

2013-2014
CLASSROOM AND CLINICAL POLICY
GUIDELINES
APRIL 2013 REVISION

Respiratory Therapy Program
Bellarmino University
Lansing School of Nursing and Health Sciences

CLASSROOM AND CLINICAL POLICY GUIDELINES

- A. PROFESSIONAL CODE OF CONDUCT FOR STUDENTS IN THE RESPIRATORY THERAPY PROGRAM, LANSING SCHOOL OF NURSING AND HEALTH SCIENCES
(Also see Bellarmine Student Handbook and Bellarmine Catalog).

A student who is preparing to enter a health profession has certain responsibilities which other students in the University may not necessarily have. The student who is involved in clinical education is responsible not only to the educational institution, but to the clinical site, and ultimately to the patient as well.

The time spent in preparation for the health professions is spent in acquiring new information, practicing skills until they are perfected, and developing the professionalism which should be the hallmark of the health practitioner.

All students must comply with their clinical program's professional code of conduct. If, at any time, a student disregards standards of professionalism or engages in behavior which endangers himself or others, he/she may be immediately removed from the clinic by the educational coordinator or supervisory personnel in the department. In this event, the student must report immediately to the Program Director or, in the Director's absence, to a faculty member in the program.

- B. The academic policies and regulations are found in the Bellarmine Student Handbook and Catalog.
- C. The following are an addendum to the above Professional Code on Conduct for Students and apply specifically to the Respiratory Therapy Program.

A. General Clinical Conduct

The following rules for conduct in clinical sites (whether hospitals, clinics, physician's offices or laboratories) have been developed by the faculty in the Respiratory Therapy Program and are applicable during student days and in the practice of a profession.

1. Each student is to be in the assigned clinical department at the required time. Tardiness affects the work of the section and the comfort and well-being of the patient. If you are unable to be in your assigned location because of illness or other extenuating circumstances, you must call the designated person in the department and the clinical coordinator prior to the time of your expected arrival. Excessive absences which affect your performance must be made up. Excessive tardiness will be regarded as lack of professionalism. (Expectations of attendance will be covered later in this section.)
2. During the time a student is in the clinical site, he/she is required to dress in a clean uniform, appropriate to the program, this includes wearing a lab coat at all times. A name tag identifying the student should be visible at all times.
3. A student in the clinical site is expected at all times to behave in a manner which is not

disruptive. Loud talking, horseplay, abusive language, or attendance while under the influence of alcohol or other drugs cannot be tolerated.

4. A student is expected to maintain a respectful attitude toward instructors, peers, and other health professionals. When constructive criticism is offered, it should be accepted with a positive attitude. Though you may not agree with everything that is said to you, an argumentative and/or belligerent response is not acceptable. The ability to accept responsibility for one's actions and admit errors is a highly desirable trait in a student and in a health professional.
5. Integrity is an essential quality. Dishonesty or cheating in any form will not be tolerated. See Academic Honesty policy below.
6. Students and professionals must always respect the rights of the patient. These rights include the right to privacy, the right to dignity, the right to confidentiality of information, and the right to a sympathetic understanding of the fears and insecurities which go along with being ill and hospitalized. The behavior of the student should inspire calm and confidence in the patient and should never be unsettling.

The program faculty considers all students as members of the professional environment.

The care and well-being of the patient come first. Therefore, when being assigned to a patient, the professional will follow through with the examination regardless of the time or extenuating circumstances.

Chewing gum, eating, drinking, and smoking in the patient care area is considered inappropriate and unprofessional behavior.

Telephones are for professional use only. Telephone etiquette is a must at all times. Always state the department name and your name. Personal calls are not allowed while on duty. Emergency calls will be forwarded to you.

Students are not allowed to accept tips or gratuities from patients or visitors.

No solicitation is allowed at clinical sites.

Students who attend the clinical site for any reason are expected to be dressed in accordance with the program dress code.

