

Bellarmino University Lansing School of Nursing and Health Sciences



Respiratory Therapy Program **STUDENT HANDBOOK 2025-2026**

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Non-Discrimination Policy

Bellarmino University admits qualified students of any age, gender, sexual orientation, race, disability, color, religion, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of age, gender, gender identity, sexual orientation, race, disability, color, religion, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs. Bellarmine University will not tolerate any form of sexual misconduct, which includes, but is not limited to, sexual harassment, non-consensual sexual contact, non-consensual sexual intercourse, sexual exploitation, rape or retaliation arising out of any of the above acts, as more fully defined in the Bellarmine Sexual Discrimination and Misconduct Policy in the Employee and Student Handbook. Bellarmine University is an affirmative action/equal opportunity employer.

Policies noted in the handbook are subject to immediate change during a local, state, or national emergency and/or as imposed by our healthcare partners.

SECTION 1: General Program Information

The Respiratory Therapy (RT) Program prepares the student for licensure and practice in the field of respiratory therapy. The program for traditional college students and transfer students is a four-year course of study that culminates in the Bachelor of Health Science degree. There is also a Master's of Health Science in Respiratory Therapy (with emphasis in Leadership of Health Promotion & Social Change) for students already having a bachelor's degree. Respiratory therapists are health care professionals who evaluate and treat persons of all ages having lung and heart disorders. The responsibilities of the therapist include pulmonary function assessment, diagnostic testing, and administering oxygen and aerosolized drugs, breathing retraining and pulmonary rehabilitation, acute care management of patients requiring ventilatory support, and emergency care. Respiratory therapists find careers in multiple settings, including the hospital, home care and rehabilitation

Respiratory Therapy Program Accreditation

The Respiratory Therapy Program (program number #200281 offering the Bachelor of Health Science degree in Louisville, KY) holds Continuing Accreditation from the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com).

The Respiratory Therapy Program (program number #220281 offering the Master of Health Science degree in Louisville, KY) holds Continuing Accreditation from the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com).

CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an outcomes-based process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.

CoARC Programmatic Outcomes Data can be found at <https://coarc.com/students/programmatic-outcomes-data/>.

In addition to Bellarmine University's tuition and fees, students enrolled in the RT Program will be charged an additional \$3,000.00 (approximate) in laboratory fees. RT students will also need to obtain a criminal background check (approximately \$50.00 two-time fee – once for each year), and purchase a clinical uniform (prices vary but will be approximately \$200.00 which includes a stethoscope). Students will also need to complete a drug screening test annually (Complete information regarding the cost of attendance as well as tuition refund policies can be found at <http://www.bellarmino.edu/about/consumer/>.)

All students will receive equivalent course content and learning experiences in didactic and laboratory courses. In addition, the Director of Clinical Education (DCE) will ensure all students have comparable clinical experiences. All students enrolled in the RT program have access to Bellarmine's Library resources as well as the Student Success Center.

SECTION 2: Respiratory Therapy Program/Departmental Goals and Objectives

1. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).
2. To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one or more of the following: management, education, research, advanced clinical practice (which may include an area of clinical specialization).

Respiratory Therapy Program Goals, Objectives, and Evaluation Systems in Relation to the

Bellarmino University Mission:

The mission of Bellarmine University is to educate its students to “develop the intellectual, moral, ethical and professional competencies for successful living, work, leadership, and service to others.” Thus directed, the larger university would, “...benefit the public interest, to help create the future, and to improve the human condition.” The goal of the respiratory therapy program is subsumed within the university mission, in that the program graduates students who serve as, “...competent advanced level respiratory therapists.” Intellectual, moral, ethical, and professional competencies are explicitly stated in terms of three program objectives. Progress toward each objective is evaluated annually, using two or more evaluation systems, under guidelines promulgated by the Commission on Accreditation of Respiratory Care (COARC). Program objectives and evaluation systems are as follows:

For both undergraduate and graduate students:

1. Intellectual competencies: To comprehend, evaluate, and apply clinical information relevant to advanced-level respiratory therapy practice (Cognitive Domain).
 - a. National board examination system performance (Therapist Multiple Choice Examination and Clinical Simulation Examination)
 - b. Survey following program completion looking at the graduate’s self-assessment of his or her professional knowledge base in reference to clinical expectations.
 - c. Employer survey during first year after program completion assessing each graduate’s professional knowledge base in relation to clinical practice.
2. Moral, ethical competencies: To demonstrate professional behavior (Affective Domain).
 - a. Ongoing in-program clinical assessment of peer and patient interactions.
 - b. Survey following program completion directed at graduate’s self-described attitudes and behavior toward patients and peers.
 - c. Employer survey during first year after program completion assessing the graduate’s attitudes and behavior toward patients and peers.
3. Professional competencies: To demonstrate technical proficiency in all skills necessary to fulfill the role of an advanced-level respiratory therapy practitioner (Psychomotor Domain).

- a. Survey following program completion looking at the graduate's appraisal of his or her confidence and competence in performing clinical procedures.
- b. Employer survey during first year after program completion assessing the graduate's clinical competency.

4. Leadership competencies: To describe and apply leadership skills related to management and education.

- a. Survey following program completion looking at the graduate's appraisal of his or her leadership skills.
- b. Employer survey during first year after program completion assessing the graduate's leadership skills.

Working toward its goals and objectives, the respiratory therapy program addresses Bellarmine's larger mission to benefit the public interest and improve the human condition.

SECTION 3: Classroom and Clinical Policies

1. 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 either 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.

2. The academic policies and regulations are found in the Bellarmine Student Handbook and Catalog.

The following is an addendum to the above Professional Code of Conduct for Students and apply specifically to the Respiratory Therapy Program.

3A. 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 clinical affiliates' workflow as well as 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. and this includes wearing an approved clinical jacket at all times. A name tag identifying the student should be visible at all times, along with the student ID.
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 will not 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.
7. Information about a patient's condition, care, treatment, personal affairs, or records is confidential and may not be discussed with anyone, except those responsible for patient care and treatment. Confidential information may appear in both electronic and paper form. Student is responsible for protecting the confidentiality of hospital and patient information. A student is expected to comply with all hospital confidentiality agreements and the Health Insurance Portability and Accountability Act (HIPAA).

Students and faculty have an ethical/legal responsibility to promptly report an identified breach of confidentiality or privacy to the appropriate course instructor and the department chairperson.

Students are strictly prohibited from transmitting by means of any electronic device any patient- related information. This includes but is not limited to photographs or

audio/video recording. To be clear, students may not take photographs inside of the hospital. Students are restricted from transmitting any information that could be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.

