be made up within one week after a student returns to class. Tests may only be made up if the instructor, prior to the scheduled test time, has excused the student from the test. The instructor must excuse students who are tardy before being allowed to take the test. If a student misses a test without valid reason, the teacher may award a zero for that test. A different test may be used for make-up situations. Refer to course syllabi for more specific information.

10.2 Clinical Attendance

The clinical attendance policy will deviate from the class attendance policy. Students are required to attend all scheduled clinical rotations and punctuality is expected. Students are required to notify **both** the clinical facility and the Director of Clinical Education (DCE) prior to the scheduled meeting time if they will be late.

Students are only allowed three days per academic year that may be missed. Students are allowed an excused absence for the death of an immediate family member (parent, spouse, sibling, child, or grandparent), or other extenuating circumstances per the discretion of the DCE. If it is determined that the absence is excusable by providing adequate documentation, then the clinical rotation will be rescheduled.

Students will have the option of rescheduling missed clinical time pending permission from the clinical facility. However, clinical hours missed will still be documented as time missed.

All clinical absences will be handled at the discretion of DCE. Once a student has missed their allotted three days they will be given a clinical attendance warning. If a fourth day is missed, then the student will be placed on clinical probation. A student who exceeds four absences will receive an "F" for the clinical course and will be unable to progress in the program.

10.2.1 Clinical Tardiness

Tardy is defined as arriving to the clinical area later than the scheduled meeting time. Students are required to notify **both** the clinical facility and the DCE prior to the scheduled meeting time if they will be late. Students are allowed two tardies per academic year. However, clinical instructors still reserve the right to dismiss a student who is tardy and does not call the clinical facility prior to the scheduled meeting time or who is more than 30 minutes tardy. If a student has more than one tardy in an academic year they will be placed on clinical probation. If a student is in violation of their clinical probation they will receive an "F" for the clinical course and will be unable to progress in the program. Any tardy will be handled at the discretion of the DCE.

10.2.2 Clinical Early Dismissal

Early dismissal is defined as leaving the clinical area at a time earlier than the scheduled dismissal time. Students are required to notify the Director of Clinical Education at the time of early departure. Any early dismissal will be handled at the discretion of the Director of Clinical Education.

10.2.3 Class/Lab/Clinical Probation

Students may be given a warning or placed on probation for excessive absences, make-ups and/or being tardy, and for reasons which include, but are not limited to the following:

- Unprofessional behavior and/or appearance.
- Performance (verbal or written) that threatens the health and safety of students, instructors and patients.
- Texting during class, lab or clinical.
- Violation of College's Student Code of Conduct Policy.

Violation of this policy may result in probation and/or dismissal from the program.

10.3 Illness/Injury During Clinical Attendance

If a student becomes ill or is injured during clinical practice, the student should notify his/her clinical instructor and proceed as directed. Students will not be treated in the clinical area. All costs involved in medical treatment are the responsibility of the student.

10.4 Inclement Weather

The program follows the schedule of the College during times of inclement weather. Announcements will be made via PCC Alerts and Messaging (refer to Section 18.6), radio, and television as to the closing of the College. However, students should exercise personal judgment concerning highway conditions regardless of College announcements, particularly those commuting to outlying areas for clinical practice. Students should notify the clinical coordinator and clinical facility of their absence during times of inclement weather.

When time is missed due to inclement weather, makeup days will be added to the semester to ensure that students receive the full contact hours of instructional time required for each course.

11.0 Evaluation

11.1 Class/Lab Evaluation

Various assignments will be used for evaluating the student's progress in each course. Examples include unit tests, quizzes, written/oral reports, computer-assisted instruction, simulation lab testing, and competency evaluations. These assignments will be used in

determining the final course grade and can vary with each course. The percent value for assignments will be outlined in each course syllabus.

11.2 Clinical Evaluation/Remediation

The policies for clinical evaluation will be presented at the beginning of each clinical course and outlined in each clinical course syllabus. Students must successfully complete all objectives and required assignments for clinical practice in order to receive a passing grade in the clinical course.

Any student who receives a quality performance rating of 1 on a clinical competency must return to the lab for remediation and will be suspended from clinical practice until remediation is complete. Remediation includes repeating the lab competency evaluation. Upon successful completion of remediation, the student may return to clinical practice for reevaluation. (Students receiving a quality performance rating of 1 on the third attempt during lab remediation or who require additional remediation after returning to clinical practice will receive an F in the clinical course and clinical practice will be terminated). Competencies completed in clinical practice after remediation will receive an automatic 15-point deduction from each final competency grade.

11.3 Clinical Probation/Dismissal

In the clinical areas, the clinical instructors use their professional judgment in determining if a student is incapable of performing patient care or presents a threat to the health and safety of the patients. A student may be placed on clinical probation or dismissed from the program for reasons which include, but are not limited to the following:

- Unprofessional behavior and/or appearance.
- Performance (verbal or written) that threatens the health and safety of the patient, student, peers, clinical staff, and instructor.
- Unprepared for medication administration, medical errors, and medication administration without instructor approval.
- Unsatisfactory clinical practice.
- Texting during clinical time/patient care.
- Unprepared for patient care as outlined in syllabus (required supplies).
- Utilizing clinical computers to access social networks.
- Violation of College's Student Code of Conduct Policy.

It is the program director's decision whether the situation warrants clinical probation or dismissal from the program.

The clinical instructor who places a student on clinical probation will meet with the student and the clinical coordinator prior to the next scheduled clinical session to complete a written Performance Improvement Plan (PIP). The PIP will state the

conditions of the probation and deficiencies which must be corrected. Failure to comply with a clinical probation PIP will result in an **F** for the clinical course.

A student that is dismissed from the program may request a hearing. Refer to 20.0 Health Sciences Appeal Process.

11.4 End-of-Course Evaluations

End-of-course evaluations are an important part of the College's efforts to improve teaching and learning. At the end of each semester, students are expected to provide feedback on the quality of instruction for each course. Responses are anonymous and do not contain any identifying information that would allow the responses to be tracked back to individual students. Faculty may require each student to validate completion of all end-of-course evaluations.

12.0 Clinical Guidelines

12.1 Essential Functions

Physical Requirements: Must be physically able to operate a variety of types of equipment including a computer, calculator, respiratory, other medical equipment, etc. Must be physically able to exert up to twenty-five pounds of force occasionally and/or frequently lift, carry, push, pull, or otherwise move objects. Must be able to lift and/or carry weights up to fifty pounds. Physical demands are in excess of sedentary work, including walking, running, standing, stooping, reaching, crouching, etc. for extended periods of time. Requires the ability to perceive attributes of objects such as size, shape, temperature, or texture by means of receptors in skin, particularly those of the fingertips. Must possess refined auditory and visual discrimination.

Data Conception: Requires the ability to compare and/or judge the readily observable functional, structural, or compositional characteristics (whether similar to or divergent from obvious standards) of data, people, or objects.

Interpersonal Communication: Requires the ability of speaking and/or signaling people to convey or exchange information, including the ability to receive information and instructions from instructors, patients, physicians, and other health care providers and provide feedback to same.

Language Ability: Requires the ability to read and comprehend a variety of documents, reports, and books such as medical charts, various medical texts, etc. Requires the ability to prepare various documents and reports such as patient reports, etc., using proper format, punctuation, spelling and grammar. Requires the ability to communicate with instructors, patients, physicians, other health care practitioners, etc. with poise, voice control, and confidence.

Intelligence: Requires the ability to use critical thinking skills and problem solving skills in order to complete tasks accurately and within assigned time frames. Requires the

ability to apply principles of logical or scientific thinking to a wide range of intellectual and practical problems, to deal with nonverbal symbolism in its most difficult phases, and to comprehend the most abstruse classes of concepts.

Verbal Aptitude: Requires the ability to record and deliver information and to follow verbal and written instructions. Must be able to communicate with others via effective verbal communication. Must be able to integrate multiple abstract concepts and express them in a comprehensive and concise manner. Must possess knowledge of medical terminology and symbolism.

Numerical Aptitude: Requires the ability to utilize mathematical formulas; add, subtract, multiply, and divide numbers; determine percentages and decimals; determine time and weight; apply algebraic, geometric, and trigonometric principles; and utilize descriptive statistics. Requires the ability to utilize metric systems on a regular basis.