All work-related injuries must be reported immediately to the appropriate supervisor at the clinical site and promptly treated as needed. A follow-up report must be sent to the program office.

The following behaviors will not be tolerated and will result in immediate disciplinary action (including grounds for a failing clinical grade, immediate removal from clinical course, and program dismissal):

- a. Possession and use of alcoholic beverages or illegal drugs
- b. Loafing or sleeping in the clinical affiliates
- c. Theft or destruction of hospital property
- d. Fighting
- e. Possession of weapons
- f. Insubordination
- g. Discourtesy to patients, visitors, or fellow employees
- h. Gambling
- i. Horseplay or other unprofessional behavior
- j. Conduct detrimental to patient care
- k. Attending clinic without appropriate equipment, supplies, or uniform
- l. Attending clinic while taking medication (non-prescription or prescription) which may alter the student's clinical judgment.

B. Continued Enrollment Status

Professional courses, as well as natural science prerequisite courses must be completed with a "C-" grade or better in the semester they are offered in order to remain enrolled in the Respiratory Therapy Program. A student failing to maintain enrollment status may reapply to the program, and may be considered for readmission if there is space available in the next academic year.

C. Lansing Admission, Progression, & Graduation Committee

The Lansing Admission, Progression, & Graduations Committee will be convened as needed.

D. Records and Evaluations

- a. The Director of Clinical Education (DCE), in cooperation with each clinical instructor, shall maintain a record of student attendance, performance evaluations and grades based on the Clinical Performance Evaluation Manual (see below).
- b. Determination of Final Grade:

The final grades for the clinical practice courses are determined from the following:

- 1) Average of all clinical evaluations.
- 2) Completion of all clinical performance check-offs.

- 3) Average of all written quizzes, oral quizzes, or written assignments given during the clinical rotations.
 - 4) Average of case study presentations completed in the clinical rotations.
 - 5) Attendance record (including tardiness).
- c. The original copy of the clinical evaluations and other documents will be maintained by the student in the Clinical Performance Evaluation Manual for transfer to the Director of Clinical Education. It is the student's responsibility to make the packet available to these individuals when requested. Failure to do so may result in the reduction of the clinical practice course grade. Loss of the records or failure to turn them in when requested may result in a failing grade for the clinical practice course.
 - d. It shall be the student's responsibility to keep the clinical instructor advised of what procedures he/she has been evaluated on at previous clinical rotations in that semester. The student should ask to be checked-off as soon as he/she is competent in the procedure. It is the student's responsibility to maintain competence in each previously evaluated area. In the event that competence is not maintained, the clinical instructor may request remediation by the Director of Clinical Education.
 - e. Falsification of any clinical record is considered a serious breach of professional conduct and may result in immediate termination of the student from the program.
 - f. Students should sign each clinical evaluation verifying that the evaluation has been seen and reviewed. If a student does not agree with an evaluation, a meeting may be arranged between the student, clinical faculty, and clinical coordinator. Problems should be addressed to the clinical coordinator and not to individual clinical instructors.

General clinical evaluations (24 point) are completed by the clinical instructors in each of the general and intensive care rotations of the clinical practice courses. The general evaluations will be given a numerical score on all 24 items with each item given a "2" for "superior", a "1" for competent or appropriate, and a "0" for "unsatisfactory". A passing score on the general evaluation is "8" on each of the three subsections for a total of 24 points. To pass the clinical practice course, the student must have an average passing score on the general rotation evaluations.

Clinical performance check-offs are used to demonstrate clinical proficiency in skills. To pass a clinical practice course, the student must have completed all performance check-offs listed on the clinical rotation schedule for that semester. It is the student's responsibility to keep the clinical instructor informed of which check-offs still need to be completed and to give the clinical instructor reasonable time to complete this task prior to the end of the rotation.