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 healthcare provider 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):

- i. Possession and use of alcoholic beverages or illegal drugs
- ii. Loafing or sleeping in the clinical affiliates
- iii. Theft or destruction of hospital property
- iv. Fighting
- v. Possession of weapons
- vi. Insubordination
- vii. Discourtesy to patients, visitors, or fellow employees
- viii. Gambling
- ix. Horseplay or other unprofessional behavior
- x. Conduct detrimental to patient care
- xi. Attending clinic without appropriate equipment, supplies, or uniform
- xii. Attending clinic while taking medication (non-prescription or prescription) which may alter the student's clinical judgment.
- xiii. Falsification of clinical documents (including clocking in or out while not in the department or patient care area). If you forget to clock in or out, email or text the DCE immediately so that she may document the missed clock in or out.

See Section 3W for more information about the RT Occurrence Point System

3B. Continued Enrollment Status

The curriculum is designed to follow a prescribed sequence of courses. Students are expected to enroll full time and follow the prescribed course sequence.

For Undergraduate Students:

Undergraduate students enrolled in the Respiratory Therapy Program at Bellarmine must maintain a cumulative grade point average (GPA) of 2.0 or higher to maintain good standing in the program. Professional Respiratory Therapy courses, as well as natural science, mathematics, and required nursing prerequisite and co-requisite courses must be completed with a "C-" or "P" grade or better in the semester they are offered for continued enrollment in the Respiratory Therapy Program. (Please note that Biology 108 must be completed with a grade of "C" or higher to be eligible to take Biology 109).

Policy for students enrolled in the respiratory therapy professional curriculum:

- A student who earns the first unsatisfactory grade in a didactic and/or laboratory course after admission to the respiratory therapy major (grade lower than a C- in a respiratory therapy, science, math, or required nursing course) and wishes to continue in the respiratory therapy major must submit the Application for Continuation to the Respiratory Therapy Department Chair. In the event that the Department Chair was the instructor for the course, the student may submit the Application for Continuation to the Lansing Application, Progression, and Graduation, or APG, Committee (only if they choose to do so). If approved by the Department Chair or APG committee, the student may retake the course at the next offering. A respiratory therapy, natural science, math or required nursing course may only be repeated once. The Department Chair or APG Committee may place additional requirements to continue in the program.
- Students must complete all aspects of the course in which they are repeating. A student must achieve a grade of C- or higher for the repeated course. Once the student has successfully passed the course, the student will continue in the program in good-standing. If the student does not request continuation, it is assumed that the student has withdrawn entirely from the respiratory therapy major.
- A student who earns the first unsatisfactory grade in a clinical course after admission to the respiratory therapy major may be dismissed (see below).

UNDERGRADUATE GRADING SCALE

A+ =	99-100	4.0
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

DISMISSAL FROM THE RESPIRATORY THERAPY MAJOR (UNDERGRADUATE)

Grounds for dismissal from the respiratory therapy major are any of the following:

1. Two unsatisfactory didactic or laboratory course grades during any time after admission to the respiratory therapy major (within one semester or multiple semesters). Two unsatisfactory grades are defined as a grade lower than a C- (or grade of "F" for a P/F course) in any two respiratory therapy, science, math, or required nursing didactic and/or laboratory courses after admission to the respiratory therapy major. The grades may occur in a single semester or different semesters.
2. One unsatisfactory clinical grade during any time after admission to the respiratory therapy major. One unsatisfactory grade is defined as a grade of "F" for a clinical course.
3. Unprofessional behaviors, violations of the respiratory therapy department policies (including HIPPA, social media, drug/alcohol) or violations of the university code of conduct by the student.

Undergraduate students who are dismissed from the respiratory therapy major are not necessarily dismissed from the university. Students who are dismissed from the respiratory therapy major are encouraged to consult with their academic advisor or an advisor in the Student Success Center (SSC) about changing to a different major at Bellarmine University.

For Graduate Students:

Graduate students must maintain a 3.0 (B) GPA to maintain academic good standing. If a student's prescribed curriculum GPA drops below a 3.0 in any semester, the student will be placed on programmatic academic probation and the student will develop a remedial plan approved by the Department Chair/Program Director and Director of Clinical Education. The student must bring the GPA up to 3.0 by the next semester. Refer to the Bellarmine University Catalog for university policy on academic probation and dismissal for students enrolled in graduate studies.

The policies below apply to all required courses in the respiratory therapy MHS in RT curriculum:

- All prescribed course sequence courses must be completed with a "C" or "P" grade or better in the semester they are offered for continued enrollment in the Respiratory Therapy Program.
- A student who earns the first unsatisfactory grade after admission to the respiratory therapy major (grade lower than a C in a respiratory therapy, HLTH, or required nursing didactic or laboratory courses) and wishes to continue in the respiratory therapy major must submit the Application for Continuation for approval by the Department Chair. If the Department Chair is the instructor of

the course, the student may submit the Application for Continuation to the APG Committee. If approved by the Department Chair or APG committee, the student may retake the course at the next offering. The Department Chair or APG Committee may place additional requirements to continue in the program.

- A respiratory therapy, HLTH, or required nursing course may only be repeated once. Students must repeat all aspects of the course. A student must achieve a grade of C or higher for the repeated course. If the student does not request continuation, it is assumed that the student has withdrawn entirely from the respiratory therapy major. Once the student has successfully passed the course, the student may continue in the program, assuming the student's cumulative GPA remains above 3.0.
- A student who earns the first unsatisfactory grade in a clinical course after admission to the respiratory therapy major may be dismissed (see below).

GRADUATE GRADING SCALE

A =	91-100	4.0
A- =	90	3.67
B+ =	89	3.33
B =	81-88	3.0
B- =	80	2.67
C =	70-79	2.0
F =	0-69	0.0

DISMISSAL FROM THE RESPIRATORY THERAPY MAJOR (GRADUATE)

Grounds for dismissal from the respiratory therapy major are any of the following:

1. Two unsatisfactory didactic or laboratory course grades during any time as a respiratory therapy major (within one semester or multiple semesters). Two unsatisfactory grades are defined as a grade lower than a C (or grade of "F" for a P/F course) in any two respiratory therapy, HLTH, philosophy, or nursing didactic and/or laboratory courses while in respiratory therapy major. The grades may occur in a single semester or different semesters.
2. One unsatisfactory clinical grade during any time after admission to the respiratory therapy major. One unsatisfactory grade is defined as a grade of "F" for a clinical course.
3. Unprofessional behaviors, violations of the respiratory therapy department policies (including HIPPA, social media, drug/alcohol) or violations of the university code of conduct by the student.
4. Students who have been placed on probation have one semester (the next semester of enrollment in the program) in which to raise their cumulative GPA to 3.0. If, after a semester of probation, the student's GPA does not warrant removal from probation, the student may be dismissed from the program and institution.