Form/Spatial Aptitude: Requires the ability to inspect items for proper length, width, shape, and depth.

Motor Coordination: Requires fine psychomotor coordination of hands and eyes in utilizing automated equipment, etc.

Manual Dexterity: Requires the ability to grasp, handle, hold, cut, push, pull, and feel. Requires the ability to manipulate a variety of control knobs, switches, etc.

Color Discrimination: Requires the ability to differentiate colors, shades, and tones of color.

Interpersonal Temperament: Requires the ability to deal with people beyond receiving instructions. Must be adaptable to performing under high stress when confronted with an emergency.

Physical Communication: Requires the ability to talk and hear. Must be able to understand various types of nonverbal communication.

Personal Traits: Requires the ability to build constructive and cooperative working relationships with others and maintain them over time and to develop specific goals and priorities to organize and accomplish work. Must demonstrate professionalism, show the ability to work alone or within a team, demonstrate integrity and sincerity, and show an attitude of caring and sensitivity. Must demonstrate neatness and good hygiene. Requires a positive attitude when receiving constructive criticism.

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

Please notify the Office of Accessibility at 252-493-7595 or talk to your instructors privately if you have a need for a disability-related accommodation. It is the student's responsibility to request reasonable accommodations if needed.

Accommodations prescribed by the Office of Accessibility are specific to the classroom and testing environments.

12.2 Professional Guidelines

The following are professional guidelines that all students are expected to follow at all times during clinical practice. The student will:

- Comply with all policies of the College, Department, and clinical facilities, state and federal laws, and the Patient's Bill of Rights.
- Follow the Department dress code.
- Keep patient information confidential. Discussion of patient information will take place only in clinical conferences or in private conversations with clinical instructors. Failure to comply with agency confidentiality policy will result in immediate dismissal.
- Be punctual in arriving to the clinical facility and report to the clinical instructor when leaving the clinical area.
- Report patient situations accurately, regardless of reflection upon self. If the situation requires an incident report, the student will complete the report according to the clinical facility's policy.
- Ask for supervision and assistance when needed and as directed.
- Utilize time efficiently and constructively.
- Demonstrate self-confidence in administering patient care.
- Complete all written work on time.
- Interact professionally with college faculty, clinical instructors, and members of the health care team, patients, and peers.
- Address all clinical instructors, members of the health care team, patients, and peers with their appropriate title.
- Perform self-evaluation of attainment of clinical practice objectives.
- Avoid the use of tobacco products and unregulated nicotine products (i.e., e-cigarettes).
- Avoid the use of profane or obscene language and unprofessional behaviors.
- Avoid chewing gum.
- Avoid using cell phones, texting, and accessing social networking sites.
- Avoid blogging, posting personal status updates, and engaging in online activities during clinical hours unless intended for appropriate clinical and research purposes.

12.3 Student Appearance

Students are representatives of the College, Respiratory Therapy Program, and Respiratory Therapy profession. Students are expected to dress and conduct themselves in a manner which will reflect dignity of the profession and be good examples of cleanliness and health.

The purpose of these guidelines is to define the image of professionalism and to promote student and patient safety, comfort, and professional impression. This policy balances the expectations of professionalism with student desires for comfort and individual expression.

Students will comply with these guidelines, which are minimum standards for professional dress and appearance appropriate for today's quality healthcare workplace environment. Students will also adhere to dress standards established by the clinical facilities and Department as appropriate for the job duties and profession. Faculty and clinical instructors reserve the right to determine at its discretion what is and is not appropriate workplace attire and to address issues as they arise.

Name badges (and identification badges, if required by a clinical facility) are essential to dress as they identify students to patients, patient's family members, visitors, and members of the healthcare team. Students are required to wear their badges at all times while in clinical practice. Badges must be worn above the waist and displayed so that the information noted on the badge is always visible (not covered or reversed). Badges should not be covered with pins, ornaments, stickers, or any other objects. Clinical instructors may prohibit a student from participating in clinical practice without their badge(s).

Personal hygiene is critical to the professional appearance and perception of a healthcare professional. Particular attention should be given to skin, fingernails, hair, bathing, proper oral hygiene, and use of deodorant as needed. Students must keep their hair clean, well groomed, and away from the face in an orderly fashion that does not present a safety hazard. Beards, mustaches, and sideburns are to be neatly trimmed and groomed. The use of excessive makeup and strong fragrances should be avoided. Artificial nails are not permitted. Offensive or inappropriate tattoos must be covered. For the purpose of this policy, inappropriate means any tattoo deemed by faculty to be inconsistent with the standards of a professional quality health care program.

Student uniforms should only be worn while performing clinical practice and while traveling to and from the clinical facility. The uniform may not be worn at any other time except while on the College campus and then it must be covered with a lab coat. The student uniform shall consist of a uniform pantsuit (as specified by faculty). Females may choose to wear a uniform dress (as specified by faculty), which shall be no shorter than mid-knee. All students are required to wear a white lab jacket during any clinical activity not requiring a uniform. All uniforms should be clean, fit properly, be in good repair, and pressed or ironed as needed. Students must wear appropriate undergarments to avoid an unprofessional appearance. Leather (other than shoes) and sheer garments should be avoided.

Low heeled white leather shoes are required of all students. Shoes should be clean, in good repair, and coordinated with the dress attire. Open toed shoes, casual foot wear, and beach foot wear is not permitted. White, black, or gray socks (depending on uniform color) are required to be worn with uniform pantsuits. White or neutral color hosiery is

required to be worn with uniform dresses. Uniforms should not be worn outside the clinical arena, e.g. shopping, restaurants, etc. Nail polish is not to be worn in the clinical arena.

Jewelry and accessories should be kept to a minimum. Excessive jewelry and accessories can create an unsafe environment and distractions. Jewelry and accessories that are distracting in size and number are to be avoided. Only one (1) pair of stud earrings in earlobes is allowed. Offensive jewelry and accessories are not permitted. Facial, tongue, and other visible body piercings, except for earrings are not permitted. Fashion headwear should be avoided.

Students should not wear hooded sweatshirts, sunglasses, or hats inside clinical facilities unless for medical reasons. The use of cell phones, earphones, headphones, IPODS, etc. is not permitted in the clinical areas.

Students should not wear sunglasses or hats inside clinical facilities unless for medical reasons. The use of cell phones, earphones, headphones, IPODS, etc. is not permitted in the clinical areas.

Please note that some clinical facilities may alter or create more stringent guidelines than those outlined in this policy. In these instances, those requirements must be met in order to proceed with clinical practice rotations.

12.4 Impaired Thinking

Impaired thinking constitutes a risk to patient safety. Impaired thinking is evidenced by an inability to make appropriate judgments and carry out functions in relation to the delivery of patient care. Impaired thinking may be the result of fatigue, anxiety, sleep deprivation, medication use, illegal drug use, alcohol use, etc.

Any faculty member, clinical instructor, or representative of the Health Sciences Division who determines that a student is exhibiting evidence of impaired thinking will ask the student to leave the clinical area. The student may be given a clinical absence and/or unsatisfactory clinical grade depending on the situation, placed on clinical probation, and/or dismissed from the program.

12.5 Student Health Reporting Policy

All students must notify the clinical coordinator of any and all contracted diseases or health problems that might or could jeopardize the health of others.

12.6 Infectious Disease Policy

Infection control means preventing illnesses from happening or spreading in a health care setting to patients, students, employees, visitors, etc. For patients, infections can cause an

increase in pain, length of stay in the hospital, and medical cost. Infections can make students sick enough to miss school or spread the infection to family members.

Infections usually occur in healthcare facilities for two reasons. First, many sick people are treated in close quarters and second, procedures performed on patients may increase the risk of infection (such as surgery, insertion of tubes and catheters, insertion of IV's, etc.).

Healthcare-Associated Infection (HAI) means infection associated with a healthcare facility. This is an infection a patient acquires after they come into the hospital or that is associated with a healthcare facility. The Centers for Disease Control (CDC) estimates that HAIs account for an estimated 1.7 million infections and 99,000 associated deaths each year.