Case study presentations are completed in the clinical practice courses. These cases are used as teaching examples of the types of disease the practitioner is likely to encounter. The grade assigned to the case is based on the four following areas with a passing score of any case being three of the four areas:

1. **Content of the study** (to what degree is the information pertinent to the patient case being discussed in the case presentation).
2. **Presentation of study** (how the student organizes and presents the information gathered on the patient and does the presentation follow a chronological order that is understandable to the audience).
3. **Appropriateness of study** (explanation and interpretation in the presentation as to the appropriateness of the respiratory care given to the patient).
4. **Analysis of Respiratory Care** (to what degree the student can judge the appropriateness of care given and the timeliness of events in the patient case study).

To pass the clinical practice course, the student must have an average of 3 for all case studies presented in the semester.

Quizzes may be given throughout the clinical rotations. The quizzes will cover the material discussed that week in the clinical rotation. The format may vary according to the instructor and topic.

Written Assignments may be given throughout the clinical rotations and must be completed by due date.

Determination of grade. Attendance or tardiness problems or behavioral problems which result in the student being withdrawn from a clinical rotation at the request of a clinical site may result in a final grade lower than that which results from simple numerical averaging as described above.

E. Academic Honesty

The faculty members of Bellarmine's Respiratory Therapy Program strongly endorse and will follow the academic honesty policy as published in Bellarmine's *Catalog (current version)* and in the *2013-2014 Student Handbook*. Students must be fully aware of what constitutes academic dishonesty; claims of ignorance cannot be used to justify or rationalize dishonest acts. Academic dishonesty can take a number of forms, including but not limited to cheating, plagiarism, fabrication, aiding and abetting, multiple submissions, obtaining unfair advantage, and unauthorized access to academic or administrative systems or information. Definitions of each of these forms of academic dishonesty are provided in the academic honesty section of the *2013-2014 Student Handbook*. All detected instances of academic dishonesty will be reported to the Provost, and sanctions will be imposed as dictated by the policy.

Penalties range from failing an assignment or test to dismissal from the University, depending, in part, on the student's previous record of academic dishonesty.

Bellarmino's Academic Honesty Policy is as follows (this is the abridged policy as it appears in Bellarmino's Catalog).

"Bellarmino University is an academic community. It exists for the sake of the advancement of knowledge; the pursuit of truth; the intellectual, ethical, and social development of students, and the general well being of society. All members of our community have an obligation to themselves, to their peers and to the institution to uphold the integrity of Bellarmino University. In the area of academic honesty, this mean that one's work should be one's own and that the instructor's evaluation should be based on the student's own efforts and understanding. When the standards of academic honesty are breached, mutual trust is undermined, the ideals of personal responsibility and autonomy are violated, teaching and learning are severely compromised, and other goals of the academic community cannot be realized.

I strongly endorse and will follow the academic honesty policy as published in the *Bellarmino University Course Catalog*, available on the university website. Students and faculty must be fully aware of what constitutes academic dishonesty; claims of ignorance cannot be used to justify or rationalize dishonest acts. Academic dishonesty can take a number of forms, including but not limited to cheating, plagiarism, fabrication, aiding and abetting, multiple submissions, obtaining unfair advantage, and unauthorized access to academic or administrative systems. Definitions of each of these forms of academic dishonesty are provided in the academic honesty section of the *Course Catalog*.

All confirmed incidents of academic dishonesty will be reported to the Assistant Vice President for Academic Affairs for Academic Operations, and sanctions will be imposed as dictated by the policy. The instructor's choice of penalty ranges from a minimum penalty of failing the assignment or test to failing the course itself, and if the student has a record of one prior offense, he or she will be suspended. This sanction is in addition to the penalty imposed by the faculty member. If the student has a record of two prior offenses, he or she will be immediately and permanently dismissed from the university upon the third offense.