For Both Undergraduate and Graduate Students:

PROFESSIONAL BEHAVIORSASSESSMENT

Ten Professional Abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-92 (May et al Model for Ability Based on Assessment in Physical Therapy Education Journal of Physical Therapy Education 9:1, Spring 1995; revised 2010). The Professional Behaviors for the Respiratory Therapy Student has been adapted from this document. Professional Behaviors are attributes, characteristics, or behaviors that are not explicitly part of the (respiratory therapy) profession's core knowledge and technical skills but are required for success in the profession. An assessment of these 10 Professional Behaviors is required to be made every semester and are to be discussed with the student's assigned advisor.

Each of the 10 professional behaviors is expected of each respiratory therapy student. For each semester while in the professional program, using the Professional Behaviors form, the faculty member will indicate if he or she agrees or disagrees with the student's self- evaluation. In addition, the faculty member will also rate the candidate's level of performance for each of the professional behaviors. Behaviors that meet acceptable criteria are rated: **A for Acceptable**.

Behaviors that are in conflict with the expectations are rated **G for Area for Growth**. If Areas for Growth are considered by the evaluator to be significant in number or severity, a **Professional Behavior Growth Plan** should be developed with the candidate and approved by the advisor/faculty member, within 2 weeks of the meeting.

Behavioral issues that are of strong concern and require remediation are rated **R for Remediation**. For any "R" ratings a **Professional Behavior Remediation Plan for Professional Behaviors** must be developed with the candidate and approved by the Program Director or his/her designate within two weeks of the meeting. Candidates who do not meet criteria outlined in a Professional Behavior Remediation Plan will be dismissed from the program. Professional Behavior Growth or Remediation Plans may be developed with the candidate and implemented at times other than the scheduled professional behaviors review.

3C. Lansing Admission, Progression, & Graduation (APG) Committee

The Lansing School Admission, Progression, & Graduations Committee will be convened as needed. The student must submit an Application for Re-enrollment/Continuation (found in Section 7 of this student handbook). This form should be submitted to the APG Chairperson at least two weeks before registration begins for the semester in which the student wants to return. The appeal process for APG

decisions are as follows:

1. If the student decides to appeal the decision from the APG committee, the first appeal must be submitted in writing within 7 calendar days to the RT Department Chairperson. There must be some clear basis for the student's appeal, such as the student's belief that a procedural violation occurred.

2. If a student desires to appeal the chair's decision, the second appeal must be submitted in writing within 7 calendar days to the Assistant Dean for Nursing and Clinical Sciences of the Lansing School.
3. If a student desires to appeal the decision of the assistant dean, the third and final appeal must be submitted in writing within 7 calendar days to the Dean. The decision of the Dean is final.

3D. Remediation

Students are expected to ask for additional help when needed. Students should meet with the faculty member during office hours (times noted on course syllabi) or at other mutually acceptable times. In addition, students can seek help during open laboratory or through the Student Success Center.

Ordinarily, students will not be allowed to retest, or reattempt completed assignments for non-clinical courses. Under extreme circumstances of poor academic performance, students, through pre-emptive discussion and faculty input, may be offered stop-out (withdrawal) strategies from course work with implementation of curricular remediation plans.

3E. Clinical 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 in the clinical reporting system.
- b. Determination of Final Grade:
 1. Average of 3 or > on all daily and affective clinical evaluations (including evaluations over cognitive, psychomotor, and affective domains). Daily Evaluations for each clinical day are required and an Affective Evaluation at the end of the specific rotation.
 2. Completion of a daily log in Trajecsyst for each clinical day
 3. ALL clinical competencies completed AND documented in Trajecsyst by approved preceptor.
 4. Average of 3 or > on oral case study presentations completed by the end of the semester.
 5. Completion of the semester clinical attendance record through Trajecsyst (including any sick days, tardies and any specific one-day rotation such as PFT or Homecare).
 6. Documentation of a minimum of 2 physician interactions from the clinical rotations
 7. All required evaluations and competencies completed and validated in Trajecsyst between the last clinical day and the first final exam for that semester.
 8. Maintain good standing (<7 points) within the RT Occurrence Point System and with the university.
 9. Completion of volunteer requirement(s). Student must complete at least 4 hours of service for each semester. Service opportunities will be scheduled each semester by BRT group, DCE and/or other faculty members. Additional service opportunities may be approved on individual basis. Upon completion of service time, you must write and submit a one-page reflection paper on your volunteer time.
 10. **Graduate Students only:** Complete graduate-level course outcome as

outlined in course syllabus.

- c. All required competencies and student evaluations must be complete at the end of the clinical rotation for the Director of Clinical Education to view. Incomplete 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 competencies 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. The clinical instructor should call the DCE for a lab referral. The DCE (in collaboration with the clinical instructor) will determine if the student will be removed from the clinical site and taken to the laboratory for immediate remediation. The DCE will then determine if the student can return to the clinical site for the remainder of the day or will make-up the clinical time at a later date. If a student is unwilling to remediate, a conference will be held with the Department Chair, the student, and the DCE. Failure to complete the required steps may result in a failing clinical grade.
- 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 are required to sign in and out through Trajecsyst at each clinical site using their specific login and password. This can be done through their personal smartphone or any computer with internet access within his/her clinical affiliate RT department.
- g. Students should sign on and verify each clinical evaluation through Trajecsyst 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 Director of Clinical Education. Problems should be addressed to the clinical coordinator and not to individual clinical instructors.

Daily and Affective Evaluations are completed by the clinical instructors in each of the general and intensive care rotations of the clinical practice courses. Daily evaluations are to be completed once a week with Affective evaluations to be completed at the end of the clinical rotation. Daily evaluations evaluate the student on dependability, professionalism, knowledge, psychomotor and organization. Affective evaluations evaluate the student under areas of dependability, interpersonal relations and quality of work. The grading for both is a Likert scale of 1 (unacceptable) to 5 (exceptional). To pass the clinical practice course, the student must have an average passing score of 3 or greater on both the daily and affective 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 4 following areas with a passing score of 3 or greater.

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 or greater 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.

3F. Academic Honesty

Bellarmino University 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 Bellarmine University. In the area of academic honesty, this means 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. For a thorough description of the University's policy, including penalties for acts of academic dishonesty and breaches of integrity, please refer to the Undergraduate Academic Policies' Academic Honesty and Integrity Policy in the current Bellarmine Course Catalog (found on Bellarmine One).