Six factors are present that form a chain for an infection to develop: a microorganism or "germ" that can cause disease; a person who carries the germ; a way out of the carrier (person) such as sneezing or coughing; a method of travel such as through the air, direct contact (touching), etc; a way into another person such as breathing or skin puncture (cut or scratch); and a susceptible person (someone who doesn't have any resistance to fight off an infection). Infection control aims to break the chain between these factors. When the chain of factors is broken, an infection does not occur.

Hand hygiene is the single most important way to stop the spread of infection. There are two options for hand hygiene: alcohol-based hand sanitizer and antiseptic soap and water. When using alcohol-based hand sanitizers, apply the cleaner to the palm of one hand and rub hands together, covering all surfaces, until your hands are dry. Antiseptic soap and water should be used when the hands are visibly soiled. Wet hands and apply soap. Rub hands together for 20 seconds (sing Happy Birthday twice) and remember to clean under fingernails. Rinse and pat hands dry with a disposable towel. Use a towel to turn off the water. Jewelry should be kept to a minimum and should be left on during hand hygiene.

Gastrointestinal germs such as Clostridium Difficile, also known as C-diff, and Norovirus require handwashing with soap and water. Sanitizers are not effective.

Personal Protective Equipment (PPE) is equipment that protects you from contact with potentially infectious materials. Examples of PPE include gloves, mask, protective eye wear, gowns, etc. PPE is effective only under normal conditions of use. When selecting and using PPE, remember, it must be used each time a task is done, be appropriate for the task, fit properly, and when removed, properly cleaned/decontaminated or placed in the proper place for disposal.

Jewelry harbors organisms so wear as little as possible. Good hand care is vital. If nails are painted, do not let them become chipped. Keep nails and cuticles clean and neat so that organisms cannot get into them. No artificial nails should be worn in clinical areas. Use hand lotion provided by the clinical facility.

Additional infection control requirements include: no food or drink allowed in the clinical areas; clean linens must be covered and bags of linens should not be placed on the floor; and portable patient care equipment must be cleaned between patients and identified as “clean” per clinical facility policy.

12.6.1 Standard Precautions

Standard precautions apply to all patients regardless of their diagnosis or presumed infection rate. Standard precautions are based on a risk assessment and make use of common-sense practices that protect healthcare providers from infection and prevent the spread of infection from patient to patient. Standard precautions include:

- Performing hand hygiene.
- Use appropriate PPE whenever there is an expectation of possible exposure to infectious material (i.e. blood, body fluids, drainage or open skin).
- Follow respiratory hygiene/cough etiquette principles.
- Ensure appropriate patient placement (patients should be isolated when appropriate).
- Handle textiles and laundry carefully.
- Follow safe injection practices.
- Properly handle needles and other sharps.

12.6.2 Transmission-Based Precautions

Transmission-based precautions are a second tier of basic infection control and are to be used in addition to standard precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

Contact Precautions are required for patients known or suspected to be infected by organisms that travel by direct contact. This is the most common form of transmission and can occur from skin-to-skin or through objects such as medical instruments (i.e. blood pressure cuffs, stethoscopes, etc.).

One in four HAIs is attributed to multi-drug resistant organisms (MDRO) such as Carbapenam Resistant Enterobacteraeaceae (CRE), Methicillin Resistant Staphylococcus Aures (MRSA), Vancomycin Resistant Enterococcus (VRE), and Extended-Spectrum Beta-Lactamase (ESBL) gram negative rods. Patients with a known history of CRE, MRSA, or VRE will be placed on contact precautions upon identification. Removal from isolation occurs only through the clinical facility’s Infection/Prevention Control Department.

Wear gloves when entering the room. Avoid touching any surface that might be contaminated when leaving the room. Use noncritical equipment (touches only intact skin) for one patient only if possible. If such equipment must be shared, clean and disinfect it thoroughly between patients.

Droplet Precautions are required for patients known or suspected to be infected by organisms that travel in droplets. Droplets can be spread by a patient who is coughing, sneezing, or talking. These organisms travel short distances (usually within 3 feet). They cause infection when they land in a susceptible person's eyes, nose, or mouth. Examples include Influenza, Rubella, Pertussis, and certain pneumonias (Haemophilus Influenza, Meningococcal, Mycoplasma, and Streptococcus-Group A).

Wear a regular surgical mask when working with the patient. Avoid transporting the patient unless absolutely necessary. When transporting is necessary, apply a regular surgical mask on the patient.

Airborne Precautions are required for patients known or suspected to be infected by airborne organisms. Examples include Coronavirus, Mycobacterium Tuberculosis, and Varicella. (Varicella is also known as chickenpox and also requires contact precautions because it can be spread through the air and by contact).

An appropriately fitted National Institute of Occupational Safety and Health approved N95 or high-level respirator is required to be worn when working with these patients. These patients require negative pressure rooms and their door must remain closed at all times. Avoid transporting the patient unless absolutely necessary. When transporting is necessary, apply a regular surgical mask on the patient.

Respiratory therapy students are permitted to use N95 respirators and provide medical care to patients who are on airborne precautions. Emergency medical science (EMS) students that are approved for field time at an EMS agency must wear an N95 respirator when required. All respiratory therapy and EMS students will require medical screening and fit testing for a N95 respirator prior to these experiences. No other health sciences students are permitted to use N95 respirators in clinical practice rotations or provide medical care to patients on airborne precautions.

Special Enteric Contact Precautions are required for those patients with suspicious or known inflectional diarrhea with Clostridium difficile and Norovirus. Special contact precautions require the same PPE and procedures as contact precautions, except that alcohol-based hand sanitizer does not have any effect on killing these organisms and therefore cannot be used. Hands must be washed with antiseptic soap and water to physically remove these organisms. Bleach wipes must be used to disinfect patient care equipment.

12.6.3 Infection Control Exposure Protocol

Because of the nature of the health care profession, students participating in required clinical education experiences will find themselves at risk for exposure to infectious diseases. It is essential that all students carry health insurance to cover health care expenses incurred in treatment following exposure to infectious diseases. Health insurance may be required to perform clinical practice at some clinical sites. The college and clinical sites are not responsible for a student's health care expenses incurred in

treatment following an exposure. Students are not covered by worker’s compensation benefits.

Any student who has an exposure to blood or body fluids of a patient should (1) wash or irrigate exposed areas immediately with soap and water and (2) report the incident immediately to the clinical instructor. Exposure includes percutaneous injury with a contaminated sharp object (needle, lancet, broken slide, etc.) and exposure of mucous membranes or open skin lesions to blood or body fluid of a patient.

It will be the student’s responsibility to advise his/her clinical instructor and clinical coordinator immediately when an exposure has occurred and complete the following steps.

- Step 1. Student should complete an incident report form according to the guidelines of the clinical facility in which the exposure occurred.
- Step 2. The clinical coordinator will notify infection control staff at the clinical facility who will assess the situation and make appropriate recommendations, including any required testing and/or medical treatment. Student must comply with all recommendations. Any expenses associated with testing and/or medical treatment are the responsibility of the student.
- Step 3. The clinical coordinator must fill out a report and forward to the Assistant Vice President of Student Support verifying that an exposure has occurred. The report should document if medical intervention is warranted. This report must be submitted within 48 hours of the date of incident.
- Step 4. The Assistant Vice President of Student Support (or designee) will follow up with the student.

There are treatment options shown to prevent health care workers from having a conversion to HIV+ following an exposure to HIV. This treatment may prevent the student from getting sick. Students should receive treatment within two hours of exposure.

12.7 General Safety Guidelines

Safety for patients, students, employees, visitors, and property is always the first consideration in healthcare.

Emergency Alerts. All NC healthcare agencies are converting to a plain language alert system. Refer to each healthcare agency’s emergency management guide for alert guidance and emergency phone numbers.

Type of Alert	Example of Plain Language	Announcement	Code Name
Emergency	Fire/Alarm	Facility Alert + Fire/Smoke Alarm + Descriptor + Location	Code Red

Security	Missing Infant/Child	Security Alert + Missing Person + Descriptor (Infant/Child) + Location	Code Pink
Medical	Medical Emergency	Medical Alert + (Type of Emergency Incident) + Descriptor + Location	Code Blue

Fire Safety. Three elements required to start a fire are heat, fuel, and oxygen. Only equipment that is in immediate use is allowed in the hallway. All other equipment is to be stored in a designated storage area. Firewalls separate the building into smoke compartments. Each stairwell is a smoke compartment. Remember smoke kills more people than most fires. Do not use elevator during a fire.