F. Attendance

Attendance and tardiness policies for individual didactic courses will be outlined in course syllabi. **EACH STUDENT IS TO BE IN THE ASSIGNED CLINICAL DEPARTMENT AT THE REQUIRED TIME! EXCEPT AS DEFINED BELOW, ALL CLINICAL EXPERIENCE HOURS MUST BE COMPLETED IN ORDER TO GAIN CREDIT FOR THE CLINICAL EDUCATION COURSES. ATTENDANCE & TARDINESS WILL AFFECT CLINICAL GRADES.**

1. The designated contact person is your clinical instructor at the rotation you are in when the absence is to occur. Call the service department where you are assigned and ask for the clinical instructor. **If he/she is not there, talk with the department supervisor and ask that the message be forwarded to the clinical instructor**

upon his/her arrival. Place this call at least thirty (30) minutes prior to the start of the clinical rotation. In addition, leave a message for the Director of Clinical Education at (502) 599-0017 notifying her of the absence.

2. A student who does not call to report an expected absence will be considered unexcused from clinics for that day. Unexcused absence from the clinical site CANNOT be tolerated. One unexcused absence will result in a conference between the clinical instructor, the Director of Clinical Education, and the student involved as well as the Program Director. An unexcused clinical absence will result in the student being placed on probation. A second unexcused clinical absence is grounds for student dismissal from the program by the Dean.
3. Any more than one (1) day of excused absence per clinical term, the student will be charged \$15 per scheduled clinical hour missed. The fee for a clinical absence will be waived in the event of the death of the student's parent, grandparents, spouse, sibling or child. The fee for a clinical absence will also be waived with proper documentation from a physician or other qualified healthcare provider, stating an illness or injury has prohibit them from attending clinical (s). All unexcused absences must be made up by the student at a time convenient for the clinical instructors prior to completion of the clinical education course.
4. Students will be required to sign in and sign out of clinical rotations each day so that accurate attendance records can be maintained. A student may not sign in or out for another student. The exact time of arrival and departure must be recorded. However, additional time (from early arrival or late departure) may not be accumulated. For example, arriving fifteen minutes early on Monday does not allow you to leave fifteen minutes early any day.
5. Students should not attend clinicals when ill or suffering from any injury. In addition, students should not attend clinicals when taking prescription or non-prescription medications that may alter their clinical judgment. It is the student's responsibility to inform the clinical coordinators of any illness or injury that may affect the student and their clinical rotation. Failure to notify appropriate personnel may result in disciplinary action.
6. Students are required to have a statement from a healthcare provider for readmission and/or continuance into the respiratory program following severe illness, hospitalization, physical injury, pregnancy or emotional disorder and such. The student returning must be able to meet all previous technical standards and clinical responsibilities as listed in the RT program's policy.

G. Tardiness

Tardiness affects the work of the department and the comfort and well-being of the patients.

1. Tardiness is defined as any arrival more than seven (7) minutes past the time designated for the start of the rotation by the clinical instructor.

2. If you are to be tardy for any reason, notify your clinical instructor at the affiliate no later than the time you are expected to report and state when you will arrive. Under no circumstance can the arrival time be later than one hour after the start of the clinical rotation since, by that time the clinical case work would have been reassigned. If the clinical instructor cannot be reached at the clinical affiliate, talk with the department supervisor who will take the message to be forwarded to the clinical instructor.
3. Tardiness in reporting to the clinical site, like absence, is expected to be a rare occurrence. Each time the student is tardy and reports the late arrival according to policy E.2. above, an excused absence of 1/2 day will be recorded. The absence will contribute to the total explained in D.3.
4. A student who does not call to report late arrival according to D.2. above, will be considered absent from clinical rotation for that day. This absence will be considered unexcused according to the policy in Section D.2. The student will be sent home for the remainder of the clinical day.
5. If the student must leave the clinical assignment earlier than the scheduled departure time, the early departure must be approved by the clinical instructor; and, except for cases of illness, must be approved ahead of time by the Director of Clinical Education. The student should not anticipate being absent or released early from clinical assignments in order to participate in employment even if the job is in a related field at one of the clinical affiliates (see G below).