Bellarmino's post-baccalaureate programs, including professional programs, may have

established policies addressing violations of academic honesty and integrity which may not mirror the penalties noted for the institution's baccalaureate/undergraduate programs. Students enrolled in the programs are responsible for familiarizing themselves with these policies and are subject to the penalties noted in the program should they be charged with a violation of academic honesty and/or integrity, and the Department Chairperson will enforce the program's policies.

3G. Attendance

Attendance and tardiness policies for individual didactic and laboratory courses will be outlined in course syllabi. For clinical courses, 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) 693-3407 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.
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 prohibited 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.

3H. 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).

3I. Clinical 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.

3J. Employment and Clinical Experience

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 classroom, laboratory, or clinical rotation assignments.
2. Failure to comply with procedures for reporting absence or expected late arrival.

In addition, students may not use “hours worked” employed at a clinical affiliate as a replacement for the required clinical hours. Students may not be “on the clock” (i.e. paid) while at the site for their required clinical experience.

3K. 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 and student ID 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. Mustaches 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 and 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. An approved clinical jacket with both a Bellarmine name tag and student ID must be worn at all times in the clinical setting. 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

3L. Student Malpractice Insurance

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

3M. 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 the student can participate in the clinical rotations.

3N. 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.

3O. 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.

In 2018 the Centers for Disease Control and Prevention (CDC) reported healthcare facilities across the United States are increasingly requiring healthcare workers be vaccinated for vaccine-preventable diseases to reduce disease outbreaks. Therefore, those who choose not to be vaccinated for personal, religious, or medical reasons are not eligible for admission to the Respiratory Therapy Program.

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 Castlebranch) by due date established by DCE (prior to the beginning of the Fall semester of the professional portion of the program).

TB Testing: One of the following is required for TB testing: The two step PPD (Purified Protein Derivative), QuantiFERON®-TB Gold Plus (QFT-Plus) OR the T-SPOT®.TB test (T-Spot). The two step PPD can be completed on campus at our Office of Health Services.

Results should be submitted to Dr. Alice Kimble and uploaded to your Castle Branch account.

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

1. **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).
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: Vaccination series OR positive antibody titer (lab report required). 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 (Hospitals will establish due date). If there is a medical contraindication to vaccination, a student must submit documentation from his/her health care provider concerning the waiver of vaccination.
6. **COVID-19 VACCINE – CoVID Vaccine** is recommended for healthcare personnel. A declination may also be used.

3P. Medical Insurance

It is strongly recommended 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.

3Q. 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").

3R. Clinical 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) at 502-693-3407. In the event you can't reach the DCE, call the Department Chair/Program Director immediately (at 502- 649-7874).

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.

3S. Grievance Procedures

Students enrolled in the Respiratory Therapy Program will follow the Academic Grievance Procedure as stated by the Bellarmine Course Catalog and/or Bellarmine Student Handbook.

3T. 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 <https://kbrc.ky.gov/Pages/index.aspx>,

3U. Alcohol and Drug Use

Students must, at all times, be capable of functioning with adequate capabilities, reason and judgment in the duties and responsibilities to which they have been assigned. It is the responsibility of the course faculty to ensure the ability of the students to function in their assigned role.

Should any student be reported or observed as functioning with diminished capabilities that might interfere with the competent and safe performance of their responsibilities, the course faculty will relieve the students of their responsibilities.

If a student is relieved of responsibilities, the course faculty will determine whether the student should be assigned other duties for the duration of the assignment, seek medical care, be sent home, or be required to submit to a medical evaluation. The student must comply with the clinical facility's policy regarding "fitness for duty". Failure of the student to comply with directives will result in disciplinary action. The Respiratory Therapy Department adheres to the *Policy on Alcohol and Illicit Drugs* that is found in the Bellarmine University Student Handbook as well as the College of Health Professions Drug and Alcohol Policy below:

COLLEGE OF HEALTH PROFESSIONS STUDENT DRUG AND ALCOHOL POLICY

Introduction

The College of Health Professions (CHP) is committed to providing a quality education for Students admitted into its Programs. To protect the integrity of the Programs, as well as safeguard the welfare of Students and of clients receiving care from Students, this Policy addresses drug and alcohol testing of Students involved in Instructional/Learning Activities through the CHP.

The purpose of this Student Drug and Alcohol Policy (the "Policy") is to notify Students and Faculty Members of the CHP's drug and alcohol rules and testing procedures, and to provide assistance and due process for Students who test positive for drugs (including legally prescribed medications) and/or alcohol. This policy applies to all Students admitted to the CHP programs ("Program" or "Programs") at Bellarmine University and is effective immediately. The testing of Students for drug or alcohol use while engaged in program-sponsored Instructional/Learning Activities will be completed through an independent agency contracted by CHP. Testing costs are the responsibility of the student. These costs are beyond the control of the CHP and are subject to change at any time without notice.

It is the policy of Bellarmine University to comply with federal and state laws and regulations regarding the usage and detection of drugs and alcohol. In addition, it is the professional duty and ethical obligation, of health care providers and students to identify and report when they have reasonable suspicion of an impaired health worker. This Policy is subject to change at the sole discretion of Bellarmine University and/or CHP and is meant to supplement other relevant Bellarmine University policies, including but not limited to the *Policy on Alcohol* and the *Illegal Drug Use Policy* contained in the *Bellarmino University Student Handbook*. Violations of this Policy may result in the student's ability to complete the program. The CHP

bears no responsibility for a student's inability to complete or participate due to a failed drug or alcohol screening.

Definitions

For the purposes of these guidelines, the following terms shall have the following meanings:

- A. "Drug" or "Drugs" means all of those drugs included in the current Medical Professional Substance Abuse Profile (LabCorp, 2021). These may include, but are not limited to:
 - 1) Amphetamines (including Methamphetamine and Ecstasy)
 - 2) Barbiturates
 - 3) Benzodiazepines
 - 4) Buprenorphine
 - 5) Cocaine metabolite
 - 6) Cannabinoids (THC, Marijuana)
 - 7) Fentanyl
 - 8) Meperidine
 - 9) Opiates (codeine, morphine, oxycodone)
 - 10) Phencyclidine
 - 11) Propoxyphene
 - 12) Tramadol
- B. "Student" means any student enrolled in one of the CHP programs at Bellarmine University.
- C. "Reasonable Suspicion" means that the Student's faculty member, clinical instructor, preceptor, supervisor, or his/her designee (collectively, "Faculty Member") believes that the behavior, speech, body odor, or appearance of the Student is indicative of the use of alcohol or drugs, as described in detail in this Policy.
- D. "Instructional/Learning Activities" include classroom and other activities on and off campus that involve patient care, instruction, or practice of preparatory skills as a component of health care provider practice, including but not limited to clinical practicums, internships, clerkships, service learning, community engagement, skills labs, and/or non-class associated practice at on-campus or off-campus sites.
- E. "Medical Review Officer ("MRO")" is a nationally certified, licensed medical doctor or osteopath responsible for receiving laboratory results under these guidelines who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate confirmed positive test results, medical history, and any other relevant biomedical information. Access to the MRO is through the agency contracted to complete the testing.
- F. "Positive Drug Test" is determined by the MRO in accordance with guidelines established for healthcare workers.
- G. "Positive Alcohol Test" means an alcohol test that is at or exceeds the Department of Transportation ("DOT") Guidelines for blood, breath, or saliva testing depending on the test used, e.g., blood alcohol content of 0.04 or greater (under current DOT Guidelines).