When responding to alarms and drills, remain calm, listen for instructions, and make sure all hallways and means of egress (equipment) are cleared and unobstructed.

To respond to a fire, remember RACE:

- R - Rescue anyone in immediate danger
- A - Activate the alarm and call the emergency number
- C - Close doors and window
- E - Extinguish if possible/Evacuate if necessary

To use a fire extinguisher, always remember the acronym PASS:

- P – Pull the pin
- A – Aim at the base of the fire
- S – Squeeze the handle
- S – Sweep from side to side

Hazardous Materials. Chemicals are harmful if they enter the body by inhaling, swallowing, or through the skin. Chemical hazards can be:

- Physical – Physical hazards can cause a dangerous situation like a fire or explosion.
- Health – Acute health hazards hurt you rapidly, after a short exposure (i.e. poisoning and chemical burn). Chronic health hazards harm you more slowly, after a long term exposure (i.e. cancer and heart damage).

Safety Data Sheets (SDS) and labels are the best sources of information about a chemical’s hazards and how to control them. Each department must maintain a current chemical inventory and an SDS for each chemical used or stored in their department.

All chemical containers within a department must have a label naming the chemical and an adequate hazard warning when a chemical product is transferred to a second container with proper label attached. Never assume that contents of an unlabeled container are harmless and never use unidentified chemicals or containers. All chemicals should be stored in approved locations and disposed of properly.

Handling chemicals requires proper training and the use of PPE to protect yourself from exposure. If a chemical spill occurs on PPE, remove the equipment immediately. Properly rinse away chemicals spilled on other sources (i.e. floor, equipment, etc.).

Any student who may be exposed to hazardous chemicals should know how to use emergency eyewash equipment. For chemical splashes to the eyes hold both eyelids open and roll the eyeballs so water flows on all surfaces in the folds surrounding the eyeballs. A minimum of 15 minutes is recommended for initial first aid irrigation and dilution of a chemical splash to the eyes, face and body.

Immediately report chemical spills, leaks, or accidents to the clinical instructor. In the event of a significant chemical spill, you should avoid the area until “all clear” is announced. Trained personnel will respond. Departments nearby should prepare to receive re-routed traffic and be ready for evacuation or to assist if needed.

If a chemical spill/exposure happens in the community and the clinical facility is expecting to decontaminate and treat victims in the emergency department, external hazmat precautions will be initiated. Students should report to the clinical instructor.

Waste Management. Biohazardous waste or regulated medical waste includes blood or body fluids > 20 ml, microbiologic waste, pathologic waste (specimens, tissues, organs), bloody dressings and gauze, blood transfusion bags and tubing, materials used for cleaning blood spills if > 20 ml, and sharps containers used for syringe and needle disposal.

Unregulated waste includes plain IVs (those with no medications instilled and that can be emptied down the drain such as saline, D5, lactated ringers, potassium, and electrolytes) and empty IVs, vials, wrappers and syringes. An item is empty if it contains 3% or less of its original volume.

Pharmaceutical waste includes medications partially administered in vials, ampules, leftover or unused, not given, or refused such as IV bags and tubing with medication remaining, oral medications, ointments and creams, physician samples, and narcotics.

You should follow the clinical facility’s procedures for proper disposal of all forms of waste.

Sharps Safety. Sharps safety devices are designed for protection and, by law, MUST be used. Examples of sharps safety devices include needles and syringes used for intramuscular or subcutaneous injection, safety needles and lancets, phlebotomy devices, and IV safety catheters. Sharps should be discarded in a sharps disposal container or using an approved alternative method for home use.

Electrical Safety. One of the main causes of electrical fires and electrical related injuries is due to current overload. All extension cords and appliances that come from the factory with a ground plug that are used in the facility are required to have a continuous ground. This means that the ground prong must be in place. All extension cords used in a wet area are required to have a Ground Fault Circuit Interrupter (GFCI). A GFCI is a supersensitive, rapid action power switch that disconnects a circuit as soon as it detects current leaking to the ground. Electrical panels and equipment are required (OSHA) to

have a minimum clearance of thirty-six inches of clearance in front of them. They also require a path of not less than two feet for access and egress.

Report any damaged equipment to your instructor as soon as you identify the hazard. Do not use tools/equipment that has been damaged.

Radiation Safety. Signs must be posted in rooms where radioactive materials are stored or used. Do not enter these rooms without proper supervision. Only properly trained individuals may handle or administer radioactive materials. When unattended, radioactive materials must be secured. Food should not be stored or consumed in areas where radioactive materials are stored or used.

Gas Cylinder Safety. Compressed gas cylinders (i.e., oxygen tank) must be handled with extreme care – it's federal law. Gas cylinders must be clearly labeled for easy identification and must be secured with a chain or in a rack when stored. Only approved carriers may be used to transport gas cylinders during transport as these carriers are designed for this purpose. Limited quantities of gas cylinders should be stored in one location. Ready to use and empty tanks must be stored separately.

Magnetic Resonance Imaging (MRI) Safety. The magnet is always on in the MRI area. The closer you are to the magnet the stronger the magnetic field/pull becomes. Individuals with pacemakers and certain other metallic implants should not enter the MRI area. Oxygen cylinders and other metallic items should never be carried into the MRI area. **No one shall enter into the MRI area without the technologist present.**

Bomb Threat. In response to a bomb threat announcement, you should report to your clinical instructor and follow these guidelines.

- Immediately check your department or area for any items that do not belong.
- Call security to report anything found that could be related to the threat.
- Refer to clinical facility's policy or ask clinical instructor for instructions.
- Prepare to evacuate if directed.

Disaster. A disaster can change the way a clinical facility will deliver services. Examples of a disaster include an infectious disease outbreak, mass casualty incident, and weather related disaster. Students should follow the clinical facility's disaster plan as instructed.

Security Alert. A security alert is issued when there is an incident of civil or emotional upset that threatens the safety of patients, visitors, and staff. Potential reasons to activate a security alert includes, but is not limited to heightened emotional or behavioral response even after de-escalation attempts, hostile/aggressive verbal communication, active shooter or visible weapons, physical altercations, hostage situations, and communication of threats.

Active Shooter. If an active shooter (armed intruder) is in your vicinity, follow these guidelines.

- RUN – escape if possible
- HIDE – if you can't escape

FIGHT – if you are confronted by the armed intruder
FOLLOW your healthcare agency’s procedure
FOLLOW instruction by law enforcement officers

Missing Infant or Child. The first few minutes when an infant or child is missing are critical. Unless you are involved in a life-saving activity, search the area immediately. Report suspicious individuals carrying bags, bundles, infants or children to the clinical facility’s security department. Quick, decisive action may result in finding the infant or child. Therefore, become familiar with clinical facility’s policy.

12.8 Unsafe Practices

The Health Sciences faculty has both a legal and ethical responsibility to protect the public and health care community from unsafe practices. As a result of this obligation, students may be disciplined and/or dismissed from a program of study for practices which are deemed safety threats. Safety threats are those which threaten or have the potential to threaten the safety of a patient, a patient’s family, another student, a faculty member, another health care provider, or themselves. Any faculty member or clinical staff who determines that a student cannot function at a safe level in clinical practice will notify the student to leave the area immediately and notify the clinical coordinator. The faculty member or clinical staff and clinical coordinator will discuss the situation and determine an appropriate course of action.

Any student denied clinical privileges by a clinical facility as a result of unsafe practices will be unable to complete the clinical portion of the program. A student who is unable to complete the clinical portion of a program will not be able to graduate.

13.0 Graduation

13.1 Student Responsibility

Students are responsible for proper completion of the program, familiarity with all requirements of the curriculum, maintaining the grade point average required, knowing their academic standing, and meeting all other degree, diploma, or certificate requirements. Faculty advisors are available for assistance. However, the ultimate responsibility remains that of the student.

13.2 Graduation Requirements

Upon recommendation of the faculty and the approval of the College’s Board of Trustees, the appropriate degree, diploma, or certificate will be awarded to students successfully completing the course requirements of the program. All students must:

- Complete course requirements as prescribed in the catalog of record.
- Earn a minimum of a 2.0 GPA in the required curriculum courses.
- Clear all financial obligations to the College.