H. Hours of Attendance

Students are required to complete all clinical days scheduled for credit in each clinical course. The clinical day is a full day equivalent (for example, 6:30 AM -- 7:00 PM) on all days assigned, except that hours may vary with the clinical assignment. The clinical instructor may alter these hours if he/she determines the clinical assignments have been completed for the day. The clinical hours may be altered if deemed necessary by the department or program faculty. As previously stated in this manual, early arrival or late departure may not be applied to the student's total clinical time.

I. Employment and Clinical Absence or Tardiness

Many students acquire part-time employment while still attending school. Employment does not release the student from the policies and procedures listed regarding attendance and tardiness. Failure to complete assignments may drastically alter the final grade in the affected course.

Employment cannot be used as a reason for:

1. Arriving late for, leaving early from, or missing clinical rotation assignments.
2. Failure to comply with procedures for reporting absence or expected late arrival.

J. Dress Code for Clinical Rotations

This dress code is congruent with the majority of health care agencies. Some agencies may have more restrictive dress codes. Compliance with each agency's code is expected, in addition to the code listed below.

Student Name Pins

Students are required to wear their Bellarmine name pins at all times in the clinical setting. The name pin should not be covered by stickers and/or pins unless as a course requirement.

Hair

Hair should be tucked behind the ears; if it is shoulder length or longer, it should be pulled back and secured with neutral elastic or headband. Hair decorations are inappropriate. Hair should conform to natural colors and non-extreme styles. Moustaches and beards must be neatly groomed and relatively close to the face to avoid contaminating the work environment.

Body Piercing and Other Jewelry

All visible body piercing jewelry (e.g., nose, eyebrow, and/or tongue piercing) should be removed prior to the clinical experience. No more than one stud-style earring per earlobe may be worn. Religious necklaces and jewelry may be worn inside the uniform. Rings that are bands may be worn but rings with large stones present a safety risk to patients.

Tattoos

All visible tattoos must be covered during the clinical experience (i.e., if a student has an Ankle tattoo, it may be covered by pantsuit uniform or opaque hosiery; if upper extremity tattoo, it should be covered by sleeves of uniform). If the tattoo is in an area that cannot be covered by clothing, it must be covered by a bandage.

Personal Hygiene

All students are required to maintain high standards of personal cleanliness. Non-scented makeup and hair products may be worn. No perfumes or colognes may be worn. Makeup should conform to general body tones avoiding extreme colors. Nails should be clean, well kept, and neutral colored, without designs and no longer than the tip of the finger. Artificial nails are not to be worn.

Professional Uniform Attire

All uniforms should be neat, clean, opaque, wrinkle free, and properly fitting with appropriate undergarments. Ceil blue scrubs are required. Only solid shirts can be worn underneath for warmth. A hip-length white lab-coat with a Bellarmine name tag can be worn over the uniform. Mostly solid colored shoes (in neutral tones) that are enclosed flat-heeled, non-canvas (either uniform or athletic shoes) are required. All shoes must be kept clean and polished. No heel-less shoes or sandals may be worn in the clinical setting.

K. Student Malpractice Insurance

Student malpractice insurance premiums are collected as part of the course/clinical fees.

L. Acknowledgement of Risk

Students in the Respiratory Therapy Program have potential contact with certain hazards of administering health care. A signed Acknowledgement Statement must be returned to the Director of Clinical Education so that the student can participate in the clinical rotations.

M. Health Records

The Director of Clinical Education must maintain certain health records on students so that the program can use certain clinical facilities. Should the student be exposed to a communicable disease or suffer some other risk in a clinical rotation, this information will be furnished to the office of Infection Control in that facility.

N. Immunizations

The clinical affiliates require the students to be tested for contact with certain diseases and to gain immunization against others. The cost of these services is the responsibility of the student. The respiratory department uses an outside vendor to track completion of these requirements.