Policy

The CHP prohibits the unlawful use or possession of drugs or alcohol by any Student during any Instructional/Learning Activities associated with any Program. Prior to participation in a clinical course in their Program, all Students will be provided with a copy of this Policy and will be required to complete the *CHP Student Drug and Alcohol Policy Acknowledgment Form* (see Appendix A).

Per Bellarmine University policy as contained in the *Bellarmino University Student Handbook*, Students in possession of a controlled substance will be referred to the Dean of Students, and such conduct may result in suspension or expulsion from the University and/or a requirement that the Student enroll and actively participate in a drug or alcohol counseling and rehabilitation program as a condition of continued enrollment or readmission.

In addition, the improper use of any Drugs or alcohol by any student in the CHP may constitute grounds for removal from all Instructional/Learning Activities and/or cause for termination from the program. Students who participate in an CHP Program may not test positive for drugs or test positive for alcohol, with the exception that a student who tests positive for drugs will be provided an opportunity to explain if that positive test is the result of his or her use of legally prescribed medication. Students are permitted to use legal drugs and remedies for health purposes, provided they are utilized according to the manufacturer's or prescribing physician's directions, and provided that such use will not pose a safety hazard to themselves or to others in the learning environment or adversely affect performance.

Students are professionally and ethically bound to report instances of impaired classroom or Clinical function of classmates or faculty (including clinical faculty) to the Chair/Program Director, Director of Clinical Education (DCE) or the Vice Provost of the College of Health Professions.

Mandatory Drug Screening

Many clinical training sites now require students to undergo drug testing, similar to what is required of their employees. Therefore, all Students will submit to a drug screen and test negative for drugs before engaging in any Instructional/Learning Activities.

Consequences

A. Refusal to Participate in Mandatory Drug Screening:

If a Student fails to comply with the policy they will not be allowed to begin any Instructional/Learning Activities within the School.

B. Negative Drug Screen Test Result:

The Student will be allowed to participate in all Instructional/Learning Activities as planned if results of the negative drug screen are received by the requested deadline. Students who fail to meet the deadline will incur a \$50.00 fine charged to their student account and will be unable to attend Instructional/Learning Activities until the deficiency in documented information has been resolved.

C. Positive Drug Test and Self-Admission:

If a Student receives a Positive Drug Test, or if the Student admits to a drug and/or alcohol problem, the Student will not be allowed to attend any Instructional/Learning Activities, and will be referred to their Chairperson and school Dean.

Failure to participate in any Instructional/Learning Activities within the School or at designated clinical partner locations may jeopardize Student progression within the designated program or curriculum.

Drug and Alcohol Screening for Reasonable Suspicion

In addition, students will be tested for the use of drugs and alcohol upon observation of behavior that creates a Reasonable Suspicion of alcohol or drug use; this could include conduct that prevents the Student from performing the essential functions of his or her role in the Instructional/Learning Activity, or which poses a direct threat to the health or safety of others. Other behavior which could create a Reasonable Suspicion of drug or alcohol use by a Student includes, but is not limited to: odor of alcohol or drugs, unsteady or staggering gait, rapid, slurred or incoherent speech, pinpoint or dilated pupils, unresponsiveness, bloodshot eyes, fine motor tremors, difficulty participating in activities, nausea, vomiting, sweating, erratic behavior, verbal or physical outbursts, self-report of Drug use or alcohol abuse, unsafe behavior, unsatisfactory care for others, and threats to harm self or others. Students in an CHP Program are expected to act in conformity with, and will be held accountable to, the same professional standards of licensed healthcare professionals during all educational and Instructional/Learning Activities. While it is not the intent of the CHP to monitor Students' behavior outside of their Program, Students' use or suspected use of Drugs and alcohol outside of the Program may adversely impact their behavior during their Program's Instructional/Learning Activities and may lead to a drug or alcohol test based on Reasonable Suspicion of Drug or alcohol use. The Student will bear the cost of the screening based on a Reasonable Suspicion of Drug or alcohol use.

Faculty Members are encouraged to consult with other faculty members and clinicians, or other health care providers who may have witnessed the behavior, if possible, to validate the basis for Reasonable Suspicion testing. If the Faculty Member determines that Reasonable Suspicion of Drug use or alcohol use is present, Faculty Member should take the following steps:

1. Remove the Student from the Instructional/Learning Activity;
 2. Move the Student into a private setting and in the presence of a witness, if possible;
 3. Discuss the suspicious behavior with the Student and allow the Student to explain;
 4. Complete the Reasonable Suspicion Checklist and Decide whether Reasonable Suspicion exists for Drug and/or alcohol testing, in conformity with this Policy; and
 5. Make arrangements for drug and/or alcohol testing, if necessary, or allow the Student to return to the Instructional/Learning Activity.
- Notify the Department Chairperson of the need for drug and/or alcohol testing need
 - If unable to reach the Department Chairperson, notify the "on call" Student Affairs staff member
 - Call Mainline Drug Testing Services, LLC to determine the closest testing facility (412-884-6967 or 412- 398-8074)
 - Provide the student with the drug testing form

Student will be responsible for securing the appropriate transportation needs from the facility. If the Faculty Member determines that Reasonable Suspicion exists for a drug and/or alcohol test, the Student must submit to a drug and/or alcohol test at the earliest

time possible in accordance with arrangements made by the Faculty Member. A Student tested for drug or alcohol use, based on Reasonable Suspicion, will not be allowed to participate in Instructional/Learning Activities until he or she meets with the Faculty Member, Chairperson and school Dean.

If a Student is asked to submit to a drug or alcohol test in accordance with this Policy, the involved Faculty Member will immediately, or within one business day for evening or weekend occurrences, notify the Chairperson of their program. The Faculty Member will also make a written report for their Chairperson within two working days of the event identifying the Student involved and describing the Student's conduct, names of witnesses, and a summary of the events that led to the Reasonable Suspicion drug or alcohol test. In addition, the Faculty Member will submit the Reasonable Suspicion Checklist.