- Complete at least 25 percent of credit hours required for the degree, diploma, or certificate at the College, of which 12 semester hours must be a major course with the appropriate departmental prefix designation for the degree or diploma.
- Apply for graduation by the posted deadline.
- Pay required graduation fees.

13.3 General Information

Students should meet with their advisors and complete their graduation checklists prior to registering for the students' last semester of attendance. Students must apply for graduation by the dates published on the College website in order to graduate at the end of their last semester.

In some cases, circumstances may warrant the substitution of a course for a course required for graduation. Substitutions must be approved by the student's advisor, the Dean, and the Registrar.

Students are eligible to graduate with honors if their major GPA is 3.50 the semester prior to graduation in the curriculum from which they are graduating.

Graduation exercises are held in May and December. Degree and diploma recipients are eligible to march.

Students pay for their caps, gowns, and diploma jackets. The College provides the degrees, diplomas, and certificates.

14.0 Credentialing and/or Licensure

All graduates are expected to successfully complete the associate degree program. Graduates will have satisfied the educational requirements required by the National Board for Respiratory Care regarding application for credentialing exams.

The Therapist Multiple-Choice Exam (TMC) has two levels of cut scores. Achieving the low cut score awards the candidate the Certified Respiratory Therapist (CRT) credential. Achieving the high cut score on the TMC awards the candidate the CRT credential and successful completion of part I (written registry) of the Registered Respiratory Therapy credential (RRT). The candidate is then eligible to take part II, the Clinical Simulation Exam (CSE). Achieving the minimum pass score on the CSE portion awards the RRT credential. The College, faculty, and clinical facilities expect successful completion of both credentials. In addition, obtaining the RRT credential enhances professional growth and advancement in the Respiratory Care profession.

Graduates obtaining employment in North Carolina will utilize the following guidelines regarding licensure.

- The NCRCB may grant an active license to any applicant who has successfully completed the education requirements under G.S. 90-653(a)(3) and has

successfully completed the Certified Respiratory Therapist (CRT) Exam with the National Board for Respiratory Care (NBRC) required under G.S. 90-653(a)(5).

More detailed information concerning licensure of respiratory therapists in North Carolina may be found at www.ncrcb.org. Students or graduates seeking employment in states other than North Carolina should contact that state's professional organization for licensing requirements.

All students are required to take a secured NBRC Therapist Multiple-Choice Exam and Clinical Simulation Exam in the last academic semester. Cost of the exams are \$120.00 and will be added to your tuition and fees in RCP 115.

In the event you do not pass the exam on the first, pre-paid attempt, you will be responsible for any registration requirements and/or subsequent exam fees for future attempts.

Cost of the exam will be added to your tuition and fees in RCP 215 and is non-refundable.

In the event you do not pass the exam on the first, pre-paid attempt, you will be responsible for any registration requirements and/or subsequent exam fees for future attempts.

15.0 Legal and Ethical Standards

15.1 Code of Ethics

The American Association for Respiratory Care (AARC) Code of Ethics is a public statement of the common set of values and principles used to promote and maintain high standards of behavior in Respiratory Care. These values and principles apply to all levels of respiratory care personnel and are part of a lifelong effort to act in an ethical manner. Any action in violation of this Code shall be considered unethical.

American Association for Respiratory Care Statement of Ethics and Professional Conduct

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

- *Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.*
- *Actively maintain and continually improve their professional competence, and represent it accurately.*
- *Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.*
- *Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.*
- *Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.*
- *Promote disease prevention and wellness.*

- *Refuse to participate in illegal or unethical acts, and refuse to conceal illegal, unethical, or incompetent acts of others.*
- *Follow sound scientific procedures and ethical principles in research.*
- *Comply with state or federal laws, which govern and relate to their practice.*
- *Avoid any form of conduct that creates a conflict of interest, and follow the principles of ethical business behavior.*
- *Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.*
- *Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.*

15.2 Confidentiality and HIPAA

Patient confidentiality is critical for all health care providers and those in training. It is essential for preserving the trust that society has placed in all health care providers. Patient information, employee information, and clinical facility information is confidential. This is true whether the information is printed, written, spoken, or electronically produced.

Students may see or hear confidential information on:

- Patients and/or family members (such as patient records, conversations, and billing information)
- Medical Staff, Employees, Volunteers, Students, or Contractors (such as social security numbers, salaries, clinical information, billing information, employment records, disciplinary actions)
- Business Information (such as financial records, research or clinical trial data, reports, contracts, computer programs, technology)
- Third Parties (such as vendor contracts, computer programs, technology)
- Operations, Performance Improvement, Quality Assurance, Medical or Peer Review (such as utilization, data reports, quality improvement, presentations, survey results)

15.2.1 Examples of Breach of Confidentiality

Accessing information that you do not need to know to perform your job responsibility or services:

- Unauthorized reading of patient account information.
- Unauthorized reading of a patient's chart.
- Unauthorized access to information on adult children, friends or co-workers.

Sharing, copying, or changing information without proper authorization:

- Making unauthorized changes to an employee file.
- Discussing confidential information in a public area such as a waiting room, elevator, or cafeteria.
- Posting a picture of a patient on a social media site.
- Commenting on a patient on a social media site.

- Writing down, printing, copying or removing patient health information from the facility.

Sharing your User ID and password:

- Telling someone your password so that they can log into the computer system(s) to do their work or yours.
- Giving someone the access codes for employee files or patient accounts.
- Emailing confidential information by unsecure methods.

Leaving a secured application unattended while signed on:

- Being away from your computer while you are logged into patient information.
- Allowing someone to access confidential information using your username and password.

All students must abide by the Health Insurance Portability and Accountability Act (HIPAA) rules during all clinical experiences and activities with Pitt Community College. HIPAA rules provide federal protections for patient health information and gives patients an array of rights with respect to that information.

15.2.2 HIPAA Privacy Rule

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information. The Rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

The Privacy Rule protects most *individually identifiable health information* in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information" or "PHI."

Examples of PHI may include:

- Demographic Information (names of patients, relatives, or employer, address, email, phone, fax)
- Dates (birth, service)
- Financial Information (Insurance, Bank Account Numbers, and Social Security Number)
- Personal Identifiers (Medical Record Number, Serial or Device Numbers, and Vehicle Identification Numbers, face and body photos, biometric identifiers such as fingerprints, unique physical characteristics such as a tattoo, unique diagnosis or procedural codes).

15.2.3 HIPAA Security Rule

The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained. The Security

Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

- *Administrative Safeguards* are people-focused and include requirements such as training, policies, and appointment of a security officer.
- *Physical Safeguards* are mechanisms in place to protect hardware, software and data from fire flooding, unauthorized access, theft and other hazards.
- *Technical Safeguards* are technology to protect data and control access to the data through methods such as a required username and password for login.

15.2.4 Conclusion

Unauthorized use or disclosure of protected health information or unauthorized computer access may result in disciplinary action by the clinical facility and/or College, up to and including dismissal from the program, potential removal of students from clinical rotations, and negative impact on future employment. It may also result in the imposition of civil penalties under applicable federal and state law, as well as, professional disciplinary action as appropriate.

Students are responsible for reporting to the clinical instructor and clinical site supervisor any known or suspected violation of HIPAA policies, procedures, and requirements.

Students are responsible for completing all required HIPAA training as mandated by the clinical facility and/or clinical instructor.

15.3 Clinical Requirements

Clinical facilities may require criminal background checks, drug screenings, credit checks, professional license checks, and/or proof of US citizenship prior to or during participation in the clinical portion of a program. Pending the outcome, clinical facilities may deny a student the opportunity to complete the clinical portion of a program. A student who is unable to complete the clinical portion of a program will not be able to graduate.

Criminal background checks, drug screenings, credit checks, professional license checks, and/or proof of US citizenship may also be required after graduation by examination boards, state licensing boards, and employing agencies. Pending the outcome, a graduate may be disqualified from examination eligibility, state licensure, and/or employment.

Students are under a continuing obligation to disclose within two business days or prior to the next clinical rotation (whichever comes first) any changes in status related to these requirements that may arise or occur while enrolled in the program. This includes, but is not limited to, any criminal charges and/or convictions. Clinical facilities reserve the right to rescind clinical privileges based on changes in status related to these requirements.

Failure to disclose changes in status is grounds for dismissal from the program.