Proof of Immunizations or Immunity

***Immunization policy guidelines are based on Centers for Disease Control (CDC) and the clinical facilities affiliated with the University.**

An Immunization Form should be completed by a qualified healthcare provider and submitted to the outside vendor (currently Certified Background) by August 1st (prior to the beginning of the Fall semester of the professional portion of the program).

- 1. TB Testing:** A two-step TB skin test is required. Results should be submitted to the outside vendor and/or the Director of Clinical Education. Students are responsible for submitting verification of TB testing once each year while enrolled in the professional program. A chest x-ray is required if the skin test is positive. (TB testing for students will be available the first few weeks of the fall semester through student health services.)

Students must demonstrate proof of immunization/immunity for the following:

2. **MMR (Measles, Mumps & Rubella) :** One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required).
2. **TETANUS (Td) or TETANUS, DIPHTHERIA and PERTUSSIS (Tdap):** Documentation of a Tdap booster within the past 10 years OR a Td booster within the past 2 years. The renewal date will be set at 10 years if Tdap is submitted or 2 years if Td is submitted.
3. **VARICELLA (Chicken Pox):** One of the following is required: 2 vaccinations OR positive antibody titer (lab report required) OR medically documented history of disease.
4. **HEPATITIS B VACCINATION:** Hepatitis B vaccination is recommended for healthcare personnel who are exposed to blood or other potentially infectious bodily fluids. One of the following is required: 3 vaccinations OR positive antibody titer (lab report required) OR declination waiver (this will be available in your school handbook). If series is in process, submit where you are in the series and new alerts will be created for you to complete the series.
5. **ANNUAL INFLUENZA VACCINATION:** Students are required to receive an annual influenza vaccination in the fall (Influenza vaccine is due by December 1st each year). If there is a medical contraindication to vaccination, a student must submit documentation from his/her health care provider concerning the waiver of vaccination.

**MEDICAL CONTRAINDICATIONS TO VACCINATIONS
(e.g., pregnancy, immune-compromised, etc.).**

A waiver (see below) must be signed by a qualified healthcare provider stating the specific contraindication to vaccination and when the student will be able to receive the required immunization. When there is a medical contraindication, a waiver must be signed to acknowledge that inadvertent, unanticipated exposure might occur and to release healthcare facility and Bellarmine University from liability in the event of exposure.

O. Medical Insurance

It is recommended that the student maintain medical insurance coverage so that, in the event of exposure to illness or injury at a clinical site, the student can obtain adequate testing and treatment.

P. Criminal Background Check and Drug Screening

Students must complete a criminal background check and drug screening as required by the clinical affiliation agreements. The results of these screenings must be in compliance with the clinical affiliates' requirements. If the drug screening is positive, a second test is required at the student's expense. If the second test is positive, the student will be released from class and/or clinical until the student has been enrolled and actively participates in a

drug counseling and rehabilitation program (documentation must be provided). The student must present documentation of a negative drug screen. The University reserves the right to evict a residential student involved in the use of a controlled substance. (refer to Student Handbook under “Illegal Drug Use Policy”, pp. 69-70).

Q. Incidents

All incidents (an occurrence or event that interrupts normal procedure or precipitates a crisis) occurring in a clinical affiliate in which a report is made must be immediately reported to the Director of Clinical Education (DCE).

Incident reports must be made in writing for the following:

1. Injury to a patient
2. Injury to hospital personnel
3. Injury to a visitor
4. Personal injury – including a needle stick
5. Any form of accident in which you observed the occurrence on hospital property but were not directly involved.
6. Loss of a patient’s belongings
7. Equipment misuses
8. Any other unusual occurrence
9. Observation of any of the above

Injury to a Patient

1. Immediately call a physician to check the patient
2. Report all accidents, regardless of how minor they may seem, to the appropriate person and complete the pertinent forms pertaining to the incident immediately. Failure to do so may result in a lawsuit filed against you.