Consequences

A. Refusal to Test for Drugs or Alcohol:

If a Student fails to produce the requested sample at the date and time designated, the Student will be allowed 30 minutes to reconsider the decision and the Faculty Member will notify the Chairperson immediately. A Student who refuses to take the test after the 30-minute waiting period will be treated as if he or she received a Positive Drug Test or Positive Alcohol Test.

B. Negative Test Result:

If the drug or alcohol test is negative, no action will be taken, and the Student will be allowed to participate in all Instructional/Learning Activities. The Student will be allowed to make-up any missed clinical/laboratory time at no cost.

C. Positive Drug Test or Positive Alcohol Test, Other Policy Violations, and Self-Admission:

If a Student receives a Positive Drug Test or Positive Alcohol Test, violates this Policy in any other manner, or after reasonable suspicion, admits to a Drug and/or alcohol problem, the Student will be immediately removed from all Instructional/Learning Activities and the Faculty Member will notify the Chairperson and school Dean. At a minimum, a Student who violates this Policy will receive a zero grade for the missed clinical/laboratory day when the Student was removed for testing. The Student will be responsible for payment of all costs associated with making up the clinical/laboratory day. However, a Student who receives a Positive Drug Test will be provided with an opportunity to explain any Positive Drug Test that results from his or her use of a legally prescribed controlled substance, and such circumstances will be taken into account in determining the consequences of the Positive Drug Test.

Violation of the Drug and Alcohol Policy

A Student found in violation of this Policy will be referred to the Chairperson and school Dean, as well as Bellarmine University's Dean of Students. A Positive Drug or Positive Alcohol Test could result in the Student's suspension or dismissal from the CHP program and from Bellarmine University, and/or a requirement that the Student enroll and actively participate in a Drug/alcohol counseling and rehabilitation program as a condition of continued enrollment or readmission. These regulations are not substitutes for criminal sanctions provided by state and federal statutes or regulations. Please reference the *Bellarmino University Student Handbook* for more information on student conduct proceedings.

If not suspended or dismissed from the CHP program and/or Bellarmine University, the Student will not be allowed to participate in Instructional/Learning Activities until he/she fulfills all terms set forth by the CHP and Bellarmine Dean of Students.

A second positive drug or alcohol test or violation of this Policy will result in dismissal from the CHP program.

Confidentiality

The University will take reasonable measures to ensure individual privacy under this Policy including, without limitation, keeping all drug and alcohol test results confidential to the extent possible. Drug or alcohol test results will only be released in accordance with applicable federal and state laws and regulations.

Reasonable Suspicion Testing Checklist

From The Ohio State University Office of Human Resources

Policy 7.30 Drug-Free Workplace <https://hr.osu.edu/public/documents/policy/resources/730rstchecklist.pdf>

Physical Indicators:

WALKING		FACE		SPEECH		BREATH/ODOR	
	Holding on		Red/flushed		Whispering		No alcohol odor
	Stumbling		Pale		Slurred		Faint alcohol odor
	Unable to walk		Sweaty		Shouting		Strong alcohol odor
	Unsteady		Appears normal		Incoherent		Sweet/pungent tobacco odor
	Staggering		Slobbering		Silent		Chemical odor
	Swaying		Grinding teeth		Rambling		Marijuana odor
	Falling		Dry mouth		Slow		Breath spray/ mouthwash
	Other		Runny nose		Other		_____None_Gum
			Other				_____Mints_Candy
							_____Other_____
STANDING		EYES		MOVEMENTS		APPEARANCE	
	Swaying		Watery		Fumbling		Messy
	Feet wide apart		Bloodshot		Jerky		Dirty/stained clothing
	Rigid		Glassy		Nervous		Burns on person/clothing
	Staggering		Dilated		Slow		Ripped/torn clothing
	Sagging at knees		Closed		Hyperactive		Partially dressed
	Other		Droopy eye lids		Other		Puncture marks/needle tracks
			Appear normal				Appears normal

Behavioral indicators:

DEMEANOR				ACTIONS					
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Polite	<input type="checkbox"/>	Calm	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Profanity
<input type="checkbox"/>	Talkative	<input type="checkbox"/>	Silent	<input type="checkbox"/>	Resisting communication	<input type="checkbox"/>	Erratic	<input type="checkbox"/>	Hostile
<input type="checkbox"/>	Sarcastic	<input type="checkbox"/>	Belligerent	<input type="checkbox"/>	Tearful/crying	<input type="checkbox"/>	Threatening	<input type="checkbox"/>	Hyperactive
<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Excited	<input type="checkbox"/>	Mood changes	<input type="checkbox"/>	Non-communicative	<input type="checkbox"/>	Sleeping
<input type="checkbox"/>	Disoriented	<input type="checkbox"/>	Inattentive	<input type="checkbox"/>	Appears normal	<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	Other
<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	Drowsy	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	
Comments and other observations:									
Additional facts:									
<input type="checkbox"/>	Presence of alcohol and/or drugs in individual's possession or vicinity								
<input type="checkbox"/>	Misconduct by individual (specify)								
<input type="checkbox"/>	Individual admission concerning alcohol use and/or drug use or possession								
List other witnesses to individual's conduct and summarize what they say they witnessed:									
<input type="checkbox"/>	Individual declined to comment OR individual's explanation for behavior:								
<input type="checkbox"/>									
Completed by (signature)					Date:		Time:	am or pm (circle one)	
Printed Name:					Title:				

3V. Social Media Policy

The use of social media and networking is a recognized form of daily communication. The Bellarmine University Respiratory Therapy Program has expectations for responsible and ethical behavior with this type of interaction. Respiratory Therapy students must be aware of the risks associated with the improper use of social media as there is an ethical and legal obligation to protect the privacy and confidentiality of patients, fellow students, faculty and staff, clinical educators and affiliated facilities.

Social networking examples include but are not limited to:

- Social networking sites such as Facebook or Instagram.
- Video and photo sharing websites such as YouTube, Snapfish, Snapchat, Flickr
- Microblogging sites such as Twitter
- Weblogs and Online forums or discussion boards

- Any other websites or online software applications that allow individual users to post or publish content on the internet (including course materials)

First and foremost, you are responsible for what you post. The content of your posting should always be respectful. You must comply with all clinical and service-learning facility Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) policies. Violations of such policies may result in legal action and/or could jeopardize your standing in a clinical education or service-learning course. Absolutely no reference to patients, clinical sites, students or clinical instructors is permitted, even if names are not given or you believe you have blinded the identifying information.

Students are restricted from posting any information which may lead to the identification of a patient. Privacy settings within websites are not sufficient to protect patient privacy and confidentiality. If there is a reasonable basis to believe that the person could be identified, then use or disclosure of the information could constitute a violation of HIPAA.

Students and faculty have an ethical/legal responsibility to promptly report an identified breach of confidentiality or privacy associated with this policy to the appropriate course instructor, the Chair/Program Director or Dean of the Lansing School.

Students should not refer to patients, staff members, faculty members, clinical instructors or other students in a harassing manner via social media, even if the individual cannot be identified. Harassment includes, but is not limited to, verbal harassment, sexual harassment, hate speech, cyber-bullying, and verbal threats. This includes conduct which is disorderly, obscene, lewd, indecent, or a breach of peace.

Students should not share any course materials (including presentation materials such as slides, instructor-developed handouts, rubrics, etc.) on any web page, discussion boards, and/or social media sites.

Students must maintain professional boundaries in the use of electronic media. The fact that a patient initiates contact with a student does not permit the student to have a personal relationship with the patient.

Non-adherence to these guidelines will result in charges under the Code of Conduct as noted in the University student handbook and can also result in academic failure or sanctions in the Respiratory Therapy Program under the Professional Abilities assessment or specific clinical education course. All confirmed incidents of academic dishonesty via social media will be reported to the Assistant Vice President for Academic Affairs, and sanctions will be imposed as dictated by the academic honesty policy as described in course syllabi and the online Student Handbook. The use of social media policies apply to a student's use at any time, in any place, and with any medium. The examples of listed in this policy are not stagnant and may change as new social networking tools/media emerge.

(This policy adapted in part from written policies of the Bellarmine University BSN and DPT programs and the West Virginia University DPT Program.)

3W. Respiratory Therapy Occurrence Point System

Respiratory Therapy Occurrence Point System

In conjunction with the Student Handbook, the Respiratory Therapy Occurrence Point System will be used to document violations of program requirements and/or policies. Each infraction will be handled on an individual basis. Accrual of points may affect a student's clinical grade, course grade or status within the program. A lab referral and performance improvement plan will be completed upon receiving three (3) points. A student will be placed on probation and receive written warning when five (5) points have been accrued. Accrual of seven (7) points over the duration of the program will result in dismissal from the clinical course and/or program. Otherwise, it is the responsibility of the student to maintain awareness of disciplinary points. Points will be cumulative over the course of the program.

See the Bellarmine University Lansing School of Nursing and Health Sciences Respiratory Therapy Program Student Handbook for detailed a description of policies and procedures.

Minor Infractions will result in 1 point per occurrence.

- A score of <3 on daily or affective evaluations
- Two late arrivals (greater than seven minutes) to a clinical rotation
- Leaving a clinical site early without proper notification/permission
- Two missed clock-in or clock-out occurrences from clinical
- Two daily logs not completed after completion of clinical rotation
- Failure to maintain proper dress, identification, appearance, and/or hygiene
- In the event of a clinical absence, failure to call at least thirty minutes before the beginning of the assigned clinical rotation.
- Failure to demonstrate appropriate clinical and/or classroom conduct.

Substantive Infractions will result in two (2) points for the first occurrence and disciplinary action based on established policies.

- *No Call, No Show*: Failure to report absence or early dismissal from clinical rotation to both the clinical site and DCE (first offense).
- Failure to perform clinical competencies in which student has already been deemed competent (with minimal or no assistance from clinical faculty).
- Insubordinate clinical and/or classroom conduct, including sleeping at the clinical rotation
- Violation of program social media policy.
- A pattern of late arrivals (above the two late arrivals noted above)

Egregious Infractions may be grounds for dismissal from the program.

- Theft or intentional falsification of records, including clinical attendance record.
- Insubordinate clinical and/or classroom conduct (see Section 3A of the handbook for further description).

- Violation of HIPPA.
- Failure to maintain a safe environment for patients, staff and students.
- *No Call, No Show* second offense.

The respiratory therapy faculty member may use his/her discretion to determine the appropriate category for a violation.

3X. Survey Policy

Students are not permitted to send out surveys to other Bellarmine community members without permission from the department chair or DCE.

SECTION 4. STUDENT RESPONSIBILITIES AT THE CLINICAL SITES

1. The student will be assigned to specific clinical areas by the Director of Clinical Education and/or 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 Trajecsys in which he/she observes, participates, assists, or performs unassisted.
7. The student will ensure that the correct patient is examined or treated. Student should ask patient their name and date of birth (DOB) if possible. Verify by looking at patient's bracelet when asking the patient's name. Every patient must have 2 identifiers prior to treatment.
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.

SECTION 5. INFECTION CONTROL 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 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.

ADDITIONAL 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.

SECTION 6. Application for Re-Enrollment/Continuation

STUDENT NAME (First, Middle, Last) _____

STUDENT ID# _____

FULL ADDRESS _____

PHONE NUMBERS: (H) _____ (C) _____

EMAIL: _____

☐ Request for Continuation ☐ Request for Waiver to Policy ☐ Request for Readmission

I give APG committee permission to contact me by email: ☐ Yes ☐ No

Provide a list of the most recent courses you have successfully completed.

Include the following information: Course Number, Course Name, Institution, Semester, Year, & Grade.

Include this document as an attachment to this petition.

In which semester are you requesting to continue in the respiratory therapy program? Circle the semester and write year.

FALL SPRING SUMMER Year _____

What track are you requesting to continue in the nursing program?

☐ Undergraduate ☐ Graduate

Anticipated course(s) for the returning semester/term?

COURSE INSTRUCTOR: Include grades on assignments/exams, any information the committee should consider as well as your recommendation regarding this petition. *(This is not applicable for students requesting readmission.)*

Course Instructor Signature: _____ Date: _____

ACADEMIC ADVISOR: Include any information the committee should consider pertinent to the student's likely success as well as your recommendation.

Academic Advisor Signature: _____ Date: _____

RT CHAIR: Include any information the committee should consider pertinent to the student's likely success as well as your recommendation.

Student's GPA _____ Total Hours Earned _____

RT Chair Signature: _____ Date: _____

ADMISSION, PROGRESSION, AND GRADUATION (APG) COMMITTEE: Add any pertinent notes related to the committee's decision.

☐ Petition Approved
Petition Not Approved

☐ Petition Approved with conditions ☐

APG Chair Signature: _____ Date: _____

SUPPORTING DOCUMENTATION FROM STUDENT

STUDENT: Clearly explain your request for the committee. Provide a brief description of the circumstances leading to your request. Students are encouraged to submit any supporting documentation to substantiate their request. APG may also request supporting documentation.

STUDENT: Indicate how circumstances will be different and/or what strategies you will implement to be successful.

I certify that the above information is complete and true.

Student Signature: _____ *Date:* _____

SECTION 7: Technical Standards

Respiratory Therapy Program Technical Standards

Technical Standards define the observational, communication, cognitive, affective, and physical capabilities deemed essential to complete this program and to perform as a competent respiratory therapist. Students matriculating through this program must be capable of performing the following functions, with or without reasonable accommodations, throughout the professional curriculum, through a continuous evaluation process:

1. Utilize professional verbal, non-verbal, and written communication with patients, families, and others.
2. Practice in a safe, ethical, and legal manner. It is assumed that you have reviewed and understand the *AARC Statement of Ethics and Professional Conduct* [found at http://www.aarc.org/resources/position_statements/ethics.html.]
3. Determine the respiratory therapy needs of any patient with potential cardiopulmonary dysfunction.
4. Demonstrate the ability to apply universal precautions.
5. Safely, reliably, and efficiently perform appropriate respiratory therapy procedures used to assess the function of the cardiopulmonary systems (list of essential assessment procedures follows).
6. Perform treatment procedures in a manner that is appropriate to the patient's status and desired goals (list of essential treatment procedures follows).
7. Develop and document a plan of care for a patient with cardiopulmonary dysfunction.
8. Recognize cultural issues and the psychosocial impact of dysfunction and disability, and integrate the needs of the patient and family into the plan of care.
9. Demonstrate management skills including planning, organizing, supervising, delegating, and working as a member of a multi-disciplinary team.
10. Develop and document a plan of care for a patient with cardiopulmonary dysfunction.
11. Recognize cultural issues and the psychosocial impact of dysfunction and disability, and integrate the needs of the patient and family into the plan of care.
12. Demonstrate management skills including planning, organizing, supervising, delegating, and working as a member of a multi-disciplinary team.

ASSESSMENT and TREATMENT PROCEDURES: Students must be capable of performing the following assessments and treatment procedures, with or without reasonable accommodations:

ASSESSMENT PROCEDURES,
including but not limited to:

Pulmonary Function Measurements
Cognitive/mental status
Muscle Tone Pain Palpation
Vital signs (including pulse oximetry)
Percussion
Auscultation
Cardiovascular endurance
Electrocardiogram and holter monitoring
Metabolic Measurements

TREATMENT PROCEDURES, *including but not limited to:*

Cardiopulmonary Resuscitation (CPR)
Invasive and Noninvasive Mechanical Ventilation
(set-up, maintaining, and troubleshooting for
Neonates, pediatrics, and adults)
High Frequency Ventilation
Bronchoalveolar Lavage
Maintaining Artificial Airway
Assisting with Intubation/Extubation
Arterial Blood Gas Sampling
Ventilator Circuit Change
Suctioning
Ventilatory Weaning Parameters
Humidity & Aerosol Therapy
Bronchial Hygiene Techniques
Cardiopulmonary rehabilitation
Postural drainage
Oxygen Therapy Administration
Transporting the Ventilated Patient
Lung Hyperinflation
Arterial Blood Gas Puncture, Analysis, and
Quality Control
Assisting with Bronchoscopy
Assisting with a Tracheostomy (at
the
bedside)
Patient education
ECMO/NO delivery

The following capabilities and functions will be assessed continuously as the student matriculates through the program, with the expectation that the student will meet these criteria at exit from the program:

Observational Capabilities

- Obtain information from patients or colleagues (such as, but not limited to, obtaining patient history, observation of movement, skin integrity, heart/breath sounds, and signs of distress) and from the practice environment (such as, but not limited to, dials

on equipment, diagnostic instruments, alarms, and mechanical ventilator displays).

- Interpret lectures, laboratory demonstration, and other graphic images (including, but not limited to, EKGs, ventilator graphics, radiographs, DVD, and Internet resources) in order to receive complex information.

Communication Capabilities

- Engage in respectful, non-judgmental interactions with individuals from various lifestyles, culture, races, socioeconomic classes, and abilities.
- Participate in group meetings (such as interdisciplinary rounds) to deliver and receive complex information, and to respond effectively to questions from a variety of sources.
- Receive and send verbal communication in life-threatening situations in a timely manner.
- Perceive and interpret non-verbal communication to elicit information such as mood and activities.
- Communicate clearly, legibly, and timely in written records; complete forms according to directions; possess computer literacy, including keyboard skills.

Cognitive Capabilities

- Measure, calculate, and reason Analyze, integrate and synthesize information (including evidence-based medicine) across the cognitive, psychomotor and affective domains in order to solve problems, evaluate work, and generate new ways of processing or categorizing information.

Affective Capabilities

- Cope with the mental and emotional rigors of a demanding educational program; function effectively under stress.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships.
- Demonstrate appropriate behavior and attitudes to ensure the emotional, physical, and behavioral safety of individuals.
- Demonstrate integrity, honesty, and ethical behavior as described in the *AARC Statement of Ethics and Professional Conduct*.

Physical Capabilities

- Safely and effectively participate in patient examination and therapeutic intervention.
- Safely and effectively lift and manipulate body parts, assist patients in moving and walking, move equipment, and perform CPR.
- Safely and effectively manipulate small objects such as equipment dials, medication syringes/unit dose vials, tweezers, blood gas syringes, and other tools used for examination or therapeutic intervention.

- Engage in respiratory therapy procedures that involve palpating, grasping, squeezing, pushing, pulling, and holding.
- Tolerate physically demanding workloads sustained over the course of a typical work or school day.

STATEMENT OF ACKNOWLEDGEMENT

(Please Print,

As a student in the Respiratory Therapy Program at Bellarmine University, I have thoroughly reviewed and understand the **technical standards** provided to me in this document. I understand that I must be capable of performing the **technical standards**, with or without reasonable accommodations, in order to pursue my chosen area of respiratory therapy. I understand that I will be expected to fulfill these standards throughout the professional curriculum, with or without reasonable accommodations, in order to participate fully in the RT program.

Student
Signature

Date

OFFICE OF DISABILITY SERVICES

Bellarmino University is committed to providing equal educational opportunities and full participation for persons with disabilities. It is the University's policy that no otherwise qualified person be excluded from participating in any University program or activities, be denied the benefits of any University program or activity, or to otherwise be subject to discrimination with regard to any University program or activity. The Disability Services Office provides support services to persons with disabilities to assist them in achieving academic, career, and personal goals. Students may contact the Director at (502) 272-8490, or email rpurdy@bellarmine.edu. The office is located in the Student Success Center (SSC), on the B-level of the W.L. Lyons Brown Library; office B05 A.

SECTION 7: American Association for Respiratory Care Statement of Ethics and Professional Conduct

In the conduct of professional activities, the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

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

AARC Professional Statement Revised 2021