16.0 Student Conduct

16.1 Cheating

The faculty have the responsibility for seeing that all students receive credit for work in which they have completed. All students are expected to be honest in all dealings with members of the staff and faculty of the College and staff members and patients in all clinical facilities. Students are also expected to report any observed instances of dishonesty to the instructor in charge. Failure to do so makes the observer as guilty as the one who is cheating. Students will not receive credit for work which is not their own.

For the online environment, it is expected that students will keep their username and password used to log into MOODLE confidential and never allow anyone else to log-into the account. Sharing access or passwords for MOODLE is considered a violation of academic integrity. When logging into MOODLE, students should do so with the understanding and agreement to produce their own work, complete course activities themselves, and take course exams, tests or quizzes without the assistance of others and/or outside resources, unless specifically permitted by the instructor. Allowing others to complete course work or take exams, tests, or quizzes is considered cheating.

Sharing any course information or materials with current, past, or future students is strictly prohibited. This includes, but is not limited to, sharing copies of assignments, testing information, and information related to competencies.

Any faculty who discovers possible cheating or to whom cheating is reported will investigate the matter fully. If after careful consideration of all evidence, the faculty feels that cheating has occurred, the evidence will be presented to the Program Director who will review the information. If the Program Director concurs, the student will be dismissed from the program.

16.2 Plagiarism

Plagiarism is the use of someone else's words, writings, thoughts, or ideas without giving proper credit. Taking a section of a book or a magazine article and copying it essentially word for word without giving proper credit to the author is one example of plagiarism. The faculty who detects plagiarism will review with the student the circumstances which constitute plagiarism. The student will be required to re-submit the work to receive credit and the student's grade will be adjusted accordingly. A second instance of plagiarism during any time thereafter will be considered cheating and treated as such.

16.3 Drug/Alcohol Use

The Health Sciences Division intends to maintain a drug and alcohol-free environment. It is our belief that students impaired by use of mind-altering substances are harmful to themselves, the mission of the College and programs, the safe care of patients, the performance of the student role, and the well-being of fellow students. Under no

circumstances will student possession or use of any mind-altering substances be tolerated at the College or any clinical facility.

Mind-altering substance is defined as any chemical, natural or manufactured, which when taken into the body may cause alterations of personality, emotion, cognition, or behavior. Mind-altering substances may also be more commonly referred to as alcohol, drugs, substances, or chemicals. Examples include:

- Use of any illegal drugs.
- Presence of a blood alcohol content.
- Use of non-prescribed controlled drugs.
- Improper or excessive use of prescription or over-the-counter medication, which results in impairment.
- Use of other mind-changing chemicals, which results in impairment.

The following situations may indicate that a student is abusing mind-altering substances and should heighten the awareness of the faculty, clinical instructors, and other students to that possibility.

- Smelling of alcohol.
- Bringing on the premises or being in the possession of alcohol, illegal drugs, or other non-prescribed controlled substances.
- Behaviors associated with the use of mind-altering substances.
- Deteriorating patterns of performance or personal conduct.
- Information from a credible source which indicates a student is abusing mind-altering substances.
- An accident.
- Stealing or diverting medications.

At any time, a student may be required to provide a urine or blood sample for testing to validate or disprove the use of mind-altering substances. Failure to provide body fluid samples, when requested, will be interpreted as supportive of impairment. Positive results will be grounds for dismissal from the program.

The College shall be relieved from any liability for taking and testing body fluid samples which shall be done by independent medical or laboratory personnel. Any expenses associated with testing will be the responsibility of the student.

16.3.1 Important Information Concerning Drug Screening

This information applies whether the drug screening is required for clinical clearance or if a drug screen is requested for just cause.

What is a specific gravity urine test? A specific gravity urine test is one in which the specimen has been diluted in some way. It may occur intentionally by the donor adding something to the urine (adulteration) or by the donor drinking large amounts of liquid to

flush the system (dilution). It may also occur unintentionally when the donor (fearing he/she may not be able to produce a specimen) drinks a lot of fluids prior to the drug test, resulting in over-dilution.

Why is specific gravity so important? Specific gravity urine tests are often followed up by a positive drug test. It is one of the two most often used ways to cover up a positive drug test. For this reason, a test result with a specific gravity comment will not be overlooked. Please understand that although you may have unintentionally diluted your specimen, this is a method often used intentionally by drug users. As a donor, you should avoid doing those things that could cause your urine test to fall below specific gravity limits.

How can I avoid a specific gravity urine test? Eat a good meal two to four hours before taking a drug test and limit your intake of fluids. A rule of thumb is one 12 ounce liquid (such as a can of coke) one hour prior to the drug test. If you normally consume more liquids in a day, curb your use for that day. It may also be a good idea to void (urinate) one or two times before taking the test to rid the body of excess fluids. The body is constantly producing urine and it should not take you very long to produce a good specimen under this circumstance.

What will happen if I have a specific gravity urine test? You will be provided one opportunity to repeat the drug test. You must pay for the repeat drug test and complete it within a specified time frame. A second specific gravity urine test or failure to repeat the drug test within the specified time frame ***will be treated as a positive drug test result. A positive drug test will not be cleared for clinical rotations and result in dismissal from the program.***

Students not cleared for clinical rotations or dismissed from a program due to a positive drug screen must wait at least six months before applying or re-applying for a health sciences program. If re-applying for a health sciences program following a dismissal, all other re-admission requirements must be met.

16.4 Professional Activities

Students will conduct themselves as adults and in a manner, which will reflect positively upon Pitt Community College and the Respiratory Therapy Program at all times while attending and/or participating in professional activities.

When the activity involves a professional conference, students must participate in the meetings and workshops, as well as other official conference activities. Students must abide by the rules of the conference, the hotel in which they are a guest, and the program during the course of the conference. Failure to do any of the above may result in a student being asked to leave the conference, appropriate disciplinary action taken by the College, and being denied future conference participation.

16.5 Laboratory Security

Equipment and supplies located in the laboratory are property of the College. Removal of the equipment and supplies from the laboratory without direct supervision and instruction by faculty or written consent from the appropriate College representative will be handled in accordance with North Carolina statutes.

Any damage to or mishandling of PCC property, including the equipment located in the laboratory, will result in disciplinary action.

16.6 Electronic Recording Devices

It is the policy of the Health Sciences Division that no electronic recording devices be used to record classroom or clinical practice experiences. Requests for appropriate accommodations from students with documented disabilities will be reviewed on a case-by-case basis.

16.7 Cell Phones and Other Electronic Devices

Cell phones must be set on silent mode during class and off during testing. Texting during class is not permitted. The use of cell phones, earphones, headphones, IPODs, etc. is not permitted in the clinical areas.

Cell phones and smart watches must be put away during all evaluations including tests and exams.

16.8 Netiquette

Netiquette is the rules of etiquette that apply when communicating on the Internet. Students are expected to follow these guidelines when communicating in the online environment, including the online classroom.

16.8.1 Security

A password is a secret word or expression used to access a computer system or network. It is designed to be known only to the user and protects the user's identity in an online environment. Students should:

- Never share a password.
- Change a password if someone else might know it and at other times as needed.
- Log out of account when done.

16.8.2 General Guidelines

When communicating online, students should:

- Treat others with respect.
- Address instructors with proper title.

- Use clear and concise language.
- Use correct spelling and grammar.
- Avoid slang terms such as “wassup?” and using abbreviations such as “u” instead of “you.”
- Use standard fonts such as Arial and Calibri and use a size 12- or 14-point font.
- Avoid using the caps lock feature as it can be interpreted as yelling.
- Limit and possibly avoid the use of emoticons like ☺.
- Be cautious when using humor or sarcasm as tone is lost in online communications and the message may be taken seriously or offensive.
- Be careful with personal information about yourself or others.
- Do not send confidential information via email.

16.8.3 Email Netiquette

When sending emails, students should:

- Use a descriptive subject line.
- Be brief.
- Avoid attachments unless there is certainty the recipient can open them.
- Avoid HTML in favor of plain text.
- Sign messages with name and return email address.
- Think before sending an email to more than one person. Does everyone really need to see the message?
- Be absolutely sure a message is intended for everyone before clicking “reply all.”
- Be absolutely sure a message authored by another person is intended to be passed on to others before clicking “forward.”