R. Grievance Procedures

Students enrolled in the Respiratory Therapy Program will follow the Academic Grievance Procedure as stated by the Bellarmine Student Handbook.

S. Professional Licensure Information

Successful completion of Bellarmine University’s RT program does not guarantee eligibility for licensure. Kentucky state licensure requirements can be found at <http://kbrc.ky.gov/lro/Pages/default.aspx>.

STUDENT RESPONSIBILITIES IN THE CLINICAL SITES

1. The student will be assigned to specific clinical areas by the program director and clinical instructor.
2. The student is responsible to designated personnel while in the clinical education site.
3. The student will be responsible for all technical assignments given him/her by the supervising staff therapist.
4. The student will assist with all work assigned to the clinical area and will not leave the clinical area without the knowledge of the supervising staff therapist.
5. The student will perform all related duties as instructed by the supervising therapist in the area.
6. The student is required to keep a record of all procedures in which he/she observes, participates, assists, or performs unassisted.
7. The student will ensure that the correct patient is examined or treated. Correct identification is a must. Consult the patient's bracelet and ask the patient's name.
8. The student is responsible for the patient's safety. Patients are to be assisted as necessary to prevent physical harm.
9. The student will follow universal precautions for blood and body fluid when dealing with all patients (see Universal Precautions).
10. The student will not operate equipment or perform procedures without qualified supervision (direct and indirect supervision is determined by the student's competency). Students may not at any time take the responsibility or the place of qualified staff.
11. The student must not embarrass a patient by unnecessarily exposing the patient's body. All patients must be properly robed and draped. DO NOT exploit the patient's right to privacy.
12. The student needs to be familiar with hospital policies in regards to emergency situations.

UNIVERSAL PRECAUTIONS

Persons may be carriers of infectious germs and may infect others even though these persons do not have any symptoms of disease. Therefore, the Center for Disease Control suggests that UNIVERSAL PRECAUTIONS be used with ALL patients.

The following procedures must be followed with ALL patient contact.

HAND WASHING: Hands must be washed before and after touching any patient, and after contact with potentially contaminated articles. Hands should also be washed after removal of gloves.

GLOVES: Wear gloves if touching infective material including any moist body substances, especially if contaminated with blood.

GOWNS/APRONS: Wear a gown or apron as necessary to prevent soiling of clothes.

MASK/EYE PROTECTION: Mask when caring for patients with airborne infections. Use mask and protective eyewear to prevent to prevent splashing of any moist body substances on the face.

SHARPS: Dispose of sharps in a puncture-proof Sharps Container (which should be near the point of use). DO NOT recap needles unless using an approved protective device.

RESUSCITATION: Use a manual resuscitative device as necessary to avoid mouth-to-mouth resuscitation.

LAUNDRY: Place soiled linens and other laundry in leak-proof containers in accordance with the institutional policy and local law.

WASTE: Dispose of waste in leak-proof containers in accordance with the institutional policy and local law.

To obtain the most current information on Universal Precautions, AIDS, or other infectious diseases, consult the Morbidity and Mortality Weekly Report.

INFECTION CONTROL POLICIES

Medical and surgical aseptic techniques are to be used for the well-being of both the patients and the student while in the clinical site. The following symptoms are signs of possible infectious diseases; and are therefore considered reportable diseases. You should not go to the clinical site without written permission if you have a reportable disease.

1. Diarrhea
2. Vomiting
3. Fever
4. Rash (on any part of the body)
5. Open sores (any part of the body)
6. Boils
7. Upper respiratory infection
8. Herpes - cold sores on the mouth must be heavily scabbed over before the infection reaches the non-contagious stage.
9. Parasite infections
10. Strep or staph infections
11. Infectious mononucleosis

Students are required to know, understand, and follow the infection control policies of the affiliate where they are assigned, as well as universal precautions for blood and body fluid.