16.8.4 Message Board Netiquette

When posting on message on discussion boards, students should:

- Submit posts that are on topic and within the scope of the discussion.
- Take posts seriously. Review and edit posts before sending.
- Be as brief as possible while still making a thorough comment.
- Always give proper credit when referencing or quoting another source.
- Be sure to read all messages in a thread before replying.
- Do not repeat someone else’s post without adding something of your own to it.
- Avoid short, generic replies such as “I agree.” Include why you agree or add to the previous point.
- Always be respectful of others’ opinions even when they differ from yours.
- Express a differing opinion in a respectful, non-critical way.
- Do not make personal or insulting remarks.
- Be open-minded.

16.9 Social Media Policy

Students have a responsibility to maintain personal social networking and media sites (i.e., Facebook, Instagram, Twitter, Snap Chat, TikTok, LinkedIn, You Tube, etc.) in a professional manner. Any posts in a social network or media site used in a derogatory manner can be held against the student. Posts that threaten students, faculty, staff, and/or clinical facility employees/patients will not be tolerated and may result in disciplinary action including dismissal from the program.

Further, any social media accounts created that are associated with the College (i.e., the account includes the College name, College logos are posted to the account, etc.) require approval from the Division of Institutional Advancement's Media Relations Department.

16.10 Receipt of Gift Policy

The Health Sciences Division strives to be above reproach in all matters. This includes perceptions of fairness and objectivity. Faculty members in particular must not use their position, authority, or relationship with students to obtain uncompensated labor for their own personal or economic gain. They may not ask students to perform services unrelated to legitimate academic activities unless the student is adequately compensated for such services. Faculty members must not solicit gifts or favors from students. They must not accept gifts or favors where they have reason to believe that such gift or favor is motivated by a desire to secure some academic advantage.

Therefore, Health Sciences Division faculty must not accept personal gifts beyond the small token of appreciation from students. In every circumstance, faculty members should avoid accepting even token gifts from students prior to submission of final grades for those students or completion of supervision.

16.11 Falsifying Documents

Falsifying documents involves altering, changing, or modifying a document for the purpose of deceiving another person. It also involves passing along copies of documents that are known to be false. Examples of falsifying a document include, but are not limited to:

- Altering or misrepresenting factual information.
- Stating false information when requested to provide truthful statements.
- Forging a signature.
- Knowingly using or distributing a fake document.

Falsifying documents will be considered a form of cheating and will be treated as such.

16.12 Tobacco Use Policy

Pitt Community College is a tobacco-free and smoke -free campus. Smoking is prohibited by students, staff, faculty, or visitors in/on all campus grounds; buildings;

facilities; or property owned, leased, or operated by Pitt Community College. Smoking includes the use of cigarettes, cigars, all forms of e-cigarettes, and hookah. Smokeless tobacco use, including, but not limited to, chew, snuff, and dipping tobacco, is also prohibited in/on all college facilities and grounds.

17.0 Student Insurance

17.1 Medical Insurance

All students are strongly encouraged to carry hospitalization and medical insurance. Accident insurance is available through the College and information regarding this insurance may be obtained from the Student Services Division.

Some clinical facilities require students to carry hospitalization and medical insurance. If required, students must provide evidence of coverage upon request in order to proceed in clinical practice.

17.2 Malpractice Insurance (subject to change)

All health sciences students are required to carry student professional malpractice insurance through Pitt Community College. The College has arranged for a blanket coverage policy through American Casualty Company of Redding Pennsylvania. Some key points of this coverage are:

- **Limit of Liability.** Current coverage up to \$2,000,000 for each claim to an aggregate total of \$5,000,000 for all claims in any one year. The only exception is the Commonwealth of Virginia with current coverage up to \$2,450,000 for each claim to an aggregate total of \$7,350,000 for all claims in any one year.
- **Methods of Payment.** The annual premium will be added to the tuition to be paid during registration.

This malpractice insurance is mandatory for all students participating in a clinical experience without exception.

18.0 Student Guidance

18.1 Student Transportation and Housing

Students are responsible for their own transportation to and from the College and all clinical facilities. Student car pools are the responsibility of the individual student and not the responsibility of the College or program. Arrangements for transportation should be made prior to entering the program.

Living arrangements are also the responsibility of the individual student. All students must keep the College advised of their current address and phone number. For assistance in locating housing, contact the Student Services Division.

18.2 Student Employment

Employment during the course of study is strongly discouraged. The student who must work in addition to attending College should consider the effect that working may have on the grade point average. No absences or tardiness will be allowed for work conflicts.

If the student is employed by a facility, which is used as a clinical facility by the Health Sciences Division, the student should be aware that the nature of those responsibilities should in no way be related to their responsibilities as a student and the student uniform may never be worn while functioning in roles outside of clinical practice. The employing facility takes full responsibility for the student employee's actions while working and neither the Health Sciences Division administration and faculty nor Pitt Community College will be responsible for any student's activities while functioning in the role of an employee.

18.2.1 Service Work Statement

Students will not be used to substitute for clinical, instructional, or administrative staff. While students may assist faculty in didactic and laboratory sessions to share their knowledge and skills, they are not the primary instructor or instructor of record for any component in the curriculum. Students attending clinical sites are not to be used as substitutes for paid clinical staff. It is the clinical instructor's responsibility to direct all student activities and assure students gain experiences to reinforce competencies. Students may not receive any form of compensation in exchange for work they perform incidental to their clinical coursework or experiences. Students are not to complete clinical coursework while working as an employee at the clinical facility.

18.3 Student Health Services

The College maintains no health care facilities other than first-aid supplies and AED. First aid supplies are available in the office of the Health Sciences Dean (Fulford 103). An AED is located on the front hall of the Fulford Building. The responsibility for medical services and associated costs rests with the student.

Emergency facilities are available at ECU Health Medical Center in Greenville. Students who do not have a local physician are encouraged to make contact with a physician who will treat them when they are ill prior to entering the program.

18.4 Reporting an Accident/Injury

A student involved in an accident/injury on campus, during class, clinical practice, or traveling to and from class or a clinical facility must report it to their instructor

immediately. The instructor must complete and submit a Report of Student Accident/Injury form within 48 hours of the accident/injury and submit the form to the Assistant Vice President of Student Support. The Assistant Vice President of Student support (or designee) will follow up with the student.

If the incident (which could be an exposure) occurs at a clinical facility, the student must report the incident to their clinical instructor and clinical coordinator immediately. The student will be required to follow clinical facility protocols regarding reporting and medical intervention (if applicable).

All expenses associated with medical intervention are the responsibility of the student.

18.5 Learning Resources

Health sciences students are expected to consistently use outside resources in the learning process. The College has an excellent Learning Resources Center (LRC) on campus. The LRC provides students with current literature via professional journals, audiovisual learning resources, and current editions of the most relevant texts, reference books, and supplementary books. Health sciences students should consider learning resources of a clinical nature, which are more than five years old, outdated and not acceptable for use. Also available for use by health sciences students is the Laupus Health Sciences Library at East Carolina University.

18.6 Alerts and Messaging

PCC considers the safety of faculty, staff, students and other members of the campus community paramount. PCC Alerts and Messaging combines the College's various notification tools into a single system named PCC Alerts and Messaging. All students are encouraged to register for PCC Alerts and Messaging. Students may sign up via their myPittCC account. PCC Alerts and Messaging allows College administrators to send real-time information to the campus community via email, text message and other methods of communication. Subscribing to emergency text messages is free. However, your cell phone carrier may charge you to receive text messages. Please check with your phone company for details. Subscribers' cell phone numbers will remain confidential and will be used only for subscribed messages by the College.

18.7 COVID-19 Safety Protocol (subject to change based on status of the coronavirus pandemic)

All exposures to someone who has tested positive for COVID-19 and all positive cases of COVID-19 must be reported.

A student that has been exposed to someone who has tested positive for COVID-19 may not return to the PCC campus until the following conditions are met:

Unvaccinated Individuals:

- At least 10 days have passed since the exposure

- He/She has no symptoms of COVID-19 (i.e., shortness of breath, coughing, fever, etc.)

Vaccinated Individuals:

- Receive a negative test for COVID-19 three to five days after exposure. Documentation of the negative test must be provided.
- He/She has no symptoms of COVID-19 (i.e., shortness of breath, coughing, fever, etc.)

A student diagnosed with COVID-19 may not return to the PCC campus until the following conditions are met:

- At least 10 days have passed since first symptoms.
- No fever for at least 48 hours (without the use of fever-reducing medications)
- Other symptoms have improved (i.e., shortness of breath, coughing, fever, etc.)

Clinical site protocols may differ from the PCC protocol. Students must follow the clinical site protocols when attending clinical practice rotations.

Frequent hand hygiene should be practiced. Social distancing should be maintained when feasible. Masks are optional on the PCC campus.

Student who do not adhere to these requirements are subject to disciplinary action.

18.8 Student Email Account Policy

Students will have access to their mypittcc email account as long as they are an active student at PCC. Access to that account will be lost when the student graduates or if the student is inactive for three semesters (doesn't take classes). Students should use their student email for PCC related business only. A separate email account should be used for personal use.

19.0 Student Organizations

19.1 Student Government Association

The Student Government Association (SGA) serves as the student voice on campus. All students are encouraged to join. Officers are elected annually and the SGA president serves as an ex-officio member of the Pitt Community College Board of Trustees. Activities supported by the SGA include multi-cultural activities, school cookouts, athletic events, leadership training and community projects. The activities of the Student Government Association are funded by student activity fees.

19.2 Honor Societies

Gamma Beta Phi is a national honor, educational service organization chartered at the College in 1975. Students must have a minimum 3.0 GPA with at least 12 semester hours completed and must be in a degree granting program. The primary purpose of the society

is to encourage scholastic efforts, reward academic merit, and to foster, disseminate and improve education through appropriate community service projects. Those eligible to join are sent invitations to an informational meeting during the first third of the fall and spring semesters.

Phi Theta Kappa is the largest honor society in American higher education. Phi Theta Kappa's mission is two-fold: 1) recognize and encourage the academic achievement of two-year college students and (2) provide opportunities for individual growth and development through participation in honors, leadership, service and fellowship programming. To be eligible for membership a student at PCC must complete a minimum of twelve hours of non-developmental course work and earn a grade point average of 3.75 or higher. Students must maintain a high academic standing throughout their enrollment in the two-year college.

19.3 Professional Organizations

The American Association for Respiratory Care (AARC) and its chartered affiliate, the North Carolina Society for Respiratory Care (NCSRC), is committed to enhancing professionalism, improving job performance, and helping to broaden the scope of knowledge essential to success for the respiratory care practitioner. Students are encouraged to join. Student membership is \$50.00 per year, and membership benefits include, but are not limited to, a subscription to the *Respiratory Care Journal*, *AARC Times*, and discount registration fees to various respiratory care meetings. For more information and a membership application, go to www.aarc.org.

19.4 Departmental Organizations

PCC Association of Respiratory Therapy Students (PARTS)

The purposes of PARTS are to contribute to and promote excellence in both respiratory therapy education and the respiratory care profession, as well as promote unity among all members involved. Students who are enrolled in the program, who complete an application for membership, and pay dues are eligible for membership.

For a complete list of all student organizations, refer to the College catalog.

20.0 Health Sciences Appeal Process

The Health Sciences Review Board exists to provide a fair, consistent, and expedient process for resolving disputes between health sciences students and health sciences faculty which cannot be satisfactorily solved by the individuals involved. Appeals may arise out of decisions concerning program dismissal, disciplinary action, or any other matters related to the educational process with the exception of grades. Matters pertaining to grades are not heard by the Health Sciences Review Board.

Students should follow appropriate lines of communication when disputes arise. The organizational chart found in the Student Handbook (refer to Section 2.0) will assist students in following the appropriate lines of communication.

20.1 Health Sciences Review Board

The Health Sciences Review Board shall consist of the Health Sciences Dean, who will preside as chair, and five Health Sciences Division faculty and/or staff members. No two faculty and/or staff members from the same academic program will serve on the Review Board simultaneously. The Health Sciences Administrative Assistant to the Dean or other designated administrative assistant will be present to take minutes. Health sciences faculty from the program involved in the dispute will not serve on the Review Board.

20.2 Voting Rights

With the exception of the Health Sciences Dean, all members of the Review Board are allowed one vote. As chair, the Health Sciences Dean does not vote.

20.3 Appeal Procedure

The Health Sciences Review Board follows the following procedures in receiving and reviewing disputes and in handing down decisions.

1. The student must contact his or her advisor to review the procedure for the appeal within 24 hours of the dispute.
2. The student must complete a Health Sciences Appeal Request form within two working days of the dispute. Health Sciences Appeal Request Forms are available in the Health Sciences Dean's office located in the Fulford Building, Room 103 or by calling 252-493-7309. Group appeals require signatures by all who wish to be considered as part of the group. No retroactive inclusion into a group will be allowed.
3. The Health Sciences Division Dean will schedule the appeal hearing within three working days of the date on which the appeal was requested. (Student and faculty breaks are not considered working days. Appeals are not scheduled during student and faculty breaks.) The student may attend class while waiting for the appeal hearing. However, the student will not be allowed to complete testing or attend lab, clinical, or any outside educational experience. The student will be counseled regarding consequent absence(s) from lab or clinical.
4. During the appeal hearing, the student(s) and faculty involved shall have the opportunity to be heard. Members of the Review Board will have an opportunity to ask questions in order to clarify any concerns. Group appeals must be presented by only one member of the group. Only individuals directly involved in the dispute may be present in the hearing room. Parents, spouses, and/or friends may not be present during the hearing. The appeal will be recorded for transcript purposes. Otherwise, no electronic recording devices are allowed.
5. Following the presentation of the appeal and in closed session, the Review Board will vote. Closed session discussions will not be recorded or transcribed. The decision is made by majority vote of the Review Board and is final. The student(s) will be contacted by email (mypittcc email account only) regarding the outcome of the appeal.

6. The student(s) may appeal the decision to the Executive Vice President of Academic Affairs and Student Development Services by following the appropriate “Written Student Complaints Policy” guidelines outlined in the PCC Catalog.

21.0 Student Agreements

21.1 Student Policy Agreement

I have read and received an explanation of, and understand the Respiratory Therapy student policies as outlined in this handbook. I also understand that I must comply with and follow these policies during the period of my enrollment as a Respiratory Therapy student at Pitt Community College.

Date

Student Signature

21.2 Health Sciences FERPA Release Form

In general, the Family Educational Rights and Privacy Act (FERPA) of 1974, prohibits the access and release of student educational records without the student's written consent if the student is 18 years or older.

I hereby authorize Pitt Community College to release my academic record/transcript, date of birth, immunization/health records, criminal background check, drug screen results, and other information contained in my educational record to any agency for the purpose of clinical placement and/or any national or state examination board for which I may qualify for testing.

Date

Student Signature

Student ID #

21.3 Reference Agreement

I grant permission for the Respiratory Therapy faculty to serve as a reference for me and discuss my academic and clinical progression and standing with any clinical facility, professional organization, * or educational institution. Purpose(s) of the reference are:

- (1) Application for employment.
- (2) All forms of scholarships or honorary awards.
- (3) Admission to another educational institution.

Further, I hold Pitt Community College and its officers, faculty, and staff harmless from any discussion of my academic and clinical progression and standing with clinical facilities, professional organizations, and educational institutions.

I understand that I have the right not to consent to the release of my academic and clinical progression and standing. I have the right to receive a copy of any written reference upon request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Program Director, but that any such revocation shall not affect disclosures previously provided by the Respiratory Therapy faculty prior to the receipt of any such written revocation.

Date

Student Signature

*Professional organizations include, but are not limited to, the American Association for Respiratory Care, North Carolina Society for Respiratory Care, North Carolina Association for Respiratory Educators, National Board for Respiratory Care, and the North Carolina Respiratory Care Board.

21.4 Media Release Statement

I agree to allow Pitt Community College and/or agent contracted by Pitt Community College to video, photograph, or record my name, likeness, image, biographical information, voice, and/or statements.

I agree that such recordings, images, and statements may be used in whole or in part for publication, broadcast, multimedia production, Internet distribution, or illustration as deemed appropriate by Pitt Community College. I do not expect to be compensated in any way.

I also release Pitt Community College and its officers, faculty, and staff from any and all claims based on the use of such recordings and agree to hold Pitt Community College harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from my statements.

Date

Student Signature