DETERMINATION OF FINAL GRADE:

Specific Grade Criteria will be given at the beginning of the semester.

To receive a passing grade for the Clinical Course, the student must achieve all of the following:

(This is the minimal criteria to pass the clinical course.)

- Average quiz score of > 75%
- Average case study score of 3 points
- Average 24 point evaluation score of greater than or equal to 24 points
- No more than 2 Clinical Occurrences or Lab Referrals in Student File (if the Clinical Occurrence is related to a patient safety issue or colleague safety issue, immediate dismissal from the clinical course and program may be warranted.)

The student will receive a failing grade (F), if the above criteria are not met.

- Any student having a Clinical Occurrence related to a patient care problem (placing patient and/or others in danger) may result in a failing grade and dismissal from the clinical course (as well as the program).

Respiratory Therapy Grading Scale and Policy

Grading Scale:

A+ =	99-100	4.0 quality points
A =	91-98	4.0
A- =	90	3.67
B+ =	89	3.3
B =	81-88	3.0
B- =	80	2.67
C+ =	79	2.33
C =	71-78	2.0
C- =	70	1.67
D+ =	69	1.33
D =	61-68	1.0
D- =	60	0.67
F =	0-59	0.0

Please note:

- Students enrolled in the Respiratory Therapy Program at Bellarmine must earn a grade of C- (1.67 quality points) or higher in all math, science, and respiratory therapy required courses in order to progress in the program.
- Professional courses, as well as natural science prerequisite courses must be completed with a "C-" grade or better in the semester they are offered in order to remain enrolled in the Respiratory Therapy Program. A student failing to maintain enrollment status may reapply to the program, and may be considered for readmission if there is space available in the next academic year.
- Students enrolled in the Respiratory Therapy Program at Bellarmine must also maintain a cumulative grade point average (GPA) of 2.0 higher to maintain good standing in the program. Failure to maintain a 2.0 GPA may result in program dismissal.
- Respiratory therapy clinical courses are graded on a pass/fail basis. Students must receive a passing clinical grade to successfully complete the course. In addition, all critical skills must be successfully completed. A failure in the clinical setting will result in the grade of "F" for the course. Students earning a failing clinical grade will be dismissed from the program.
- Students must earn a minimum GPA of 2.0 to graduate from the university.

**Respiratory Therapy Program
Bellarmine University
Lansing School
2001 Newburg Road, Lou, Ky 40205**

Waiver for Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline vaccination at this time. I also understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

Date: _____

Student or Faculty signature

Witness

**Respiratory Therapy Program
Bellarmine University
Lansing School
2001 Newburg Road, Lou, Ky 40205**

WAIVER FOR IMMUNIZATIONS OTHER THAN HEPATITIS B VACCINE

NAME _____ Bellarmine ID # _____

I understand that I may be exposed to TB or communicable disease in the clinical area and that I may be at risk of contracting disease. I am requesting a waiver for the following immunization requirements:

This section must be completed by health care provider:

Name of immunization	Reason for request for immunization waiver

Anticipated date immunizations can be administered _____

Signature of Physician, Health Care Provider, or Health Department designee:

Date _____

Print Name of Physician, Health Care Provider or Health Department designee

Address _____ **Phone Number** _____

**Respiratory Therapy Program
Bellarmine University
Lansing School
2001 Newburg Road, Lou, KY 40205**

Application for Continuation

(Type or print clearly, attaching additional pages if needed)

Name: _____ Date: _____

Address: _____

Phone #s: _____ BU ID#: _____

Student: Clearly explain to the committee your request, including course numbers and any unique circumstances that you think would be helpful for the committee in considering your request. Also include how, if the request is granted, how circumstances would be different or what strategies you would implement to be successful.

Course Instructor: Include grades on various assignments, any information the committee should consider, as well as your recommendation.

Academic Advisor: