



ANDERSON
College of NURSING *and*
HEALTH PROFESSIONS

University of NORTH ALABAMA

Undergraduate Respiratory Care Student Handbook

2023-2024

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I. GENERAL INFORMATION

A. Introduction

The policies in this Anderson College of Nursing & Health Professions (ACONHP) Respiratory Care Student Handbook are supplemental to the University Catalog and the University Student Handbook. These ACONHP policies are written to help the student progress through the program. The University of North Alabama (UNA) and the ACONHP reserve the right to make changes to this handbook as deemed appropriate.

The faculty of the UNA Anderson College of Nursing & Health Professions congratulates you on your acceptance into the respiratory care course of study. There are many planned learning experiences to prepare the student to become a beginning professional respiratory therapist who will be able to think critically, communicate effectively, and provide therapeutic pulmonary interventions. This course of respiratory care study is rigorous. The student must read and study continually in order to learn the information needed to successfully progress through the program. It is important that the student complete the required study and performance assignments.

B. Goals of the Program and Department

Mission of the University of North Alabama

The mission of the University of North Alabama is to be:

- Innovative
- Inclusive
- Engaged
- Evolving
- Global

As a student-centered, regional, state-assisted institution of higher education, UNA pursues its Mission of engaging in teaching, research, and service in order to provide educational opportunities for students, an environment for discovery and creative accomplishment, and a variety of outreach activities meeting the professional, civic, social, cultural, and economic development needs of our region in the context of a global community.

Anderson College of Nursing and Health Professions Mission

The ACONHP vision is to improve health in the community by effecting change in systems and policies and to promote research and scholarly activities that advance nursing and health care knowledge. The ACONHP mission is to graduate nurses and other health professionals who are prepared to assume professional roles in diverse health care environments.

Goals of the Respiratory Care Program:

- I. 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).
- II. To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, research, and advanced clinical practice (which may include an area of clinical specialization).

Additional Student Goals/Outcomes:

Upon completion of the respiratory care program, graduates will be able to:

- i. Collaborate effectively with other health care professionals to provide direction and input with decisions related to the plan of respiratory care services and resources for clients.
- ii. Demonstrate the ability to recall, apply, and analyze information required of advanced-level respiratory therapists.
- iii. Utilize effective and professional communication with clients from diverse backgrounds, in addition to peers and other health care professionals.
- iv. Engage in critical thinking and problem solving through evidence-based practice in multiple health care settings.

C. Accreditation

The Bachelor of Science in Respiratory Care, CoARC program number 200649, located at the University of North Alabama holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com).

This status signifies that a program with an Approval of Intent has demonstrated sufficient compliance with the Standards (through submission of an acceptable Provisional Accreditation Self Study Report (PSSR) and any other documentation required by the CoARC, as well as satisfactory completion of an initial on-site visit), to be allowed to admit students. It is recognized as an accredited program by the National Board for Respiratory Care (NBRC), which provides enrolled students who complete the program with eligibility for the Respiratory Care Credentialing Examination(s). The program will remain on Provisional Accreditation until it achieves Continuing Accreditation.

Commission on Accreditation for Respiratory Care
264 Precision Blvd Telford, TN 37690 USA
(817) 283-2835

Complaint Process Against a Respiratory Care Program

It is the policy of the CoARC to review all complaints against an accredited program received from any source, including students, (a) provided that the complainant identifies himself or herself by name and contact information and (b) provided further

that the complaint is related to programmatic compliance with the CoARC's *Standards, Policies, and Procedures*. The CoARC will endeavor to resolve complaints in a fair and timely manner. Furthermore, it is the policy of the CoARC to retain all documentation associated with any complaint for a period of not less than one accreditation cycle (typically ten years). For those complaints not based on programmatic compliance with CoARC *Standards, Policies, or Procedures*, the retention will be for at least five (5) years.

The CoARC will not become involved unless the complaint meets the requirements in CoARC Accreditation Policy 10.01. The CoARC will not intervene on behalf of individuals or become involved on behalf of faculty members or students in matters of admission, grades, appointment, promotion, or dismissal. The CoARC cannot assume authority for enforcing the policies of programs or institutions regarding faculty, professional staff, or student rights. The CoARC's role is to ensure that institutional/program policies and procedures governing complaints are implemented fairly and as written or, if policies are not present, to require the program to develop and implement such policies and procedures.

Should a complainant invoke the aid of a court or other entity to adjudicate or mediate their allegation(s), the CoARC will await the outcome of these processes before determining whether to take action. If this process concludes that the program has acted appropriately, the CoARC will not second guess that judgment and will consider the complaint closed; no further action will be taken. If the process results in findings (a) that there have been violations of program, institutional, or CoARC policies or (b) that the program has engaged in conduct that would violate such policies, the CoARC will take these findings into account in its review of the complaint. Copies of the CoARC *Standards, Policies, and Procedures* may be obtained through the CoARC Web site (www.coarc.com) or by contacting the CoARC Executive Office.

Before submitting a complaint related to program compliance with CoARC *Standards, Policies, or Procedures*, the complainant should attempt to resolve the complaint directly with the program/ institution by following the applicable grievance procedures provided by the program/institution. However, if the complainant believes that attempting to resolve the complaint with the program/ institution would either be unavailing or otherwise not appropriate, the complainant may submit the allegations of non-compliance to the CoARC. In submitting a complaint to the CoARC, the complainant should either (a) state that attempts to resolve the complaint with the program/ institution were unavailing or (b) briefly describe why attempting to resolve the complaint in that matter would have been unavailing or otherwise not appropriate.

To receive formal consideration, all complaints must be submitted in writing to the CoARC Executive Office using the Complaints Reporting Form (available on the CoARC website). The formal complaint must:

- a. describe the allegation in detail and cite the CoARC *Standards, Policies, or Procedures* pertaining to the complaint;
- b. document that the complainant has made reasonable efforts to resolve the complaint, or alternatively that such efforts would be unavailing or otherwise not appropriate;
- c. be signed and dated by the complainant.
- d. include the complainant's postal address, email, and phone number.

The complaint documents should be either submitted electronically or mailed to the CoARC at the following address:

Chief Executive Officer
Commission on Accreditation for Respiratory Care
264 Precision Blvd Telford, TN 37690 USA
Ph: (817) 283-2835 Fax: (817) 354-8519
E-mail: tom@coarc.com

If the complaint describes circumstances which, if substantiated, would denote noncompliance with CoARC *Standards*, Policies, or Procedures, the Chief Executive Officer will contact the complainant to obtain additional documentation or corroboration, as needed. If the complainant does not comply with such a request, the file may be closed, and no further action may be taken. To the extent possible, the CoARC shall attempt to maintain the confidentiality of complaints and any corroborating material. However, the CoARC cannot guarantee confidentiality. The complainant will be required to sign an authorization that will allow the CoARC, once it has determined that the complaint meets its requirements, to forward the written complaint and corroborating materials to the program sponsor – without including the name or contact information of the complainant unless authorized by the complainant to provide such information. The CoARC will also make the complaint and corroborating materials available to CoARC staff and Commission members, their respective attorneys, and appropriate outside parties, as required by law or as necessary, to fully investigate the complaint.

The CoARC will not accept complaints that are submitted anonymously. It will take whatever action it deems appropriate regarding complaints in which the complainant has not given consent to being identified. Receipt of all written complaints in which the name and contact information of the complainant are identified will be acknowledged within ten (10) business days.

II. POLICIES AND STATEMENTS

A. Program Academic Policies and Assistance Statement

In accord with the CoARC standard on academic policies, the respiratory care program's academic policies apply to all students and faculty regardless of the location of instruction. All enrolled students in the program have regular access to academic support services listed in the University Catalog and student services provided by the University and the Anderson College of Nursing and Health Professions. Students in more than one section for didactic and/or laboratory instruction will have similar access to course materials, laboratory equipment and supplies, and academic support services.

B. Accommodation for Disabilities Awareness Statement

In accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, the ACONHP endorses the university's commitment to students with disabilities. ACONHP will provide reasonable accommodation for a

student with eligible documented learning, physical and/or psychological disabilities. Respiratory Care is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Qualified individuals are those who satisfy admission requirements and who can perform essential functions of a respiratory care program with or without reasonable accommodation or modification. Students must satisfy the Technical Standards of respiratory care students (see RC Technical Standards at the end of this handbook in Appendices). This includes reading the Technical Standards, completing the accompanying acknowledgment form, and submitting it to the program director upon entry to the program.

To be eligible for program accommodation, students must self-identify to the university's office of Disability Support Services (DSS), who will determine eligibility for services. Once eligibility for accommodations is determined by DSS, it is the students' responsibility to request appropriate accommodations. If Technical Standards cannot be achieved by the student, either unassisted or with dependable use of assistive devices, in consultation with the faculty, the dean reserves the right to withdraw the student from the respiratory care program.

Students who receive an accommodation letter from Disability Support Services must provide a copy of this letter in a timely manner to the course coordinator for each course in which the student requests an accommodation. Students should also make an appointment with the course coordinator as soon as possible to provide the letter and discuss accommodations that may be necessary. If a student delays providing the course coordinator with a copy of the accommodation letter, this may lead to a delay in the implementation of the accommodation needed. Depending upon the type of request, several days may be required for an accommodation to be arranged. While every effort will be made to provide services in a timely manner, the student should bear equal responsibility for the satisfactory delivery of reasonable accommodations by providing sufficient advance notice to the Respiratory Therapy program to make necessary arrangements.

C. Title IX Discriminatory Harassment

The University of North Alabama and Anderson College of Nursing & Health Professions have an expectation of mutual respect. Students, staff, administrators, and faculty are entitled to a working environment and educational environment free of discriminatory harassment. This includes sexual violence, sexual harassment, domestic and intimate partner violence, stalking, gender-based discrimination, discrimination against pregnant and parenting students, and gender-based bullying and hazing.

Faculty and staff are required by federal law to report any observations of harassment (including online harassment) as well as any notice given by students or colleagues of any of the behaviors noted above. Retaliation against any person who reports discrimination or harassment is also prohibited. UNA's policies and regulations covering discrimination and harassment may be accessed at [UNA Title IX Website](#). If you have experienced or observed discrimination or harassment, confidential reporting resources can be found on the website, or you may make a formal complaint by contacting the Title IX Coordinator at 256-765-4223.

For additional information, please refer to the UNA student handbook.

D. Diversity Statement

The UNA and ACONHP are committed to creating a diverse and inclusive environment. The UNA's campus-wide definition of diversity is :

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

More information can be found at [the diversity, equity, and inclusion webpage](#).

E. Sexual Harassment

University policy prohibits sexual harassment. It is the responsibility of all students and employees to assure that our community is free from sexual harassment. Accordingly, all members of the university community must avoid any conduct that is or has the appearance of being sexual harassment. The University Ombudsman and the Office of Student Affairs have information about the University's sexual harassment policy.

The ACONHP UP program has adopted the legal definition of sexual harassment as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive educational environment.'

F. Course and Clinical Hours

The program provides classroom study, laboratory study and observation, clinical experience, independent study, and seminars. Courses are arranged on a set schedule and sequence. Clinical start times and the length of the clinical day may vary. Clinical shifts typically start sometime between 6:30-6:45 a.m. and may last until 3:15 p.m. or 7:15 p.m., depending on whether it is an 8-hour or 12-hour shift. Specialty rotations such as pulmonary function testing and critical care transport may start later and/or end later. Students are expected to provide their own transportation to clinical training sites. When necessary, the program faculty reserves the right to adjust class schedules, times, and program sequencing, to include the possibility of evening classes and clinical. If necessary, clinical rotations outside of North Alabama and on Saturday rotations may be required.

Students must be eligible to participate in rotations in all clinical facilities to be eligible for admission/retention to the program.

G. Extracurricular Activities

Being involved in an extracurricular activity such as band, ROTC, National Guard, athletics, Greek organizations, etc., does not prevent a student from being successful in the respiratory care program. However, respiratory care courses and clinical requirements must take precedent over extracurricular activities. Therefore, the student should determine, after consultation with faculty, whether these activities can be successfully continued while enrolled in the program. Please note: If you are a university athlete or involved in other extracurricular activities, you are required to consult your instructors, coach, and/or organization leader by the first week of classes to discuss and acknowledge the upcoming semester's demands. The student respiratory therapist must meet course and clinical requirements. Therefore, the student will need to develop a written plan/schedule which demonstrates an ability to successfully merge scheduled activities and academic studies. Schedule conflicts will require prior arrangements with the course instructor to meet required clinical rotation schedules, scheduled tests/exams, class assignments, projects, papers, etc. Respiratory Care students are held accountable and responsible for classroom content missed due to an absence.

III. FACULTY & STAFF

The Executive Assistant in the Dean's office is to be consulted about interdepartmental matters. The Administrative Assistant is to be consulted about departmental academic matters. The names, office numbers, phone numbers, and E-mail addresses of the Administration, Faculty, and Staff can be found on the [ACONHP Faculty and Staff Webpage](#).

Department Faculty

Jabril Diamond, MAEd, RRT	Program Director
Erin Cantrell, MBA, RRT	Director of Clinical Education
Dr. Jan Westerman, MD	Medical Director

IV. Health Requirements

A. Overview of Student Health Requirements

The following student health records, certification, liability, and optional health insurance information must be kept up to date at least ANNUALLY and as changes occur:

- Tuberculosis screening
- AHA Healthcare Provider CPR certification (recertification every 2 years)
- OSHA and Compliance Training Requirements
- Student Liability Insurance
- Health Insurance (recommended)
- Influenza Vaccine
- Vaccination records or titers

It is the student's responsibility to provide the ACONHP undergraduate enrollment coordinator with validation updates of current health requirement status (may not be left under the door). The student will not be able to provide patient care until status is verified. Students will receive an unexcused absence for each missed clinical experience related to health requirement deficiencies.

Health-related requirements are in place, in accordance with the Occupational Safety & Health Administration (OSHA) and the Alabama Department of Public Health guidelines, for the protection of the student and others with whom the student may come in contact. Upon admission to the ACONHP, the student must have a physical examination completed by a physician or a nurse practitioner. **THE COMPLETED HEALTH FORM MUST BE MAILED DIRECTLY BY THE HEALTH CARE PROVIDER TO THE ACONHP, as instructed in the health form.**

A copy of the student's complete **immunization record, completed 2-step TB screenings, Flu Consent or Declination Form, and CPR certification** must be uploaded into the online document management system. (If the immunization record is not available, results of antibody titers must be submitted before the beginning of the semester.)

Medical alerts are encouraged to be on person for student safety in the classroom and clinical settings.

Notice to students: Individuals who are immunosuppressed are more vulnerable to disease-causing microorganisms. If you know or believe you have a suppressed immune system, please be warned that your participation in clinical learning experiences that involve direct client care could potentially jeopardize your health. **Students with a diagnosed immunosuppressed illness or disease must obtain medical clearance from their health care provider prior to participating in clinical rotations.** If you have any personal health status concerns, you are encouraged to see your health care provider for further recommendations.

To attend clinical rotations, **ANNUAL EVIDENCE** of meeting the criteria for Health Requirements must be given to the ACONHP UP Coordinator of Enrollment **the FIRST WEEK of the semester.**

Failure to submit health requirements by established deadline dates will **result in an administratively- assigned clinical unexcused absence** for each delinquent day in each clinical course. A copy of all health requirements and updates must be submitted to the ACONHP UP Coordinator of Enrollment (do not leave under the door) and will be filed in the ACONHP student's file. Students CAN NOT provide patient care at any clinical agency experience until documentation of all student health requirements have been submitted.

B. Student Health Insurance

It is recommended that each student obtain health insurance coverage. Students without health insurance coverage will be asked to sign a waiver **releasing the University and all of its contracted clinical agencies of any and/or all**

responsibility for medical expenses which may be incurred during the course of clinical rotations required for the respiratory care degree program.

C. Tuberculosis (TB) Skin Test Protocol:

Admission TB Skin Test for Level I Respiratory Care Students

The first tuberculosis skin test must be a **two-step process** which consists of two tuberculosis skin tests administered 1-3 weeks apart. TB skin testing must be done through the UNA University Health Services or a private physician. It is important to note that students must return to the facility (University Health Services or private physician's office) to have each tuberculosis skin test read within 48-72 hours of administration. If a student does not have the skin test(s) read within 48-72 hours or does not return in 1-3 weeks for the second test, the TB test is invalid and will have to be repeated and may delay entry into clinical. Under no circumstances will a student be allowed to provide patient care until official documentation from the University Health Services or the private physician's office is received by the Anderson College of Nursing & Health Professions.

Annual TB Skin Test (PPD) Protocol for Level II, Level III, & Level IV Students

Once a student has completed the initial two-step process, the student is only required to have an annual single PPD. **It is recommended that students have this done near the beginning of the semester so that results are available by established deadlines and valid throughout the semester.** All TB skin testing must be done through the UNA University Health Services or a private physician. Under no circumstances will a student be allowed to provide patient care until official documentation from the University Health Services or a private physician is received by the Anderson College of Nursing & Health Professions. Students may not provide patient care and will not be allowed in the clinical setting until documentation has been received by the Enrollment Coordinator.

Positive TB Skin Test Results

If a student has a positive TB skin test **for the first time**, the student is required to be evaluated by a provider at UNA University Health Services or their private physician. Under no circumstances will a student with a first-time positive TB test be allowed to attend class and/or clinical rotations until official documentation of no active TB is received.

If a student has a **past history** of a positive skin test for tuberculosis, they should complete the Tuberculosis (TB) Screening Questionnaire annually. The TB Screening Questionnaire must be reviewed and signed by a health care provider at UNA University Health Services or by their private physician. Students may not provide patient care and will receive an unexcused absence for clinical experiences missed until TB health documentation is received. **Evidence of meeting student health requirements is due the first week of the semester.**

D. Hepatitis B Vaccine:

All students are strongly encouraged to become vaccinated against the Hepatitis B virus. The vaccine is administered in a series of three injections. Students who elect not to take the vaccine must sign a declination form before the start of classes, which may be obtained from the ACONHP UP Coordinator of Enrollment.

E. Influenza (Flu) Vaccine:

UNA Anderson College of Nursing & Health Professions recommends that students receive the influenza vaccination to protect patients and themselves from the virus. Clinical agencies may require students who decline the influenza vaccine to wear masks in the clinical setting. A copy of the Flu Consent or Declination Form is to be submitted to the Anderson College of Nursing & Health Professions after the dose is documented or declined.

F. CPR Certification

All students must have current certification in American Heart Association Basic Life Support (AHA BLS) Cardiopulmonary Resuscitation (CPR) and present evidence of AHA BLS CPR re-certification **every 2 years**. The certification must be completed in person and cannot be completed online. Students will not be able to attend clinical rotations until documentation of AHA BLS CPR certification is updated. Failure to meet CPR certification requirements may result in clinical failure and/or Administrative dismissal from the Anderson College of Nursing & Health Professions.

G. OSHA and Compliance Training

Occupational Safety and Health Act (OSHA) and Compliance training requirements are to be renewed annually. Compliance training requirements are held each semester, with the date, time, and location announced prior to the semester's first day of class. This is a clinical requirement.

Failure to meet the training requirements will result in the student not being allowed to attend clinical. Failure to meet CPR/OSHA requirements may result in expulsion from the Anderson College of Nursing & Health Professions. OSHA and Compliance training are required ANNUALLY, the first week of the semester, prior to beginning clinical experiences.

H. Student Liability Insurance Requirement

Liability insurance coverage of \$1 million/incidental and \$6 million/aggregate is required of each student admitted to the respiratory care program. This is not health insurance but is respiratory care practice insurance for the student, which is required by the clinical agencies. The insurance covers the student while participating in required clinical arranged by an ACONHP faculty member. It does not cover the student when working as an employee. The primary carrier used by the ACONHP is Cotterell, Mitchell, and Fifer (CM&F), Inc. of New York. Information for online orders will be distributed upon acceptance to the program. More information can be found in the orientation course.

V. OTHER REQUIREMENTS AND POLICIES

A. Criminal Background Check Requirement

Clinical agencies require students to have a criminal background check prior to participating in clinical experiences. A satisfactory criminal background check upon admission is required to participate in the respiratory care program. The status of applicants with background checks that are not clear will be reviewed by the Admissions Committee. Information on obtaining a background check is provided upon application to the program.

B. Drug/Alcohol Policy

The University of North Alabama Anderson College of Nursing & Health Professions (ACONHP) is committed to the health, safety, and well-being of all students who participate in the program and represent the college in clinical agencies. The ACONHP academic environment and clinical work setting are drug and alcohol-free, and ACONHP enforces a **ZERO TOLERANCE POLICY FOR SUBSTANCE ABUSE**. Substance abuse interferes with a student's mental faculties, judgment, and other skills and poses an unacceptable risk for patients, colleagues, the University, and affiliated clinical agencies. The use of illegal drugs, misuse of legal drugs and dietary supplements, use of performance-enhancing substances, misuse of alcohol, and inappropriate use of tobacco products, is inconsistent with ACONHP standards and expectations and is prohibited. Such substance abuse will not be tolerated. In addition, all student respiratory therapists are subject to applicable federal, state, and local laws addressing drug and alcohol use.

Substance abuse prohibited

ACONHP strictly prohibits the following:

1. The use, possession, solicitation, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription, on and off of ACONHP property and clinical sites.
2. Students from being impaired by or under the influence of controlled substances, legal drugs, illegal drugs, or alcohol on or off ACONHP premises and clinical sites to include cannabis or marijuana even though they might have a medical marijuana license, care, or prescription permitting them to do so.
3. The presence of any detectable amount of prohibited substances in a student's body while on ACONHP premises or clinical sites. "Prohibited substances" shall include controlled substances, illegal drugs, alcohol, marijuana, or prescription drugs not taken in accordance with a valid prescription.

Ignorance of the legality of a substance, the chemical composition or contents of a substance, the manner of ingestion, or a prescription requirement shall not operate to excuse a violation of this policy.

A blood alcohol level/drug screen and urine drug screen will be collected at any time the respiratory care student demonstrates behavioral changes reasonably suspected to be related to substance abuse. Reasonable suspicion means there is evidence for

concluding that a respiratory care student is impaired. This evidence may include but is not limited to the odor of alcohol or drugs, impaired behavior such as slurred speech, decreased motor coordination, and difficulty maintaining balance, or marked changes in personality, dress, or clinical performance.

Under no circumstance should respiratory care students participate in respiratory care-related courses or clinical activities while they are impaired. Impaired is defined as a **blood alcohol level/drug screen greater than zero (0.00)**. A positive substance abuse test (blood and/or urine) shall result in **permanent dismissal** from the program on the basis that the student is not able to meet the course objectives for classroom/and or clinical experiences.

The cost of drug and alcohol testing conducted for reasonable suspicion shall be the responsibility of the student. Drug screenings may require review by a Medical Review Officer, which will result in an additional fee to the student. A student's failure to submit to a required drug screen or attempting to tamper with, contaminate, or switch a sample will result in the student not being allowed to meet objectives for the course; therefore, progression in the program will not be permitted and will result in permanent dismissal from the program. The ACONHP covers the cost of random drug testing.

A student who is licensed (i.e., licensed practical nurse, registered nurse, etc.) who refuses to submit to drug/alcohol testing based on reasonable suspicion or a licensed student who has positive drug test results will also be reported to the appropriate licensing board and will be permanently dismissed from the ACONHP.

All drug/alcohol testing results will be confidential and will not be disclosed to third parties unless disclosure is required by law or the student has consented in writing to release of this information.

The drug screening will only be administered within the given time frame allotted at the designated testing facility. **The cost of drug and alcohol testing conducted for reasonable suspicion shall be the responsibility of the student.**

The ACONHP Drug/Alcohol Policy, including its standards and procedures, may be amended at any time, with or without notice, in the sole discretion of ACONHP.

C. Patient Confidentiality

Students are required by clinical agencies and the ACONHP to sign confidentiality forms. Any information obtained regarding patients in the clinical agency must be maintained in the strictest of confidence. Information such as a patient's name, diagnosis, or physician must not be discussed in public or online. Discussion of this information should be limited to the pre or post-conference time and not continued during lunch, outside of the agency, or online. For the purposes of submitting written work, the student should use initials instead of the patient's name and not include personal identifiable information such as birthdate, phone, address, etc. **Failure to maintain patient confidentiality is subject to a course failure and/or dismissal from the program.**

D. Social Networking & Electronic Media

While social networks and the internet can be valuable resources for disseminating information, online content and behavior have the potential to have serious negative consequences if media tools, such as blogs, wikis, podcasts, virtual worlds, and social networking, are not used responsibly. Facebook, Twitter, Instagram, and other social networks are public domains. Use of these and other electronic media are never to be used to discuss patient or class information. These media are NOT the type of forum to share and state your personal views of the course, instructors, other class members, patients, or your evaluation of performance. This information is private and all efforts to protect this privacy are YOUR responsibility. DO NOT share or provide any personal information with any patient who may be able to locate you outside of clinical time.

Inappropriate use of social media is considered unprofessional and unacceptable in the ACONHP. Violations will warrant disciplinary action and could result in course failure and/or dismissal from the respiratory care program.

Failure to use social networks & electronic media responsibly is subject to a course failure and/or dismissal from the respiratory care program.

E. Books

Students are expected to purchase the required textbooks and supporting materials. Each course syllabus will indicate which books and materials are required.

F. Supplies, Expenses, and Transportation

Additional supplies, such as a sphygmomanometer (blood pressure cuff), a stethoscope, and a watch with a second hand, will need to be purchased at the beginning of the first semester. As directed in the course syllabus, students must also purchase an additional supply kit from the on-campus bookstore. **Students must provide their own transportation for clinical experiences.**

G. Dress Code Policies

The respiratory care student's appearance is very important because it communicates self-image and attitude toward the profession. The UNA ACONHP Respiratory Care uniform is required. **Violation of the dress code is an automatic unexcused absence from the clinical site.** It is essential that the values of neatness, cleanliness, and professionalism are evident. A list of the uniform requirements is provided at the new student orientation. The purchase of the uniform, shoes, name badge, etc., is solely the responsibility of the student. Price lists may be obtained from the scrub vendor. Uniformity among students is expected. Therefore, the scrubs must comply with the ACONHP style, color, and material requirements. The material must be moisture-wicking, antimicrobial, and stain, wrinkle, and fade-resistant. The 100% cotton scrubs are no longer acceptable for new purchases. A sample of the ACONHP uniform is available in the UP Coordinator Enrollment's Office. Students should be aware that while in uniform they represent the UNA Anderson College of Nursing & Health Professions and the respiratory care profession.

General Uniform Policies:

The scrub uniform is worn in assigned clinical settings. It must have the UNA student respiratory therapist patch. Females may wear a scrub material skirt (length must be below the knee). Hose must be worn with skirts, and may be white or flesh-colored support hose. With pants, all students are to wear white, black, or gray socks that must cover the ankle.

Shoes worn should be gray or black leather, suede, or double-mesh athletic shoes. Accent color may only be white, black, or purple. Shoes must remain clean and in good repair throughout each semester. Shoes must have an enclosed back – **NO CLOGS**.

For additional warmth, students may choose to wear a plain white or black short-sleeve or long-sleeve knit or cotton shirt under their scrub tops. No long-john material shirts allowed. Visible colored undergarments are not permitted.

To protect the uniform from environmental contaminants and to protect the public from contaminants that may have been obtained while providing care to the client, students may wear a white scrub jacket of the same required material with a UNA Student Respiratory Therapist patch over the scrubs.

Outerwear may be worn over uniforms as needed outdoors for inclement weather conditions.

The uniform will be clean and wrinkle-free when worn to the clinical experience. Pants should not touch the floor.

The ACONHP-issued badge reel and name badge with picture ID must be worn and clearly visible on the chest at all times, even if in facility scrubs. No other badge, customized reels, pins, buttons, or apparel are to be worn with the uniform. Students may not wear any other facility-issued badges unless they are required for that specific clinical rotation. During clinical, students are to follow all department-specific facility dress codes, for example, shoe covers, isolation gowns, and other PPE when appropriate.

Makeup should be moderately applied. False eyelashes, including extensions, magnetic, and any other artificial lashes, are prohibited. No perfumed hand-sanitizer or lotion is to be used at clinicals. Only facility-approved hand-sanitizer or lotions may be used. Perfume or cologne may not be worn. Good oral and physical hygiene must be maintained. Body odor related to poor hygiene and/or smoking is not acceptable. Men should be neatly shaved with beards and/or mustaches neatly trimmed.

Hair should be kept clean, neat, and professional in appearance without ornamentation, such as bows. Extreme hairstyles involving coloring and bleaching (e.g., unnatural hair coloring such as pink, green, blue, etc...), shaving designs into the scalp, mohawks, and other similar examples are not permitted while at the clinical site or while wearing the UNA uniform. For the comfort of the patient and safety of the student, it is recommended that long hair (below the shoulder length) be confined at all times. Recommended styles for long hair are a bun, tight ponytail, or braid. Whatever the hair length, it should not be allowed to fall past the shoulders or face while wearing the uniform and must be secured back with neutral-colored clips, bobby pins, and hairbands (i.e., the same color as hair, white, black, or grey). Bangs should also be

secured out of the eyes. Hair styles may be adjusted based upon certain clinical course requirements.

Students should be governed by the concept of professionalism regarding tattoos. In some clinics, dress codes, including the display of tattoos, may vary. While on clinical rotation, tattoos, regardless of location, that are obscene; commonly associated with gangs, extremist and/or supremacist organizations; or that advocate sexual, racial, ethnic, or religious discrimination may not be visible at any time. Facial tattoos and neck tattoos are not permitted and must be covered with a bandage. Faculty and supervisors will assist students in determining if visible tattoos should be covered during clinical activities based on individual situations. Faculty and clinical preceptors/supervisors have the authority to ask the student to cover tattoos at any given time. For example, if a patient, family, or member of the healthcare team complains about a tattoo, the student will be required to cover it with a bandage or long sleeves.

The only jewelry allowed includes a smooth, plain wedding band with no stones and a plain watch with a second hand (required). **NO SMART WATCHES or CELLULAR DEVICES** are permitted. When indicated, a medical alert may be worn. Permitted jewelry should not present a possible hazard or infection for the patient or student. **No other jewelry or piercings are permitted while wearing the UNA uniform.** Nails must be short, clean, and extended only to the tip of the finger. No nail polish of any kind is allowed, including gel-painted or artificial nails.

H. Exposure to Blood-and/or Body Fluids

It is mandatory that the students wear certain personal protective equipment while in a clinical area when exposure to blood, sputum, saliva, feces, urine, vomitus, tears, nasal secretions, or other body fluid is anticipated. If exposure results in infection or injury, it will be the student's responsibility to incur the financial cost related to the exposure. Personal protective equipment is available at all clinical agencies and includes items such as gloves, masks, goggles, and gowns. All patients are treated as if they have a communicable disease regardless of age, sex, or ethnicity. This concept is called "standard precautions." It is the foundation of modern health care agencies' approach to the prevention of exposure to blood-borne and other communicable diseases. The student is responsible for using personal protective devices as needed.

The ACONHP has in place protocols for exposure to needle sticks, exposure to blood and/or body fluid, and exposure to tuberculosis. **Report all exposures and incidents to your instructor and refer to the following items in this Student Handbook:** Student Needle stick/body Fluid Exposure Protocol (Appendices), Blood/Body Fluids Exposure Report (Appendices), Tuberculosis Exposure Protocol (Appendices), and Incident Report (Appendices).

VI. PROCEEDING THROUGH THE PROGRAM

A. Program Details

The Bachelor of Science degree in Respiratory Care requires 120 semester hours of credit for graduation. This program requires 57 semester hours of specific pre-

professional undergraduate courses prior to completing the professional phase of the program. Dedicated to clinical and academic excellence, the professional phase includes over 800 hours of clinical practice.

As a leadership program in respiratory care, this course of study aspires to provide graduates with the foundation needed to assume professional leadership roles in clinical practice, clinical specialty areas, research, education, and management. Upon completion of the program, graduates are eligible for the national board examinations in respiratory care as well as state licensure.

B. Admission Requirements and Application Procedure

Initial admission is based on requirements for admission to the University; however, admission to the University does not assure admission to the program in respiratory care. Requirements for admission to the professional phase of the respiratory care program include:

- Submit a formal Respiratory Care application to the Anderson College of Nursing and Health Professions.
- Possess a minimum overall grade point average of 2.8 (4.0 scale) or higher in required BSRC courses, including a “C” or higher in all required prerequisite courses.
- Students previously enrolled in another respiratory care program must provide a letter of eligibility to return to the program without stipulation by the dean or director. If ineligible to return to the program, the student is ineligible to apply to the Anderson College of Nursing and Health Professions.
- Students must be eligible to participate in rotations in all clinical facilities to be eligible for admission to the program.
- Complete a criminal background check as specified on the application for admission.

C. Professional Phase- Respiratory Care Professional Courses

Students may be accepted in the respiratory care program as an incoming freshmen or transfer students. The professional phase of coursework begins in the fall semester of the junior year of the program (reference the program of study that follows). Course work in the professional phase is taken on a full-time basis in the following sequence:

FIRST YEAR

Fall Semester		Semester Hours
BI 101	Introductory Biology	4
MA 110/ MA 112	Finite Mathematics or College Algebra	3
EN 111	First-Year Composition I	3
HI 101/201	World Civilization to 1500 or United States History to 1877	3
FYE 101	First Year Experience	1
	TOTAL	14

Spring Semester		Semester Hours
MA 147	Elementary Statistics	3
PY 201/ SOC 221	General Psychology or Sociology	3
EN 112	First-Year Composition II	3
HI 102/202	World Civilization Since 1500 or US History Since 1877	3
BI 241	Human Anatomy and Physiology I	4
	TOTAL	16

SECOND YEAR

Fall Semester		Semester Hours
CH 101	Introductory Chemistry	3
CH 101L	Introductory Chemistry Laboratory	1
BI 242	Human Anatomy and Physiology II	4
COM 201	Fundamentals of Speech	3
EN 231	Literature of the World I	3
	TOTAL	14
Spring Semester		Semester Hours
BI 307	Microbiology	4
EN 232	Literature of the World II	3
ED 299	Human Growth and Development	3
Area II	Humanities and Fine Arts Elective	3
	TOTAL	13

THIRD YEAR

Fall Semester (Level I)		Semester Hours
RC 300	Respiratory Anatomy and Physiology	3
RC 302	Respiratory Pathophysiology	3
RC 304	Foundations of Respiratory Care	3
RC 306	Patient Assessment and Disease Management	3
RC 308	Respiratory Assessment and Foundations Lab	3
RC 310	Respiratory Clinical Practice I	1
	TOTAL	16
Spring Semester (Level II)		Semester Hours
RC 330	Pulmonary Diagnostics (Pulmonary Diagnostics)	3
RC 332	Respiratory Pharmacology	3
RC 334	Mechanical Ventilation I	3
RC 336	Critical Care Lab	3
RC 338	Clinical Practice II	4
	TOTAL	16

FOURTH YEAR

Fall Semester (Level III)		Semester Hours
RC 410	Pediatric and Neonatal Respiratory Care	3
RC 412	Advanced Critical Care Lab	2
RC 414	Seminar I	2
RC 416	Mechanical Ventilation II	3
RC 418	Clinical Practice III	6
	TOTAL	16
Spring Semester (Level IV)		Semester Hours
RC 442	Respiratory Clinical Practice IV	6
RC 444	Seminar II	2
RC 446	Respiratory Care Leadership and Education	3
RC 448	Senior Capstone	2
RC 450	Research and Evidence-Based Practice	2
	TOTAL	15

TOTAL degree semester hours:	120
TOTAL professional program semester hours:	63

D. Course Descriptions per Level

Level I:

RC 300 - Respiratory Anatomy and Physiology (3 semester hours)

In-depth study of anatomy and physiology as it relates to the cardiopulmonary system. Major pathophysiological concepts of common respiratory problems are discussed using a body systems approach applying theories related to etiology, pathogenesis, clinical manifestations and terminology.

RC 302 - Respiratory Pathophysiology (3 semester hours)

An overview of specific pulmonary diseases and conditions including assessment, diagnosis, monitoring and treatment. Covered conditions include obstructive and restrictive disorders, cardiovascular disorders, neurologic and neuromuscular disorders, trauma, near drowning, carbon monoxide poisoning and more.

RC – 304 Foundations of Respiratory Care (3 semester hours)

This course introduces respiratory care students to multiple dimensions of respiratory care including historical development, education, roles/responsibilities, licensure, and legal/ethical issues. Topics will also include principles of applying respiratory care to patients, indications, hazards, contraindications, evaluation, and monitoring of therapies.

RC 306 - Patient Assessment & Disease Management (3 semester hours)

Teaches basic concepts of professional respiratory care with emphasis on physical assessment and basic respiratory skills, procedures, and equipment.

RC 308 – Respiratory Assessment and Foundations Lab (3 semester hours)

This hand-on skills course will focus on gaining knowledge and skills required to operate and evaluate common respiratory care equipment. Topics will include patient assessment, initiation of therapies, equipment assembly, operation, and evaluation.

RC 310 - Clinical Practice I (1 semester hour)

Students will be provided with clinical experiences and opportunities to develop their basic skills related to care of the respiratory patient.

Level II:

RC 330 - Pulmonary Diagnostics (3 semester hours)

This course will provide an overview of the utilization, interpretation, and evaluation for various cardiopulmonary diagnostics.

RC 332 - Respiratory Pharmacology (3 semester hours)

This course focuses on basic principles of pharmacology and will provide clinically relevant information on pharmacological agents used in the treatment of cardiopulmonary conditions. Dosage calculation will be covered, as well as an in-depth discussion of drugs and drug groups related to the cardiopulmonary system.

RC 334 - Mechanical Ventilation I (3 semester hours)

This course will introduce students to techniques and concepts related to mechanical ventilation for neonatal, pediatric and adult patients.

RC 336 - Critical Care Lab (3 semester hours)

Students will have direct experiences with respiratory care equipment. A review of each type of equipment will be discussed related to assembly and proper functioning, as well as actions needed to correct equipment malfunctions. Simulated patient scenarios will address specialized mechanical ventilation and advanced life support.

RC 338 - Clinical Practice II (4 semester hours)

Students will be provided with clinical experiences and opportunities to continue to develop their basic skills, along with an introduction to advanced skills related to care of the respiratory patient.

Level III:

RC 410 - Pediatric and Neonatal Respiratory Care (3 semester hours)

The processes of growth and development relating to respiratory care from the fetus to the adolescent will be discussed. This course will cover respiratory care principles and procedures related to the care of neonatal and pediatric patients with cardiopulmonary conditions.

RC 412 - Advanced Critical Care Lab (2 semester hours)

Students will have direct experiences with advanced respiratory care equipment. A review of each type of equipment will be discussed related to assembly and proper functioning, as well as actions needed to correct equipment malfunctions. Simulated patient scenarios will address specialized mechanical ventilation and advanced life support.

RC 414 - Seminar I (2 semester hours)

Students will examine basic case presentations to enhance their abilities with problem solving as related to adult, neonatal, and pediatric respiratory care. Students will complete practice board examinations to prepare for the certified (CRT) and registry (RRT) credentialing examinations.

RC 416 - Mechanical Ventilation II (3 semester hours)

This course will review advanced techniques and concepts related to mechanical ventilation for neonatal, pediatric and adult patients.

RC 418 - Clinical practice III (6 semester hours)

Students will be provided with clinical opportunities to continue to develop their basic skills related to care of the respiratory patient. Students will gain a better understanding of advanced procedures of respiratory care. Clinical practice hours will focus on the achievement of competencies related to a variety of respiratory care procedures in the following areas: labor and delivery, neonatal, pediatric, and critical care.

Level IV:

RC 442 - Clinical practice IV (6 semester hours)

Clinical practice hours will focus on the achievement of competencies related to a variety of respiratory care procedures in the following areas: labor and delivery, neonatal, pediatric, and critical care. Students will be provided with opportunities to assist physicians and other health care clinicians with advanced critical care procedures.

RC 444 - Seminar II (2 semester hours)

Students will examine basic and advanced case presentations to enhance their abilities with decision-making as related to adult, neonatal, and pediatric respiratory care. Review of respiratory care will continue as it pertains to the certified (CRT) and registry (RRT) credentialing examinations administered by the National Board for Respiratory Care (NBRC). Successful completion of the National Board for Respiratory Care (NBRC) SAE registry examinations are required for this course.

RC 446 - Respiratory Care Leadership and Education (3 semester hours)

Leadership principles will be examined as related to respiratory care and management within health care organizations. Students will engage in educational design and basic techniques for working with respiratory care patients.

RC 448 - Senior Capstone (2 semester hours)

This course is designed to assist students in applying the knowledge obtained throughout the program in simulation experiences.

RC 450 - Research and Evidence-Based Practice (2 semester hours)

Students will be provided with an introduction to clinical research and the application of research findings to respiratory care practice.

E. Academic Honesty and Testing

Students who do not practice academic honesty may receive a course failure. A

breach of academic honesty includes acts of cheating, plagiarism, or misrepresentation. Students should review the UNA Catalog/Student Affairs: Student Expectations, Grievance and Disciplinary Process.

All examinations given by the program faculty will be monitored by faculty or staff at all times except for special circumstances such as take-home exams.

You will be asked to leave the classroom or lab if you access any website on a computer other than authorized by the instructor during class or lab. If you access any website other than that authorized by your instructor during a test or quiz, it will be considered cheating and result in a course failure.

Note for testing security: Electronic devices such as cellular phones, PDA's, programmable calculators, Pocket PCs, etc., **should be silenced and may not be in the student's possession during any test.** No SMART or electronic watches are allowed to be worn during exams. Personal items, books, jackets, hats, and other personal items are to be placed in a designated area as instructed. In addition, **only paper and writing tools provided by the faculty may be used during computerized testing.** Students must return paper and writing instruments to the faculty before leaving the testing room. Notes and scratch paper may not be removed from the testing site.

F. Professional Behavior and Incivility Statement

Professionalism is a quality the student should begin to develop from the first day in respiratory care school. It is imperative that you display a professional demeanor in both the class and clinical settings and whenever in an ACONHP uniform. Evidence of unprofessional behavior may result in disciplinary action and/or dismissal from the program.

Incivility Statement:

Incivility in the classroom is offensive, intimidating, or hostile behavior that interferes with the student's ability to learn and with the instructor's ability to teach. Incivility is any action that interferes with the harmonious and cooperative classroom, clinical lab, or online learning atmosphere. Disruptive behavior will not be tolerated and will be subject to disciplinary action.

G. Grading System: Retention, Progression, and Withdrawal

The ACONHP follows the guidelines as described in the University Catalog. To proceed through the program, the student must maintain a 2.0 GPA. To graduate from the ACONHP, the student must have a minimum grade point average of 2.0 (C) on all work attempted at the university and a C or better on all courses in the professional respiratory care component.

However, the numerical system of grading in the ACONHP is as follows:

A.....90-100

B.....	80-89
C.....	75-79**
D.....	60-74
F.....	59-0

Retention in the program is based on continued satisfaction of health requirements, certification, liability requirements, and appropriate academic progress with a grade of C or better in each respiratory care course.

- Appropriate academic progress with a grade of C (75) or higher in each professional respiratory care course.
- Students must be eligible to participate in rotations in all clinical facilities to be eligible for admission/retention in the program.
- Satisfactory completion of respiratory care courses done in sequence. When a student receives a grade of less than C (75), the student may not progress to any course until the failed course is retaken and requirements are met.
- A student who has failed a respiratory care course may repeat the failed course only once. In the Anderson College of Nursing and Health Professions, no student will be permitted to use the Repeat/Recompute Policy or the Second Chance Provision for any respiratory care course (RC designation). A student in the respiratory care program can receive no more than one-course failure throughout the respiratory care program. After two course failures, the student will be dismissed from the program.
- There are reasons for which a student might fail clinical, and these include critical incidents found in the Disciplinary Policies of the current Respiratory Care Student Handbook. The clinical failure is an "F" for the course, no matter when/if the student withdraws. This includes any time within the University's withdrawal ("W") period. Should this be a second-course failure for the student, the student will be required to withdraw from all respiratory care courses at the time of the second-course failure.
- Any student who withdraws from Level I of the program will be required to submit a formal application during a future application period, see the Respiratory Care Student Handbook.
- Once admitted into the ACONHP, a student with a failing average in any respiratory care course may not withdraw from the course to prevent course failure. This includes any time within the University's withdrawal (W) period. Any student who drops a course with an average of less than 75 will receive a WF in respiratory care courses. A WF for any reason is considered a course failure. Students who are eligible to repeat a failed course will be readmitted to the course on a "space available" basis.
- After a second withdrawal from the same course (without extenuating circumstances), a student will be required to wait one year before retaking the course. Extenuating circumstances are to be determined by faculty on an individual basis.
- Students who are eligible to return to a respiratory care course after a withdrawal "W" or course failure "D/F" from a required respiratory care (RC) course will be readmitted to the course on a "space available" basis.
- Maintenance of 2.0 GPA throughout the respiratory care program.
- Once the student is "out of sync," they must adjust to any curriculum changes occurring at that time.

After two course failures, the student is dismissed from the program. A situation in which the student places the client's life in danger or shows severe behavioral misconduct toward the client and family, clinical facility staff, faculty, or other students will result in immediate Administrative Dismissal of the student from the program. In such cases, the student's transcript will reflect the University's grade system as outlined in the University catalog. Behaviors for which the ACONHP has zero tolerance and result in dismissal from the program are listed in the respiratory care student handbook.

H. Academic Interruption Plan

In the event that classes and/or clinical cannot proceed due to natural disasters or other reasons beyond control, it may become necessary for the ACONHP to enact the Academic Interruption Plan (AIP). This plan was developed by ACONHP faculty and administration. It provides guidance for alternative methods of course delivery and clinical experiences. The chief goal of the AIP is to assist students with fulfilling course and clinical outcomes as outlined in the course syllabus.

I. Attendance/Tardiness Class Attendance:

Regular and punctual attendance at all scheduled classes and activities is expected of all students and is regarded as integral to course credit. It is the student's responsibility to sign the attendance log, to obtain missed assignments from the instructor, and to obtain notes from classmates. Instructors may opt to provide handouts or other materials that were missed.

- Two points may be deducted from the final grade for more than 3 unexcused absences.
- The student must directly (phone, email, or text) notify the course instructor prior to or on the day of the absence to be considered excused.
- Two points per day may be deducted from the final course grade beginning the 4th class absence.

J. Clinical Attendance:

Attendance is expected at all clinical experiences. If illness occurs or tardiness is anticipated, the student should notify the instructor and the clinical agency assigned before the start of the clinical rotation.

Many clinical facilities do not allow individuals with contagious diseases, colds, fevers, draining wounds, or gastrointestinal disturbances to be near clients. Upon returning to school, the student must present a written note from a healthcare provider.

The student is expected to attend **ALL** clinical rotations at their scheduled times. Tardiness and absenteeism are not acceptable. Attendance habits established in this program will continue to carry over into the student's professional life after graduation. Hospitals and prior clinical sites take note of the attendance patterns of students and heavily consider this when hiring in the future. The attendance policy will be adhered to without exception.

1. Any absence must be reported to the clinical site from one hour to no later than 30 minutes prior to the scheduled arrival time. The Director of Clinical Education (DCE) must be notified as well. Failure to notify the clinical site and DCE will result in the student being placed on probation. The second occurrence will result in failure of class and possible dismissal from program.
2. Clinical attendance counts for 15% of the clinical grade each semester. Any clinical unexcused absence missed, regardless of the cause, will lead to a reduction in the student's clinical grade. Two unexcused absences will result in an automatic course failure.
3. Unexcused clinical days are defined as no-call/no-shows, clinical dismissals due to inappropriate conduct or uniform violations, clinical absences caused by tardiness, and any unapproved absences.
4. Being tardy 3 times is considered as 1 absence, and the student will have to make up an entire clinical day at the discretion of the DCE. A student is considered tardy if they arrive past scheduled arrival time. If a student is late 20 minutes or more, the student is considered absent and is dismissed from the clinical site for the entire day.
5. The DCE must document that each student attends all of the clinical time they are assigned for each semester. All clinical time missed must be made up or points will be deducted from student's grade. Enough clinical time missed will lead to failure of class and possible dismissal from program.
6. ALL make-up days must be approved through the Director of Clinical Education. The student must make-up time missed within two weeks of absence.
7. If a student fails to attend the make-up day, another absence will be recorded within their attendance record and the student will be placed on probation. A second occurrence of this nature will result in failure of class and possible dismissal from the program. It is the student's responsibility to get all make-up days approved through the DCE.
8. Any failure to document arrival or departure time at clinical in Trajecsys must immediately be reported to DCE. DCE will verify with clinical site preceptors and managers to verify arrival or departure time and adjust time accordingly in Trajecsys.

Clinical Absence Protocol

If the student is going to be absent from clinical they must:

1. **Call the clinical site from one hour to no later than 30 minutes prior to the scheduled arrival time and notify them they are going to be out.**
2. **Get the name of the person at the clinical site you notified.**
3. **Call the DCE and leave a voice mail (unless spoken to directly): Leave your name and reason you are missing clinical. You MUST also leave the name of the person at the clinical site you notified. You must also send an email to the DCE.**
4. When a student does not arrive at the clinical site and does not follow the above procedure prior to the start time, they are said to have exhibited unprofessional behavior (no-call/no-show) Unprofessional behavior of this magnitude may result in a clinical failure and possible dismissal from the program.

K. Medical Release Requirement

To ensure a safe practice and educational environment, a medical release form must be completed by the healthcare provider and submitted to the Dean's office for the following medical situations:

- Any change in health status, including new prescriptions for potential mood or behavior-altering effects
- Post hospitalization
- Post-injury
- Prolonged illness

This is not intended to be a comprehensive list of conditions requiring a medical release. Please consult the respiratory care program director if you have questions or concerns.

L. Illness/Injury

Wounds are to be covered at all times. Should a student become injured at any time or ill during the clinical day and seek emergency room care, the student is responsible for all charges. Reminder: Complete the UNA Anderson College of Nursing and Health Professions Incident Form (Appendices) and the Facility Incident Form if available.

Students who become ill or injured on campus will be referred to University Health Services (Bennett Infirmary). EMS "911" will be called for emergency situations with the student responsible for all charges for services.

M. Mental Health Emergency

If you suspect that an individual is suicidal or homicidal, CALL 911. Each county has a Mental Health Officer who will be contacted by the police. The Hostile Intruder Protocol is included in the Appendices of this handbook.

N. Drug and Alcohol Testing

ACONHP Policy is presented in Section [V-B](#), Drug/Alcohol Policy of this handbook.

O. Advisement

Students entering the ACONHP must complete all health care requirements before entering classes and clinical experiences. Students in levels II, III & IV will not be allowed to register if their health records are incomplete. Level I students can register but will receive unexcused absences in clinical course rotations (unable to attend with incomplete health records) until health records are completed. Once a student is admitted to the ACONHP, the respiratory care program director becomes the student's advisor. Students in each Level are advised within the class as a group, usually late in the semester prior to their registration in the next semester. The following respiratory care courses are listed in the following levels:

LEVEL I – RC 300, RC 302, RC 304, RC 306 RC 308, RC 310
LEVEL II – RC 330, RC 332, RC 334, RC 336, RC 338

LEVEL III – RC 410, RC 412, RC 414, RC 416, RC 418
LEVEL IV – RC 442, RC 444, RC 446, RC 448, RC 450

P. Anderson College of Nursing & Health Professions Lab and Equipment Use

Anderson College of Nursing & Health Professions equipment such as simulation models or mannequins may be used on campus only. Mannequins and equipment must be handled with care and respect. Behavior in the campus labs is to mimic behaviors in the clinical areas. Students are to tidy campus lab bedsides as if they were a hospital room. When available, campus labs may be used for skill practice between 8 am – 4:30 pm Monday – Friday. Students using the campus labs are responsible for securing equipment, lights, and door locks before leaving the premises.

Q. Student Representation on ACONHP Committees

Student representatives are encouraged to participate in the committees of the ACONHP. Student representatives on ACONHP committees include: Faculty Organization, Student Guidelines and Resources, Program Effectiveness and Curriculum, and Undergraduate Program Department Committee. Students are voting members and may submit agenda items for consideration while serving on these committees.

R. Faculty Evaluation

Student evaluations of faculty and courses are performed each semester for continuous program improvement. The faculty member will announce to the class in advance the time for evaluation. Ample time will be allowed to complete the evaluation form. Your comments and responses should be fair and honest. Since the purpose of the evaluation is improvement; document your comments in such a way that the instructor can benefit or improve his/her teaching. After your final grades have been submitted, your tabulated responses will be seen by the instructor, the dean, and the department chair.

S. Delay of Program Progression (Out-of-Sync)

Students who fail to progress with their original cohort due to course failure, medical leave, or extenuating personal circumstances will be required to meet all admission student health, CPR, and OSHA requirements the semester that they return to class. The returning/repeating student must contact the Coordinator for Undergraduate Enrollment at least two weeks prior to the beginning of the semester to confirm compliance with these requirements.

T. Clinical Agency Policies

Students are required to adhere to agency policies. These may include, but are not limited to, the following:

1. The clinical agency may provide to the student, to the extent possible, first aid for injuries, including, but not limited to, needle sticks. However, clinical agencies assume no responsibility to provide payment for care for any injury to the student. Payment of such treatment shall be the responsibility of the individual student.
2. Once assigned to the agency, additional forms and activities may be required of students, including but not limited to:
 - a. Confidentiality form signature
 - b. Random Drug and Alcohol test, irrespective of reasonable suspicion of usage by the student.
 - c. Acknowledgment Form signature regarding the agency's Drug and Alcohol Policy
 - d. Release Statement Form signature allowing the agency to make an independent investigation of the student's background, which may include but is not limited to:
 1. Professional and personal references
 2. Past and current employment
 3. Criminal and police records
 4. Credit history (Consumer Reports)
 5. Motor vehicle records
 6. Professional credentials
 7. Public records
 8. Education
 9. Urine or blood tests to determine drug or alcohol use

U. Disciplinary Policy

Disciplinary policies and processes of the ACONHP will be identical to those found in the University Catalog regarding general student behavior and as designated in specific course syllabi and respiratory care student handbook. Expectations unique to the ACONHP are listed below.

VII. Clinical Expectations

Students are expected to attend all assigned clinical experiences for the hours specified. If a student is unable to attend any assigned clinical, he/she is expected to notify his/her clinical supervisor and/or the clinical agency. Permission to leave the clinical experience early must be received from the clinical supervisor. Clinical absences will be made up at the discretion of the director of clinical education and the clinical site.

Students are expected to be prepared for each clinical experience. Being prepared for clinical includes adherence to the uniform dress code and having needed equipment in possession (wristwatch with a second hand, stethoscope, pen, notepad, etc.)

Students are expected to come to clinical, mentally alert, and physically able to care for patients. Any evidence of drug or alcohol intoxication, use or abuse, or impaired

ability to perform assigned duties, as described in the Student Conduct Statement in the University Catalog, will result in disciplinary action, including removal from the clinical setting, course failure, and a from the ACONHP. The University of North Alabama Anderson College of Nursing & Health Professions is committed to maintaining a drug and alcohol-free academic environment and clinical work setting by maintaining a **ZERO TOLERANCE** policy for substance abuse.

While in the clinical setting, students are expected to perform procedures and administer medications safely to patients while under the **DIRECT SUPERVISION** of a licensed respiratory therapist. Students are expected to recognize their own limitations and to adhere to established plans of care. Once students are "checked off" in demonstration lab, they are expected to perform procedures under direct supervision according to progression through the respiratory care program. Students are expected to exhibit moral and ethical behavior depicted by honesty, accountability (assuming responsibility for their own actions), and respect of human dignity. Students' written work for clinical experiences should reflect personal involvement in patient care and commitment to the promotion of each patient's mental, social, physical, and spiritual integrity (includes behaviors which protect the patient's privacy and/or ensure a safe environment).

Students are expected to practice self-protecting behaviors. This includes using gloves when in contact with patients, avoiding recapping contaminated needles or otherwise contacting the body fluids of patients. Students are also expected to protect patients from exposure to the student's own body fluids. (See Appendices).

While in the clinical setting, students are expected to respect facility policies and equipment and avoid chewing gum, smoking/vaping, as well as eating or drinking in undesignated areas. Students are expected to seek learning experiences and to show personal motivation to perform appropriate procedures as these become available. Following (or during) the clinical experience, students are expected to complete and submit written work as directed by their director of clinical education and to seek feedback from preceptors and faculty. Students are expected to utilize faculty feedback in completing subsequent assignments. Students must not be used to substitute for clinical, instructional, or administrative staff. Students must not receive any form of remuneration in exchange for patient care they provide during programmatic clinical coursework.

A. Grievance Procedure

The student who has a grievance should follow the procedure listed in the University Catalog. Should a student wish to appeal a course failure, a formal request should be made in writing to the Undergraduate Program Chairperson and to the Admissions, Readmissions, Progressions (UARP) Committee.

B. Unprofessional Behavior

The following behaviors are some examples considered clinically unacceptable. Others will be listed in the syllabi accompanying the appropriate courses. Any faculty, staff, or preceptor observing a student demonstrating unacceptable behavior in the

clinical setting may result in the student being dismissed by the clinical facility resulting in an unexcused absence.

1. Failure to notify the supervisor of an unavoidable absence.
2. Failure to notify the supervisor when late to clinical.
3. Leaving the clinical experience early without the supervisor's permission.
4. Excessive absence.
5. Failure to be prepared for the clinical experience.
6. Failure to follow the dress code.
7. Failure to possess needed equipment.
8. Mentally dull in clinical due to illness, fatigue, or drug abuse.
9. Failure to follow protocols for safe drug administration.
10. Failure to adhere to the patient's plan of care.
11. Inability to perform practiced procedures at the level expected.
12. Plagiarism in care plans or other written assignments.
13. Failure to be accountable for actions.
14. Violation of patient confidentiality.
15. Failure to provide a safe environment for patients.
16. Failure to respect facility policies, equipment, and environment.
17. Failure to meet moral & ethical standards.
18. Failure to meet UNA Respiratory Care Technical Standards.
19. Failure to protect self from contact with body fluids of others.
20. Failure to protect others from contact with own body fluids.
21. Chewing gum or smoking/vaping; also eating/drinking in undesignated places.
22. Failure to recognize own learning needs or seek opportunities for performing procedures.
23. Failure to turn in or be prepared with proper written work at the designated time.
24. Failure to utilize faculty feedback.
25. Emotional instability to function effectively under stress or to adapt to changing situations.
26. Performing procedures or activities without adequate foreknowledge or supervision.
27. Inappropriate use of social media.

In the event of a student disciplinary problem in a clinical facility, such as unprofessional conduct, the following will be adhered to:

The student will be dismissed from the clinical facility by the instructor/clinical preceptor, and the time will be recorded as an unexcused absence.

The student will be scheduled for a formal counseling session conducted by the Director of Clinical Education (see steps below), at which time his/her clinical status will be reviewed and appropriate action taken. The student must complete this counseling session in order to be readmitted to the clinical rotation.

The program attendance policy remains applicable.

A situation in which the student places the client's life in danger or shows severe behavioral misconduct toward the client and family, clinical facility staff, faculty, or other students, **may result in immediate Administrative Dismissal** of the student from the program. In such cases, the student's transcripts will reflect the University's grade system as outlined in the university catalog. Critical incident behaviors for which the Anderson College of Nursing & Health Professions has **zero-tolerance** include:

- Positive drug or alcohol test.
- Evidence of dishonesty.
- Falsifying information pertaining to patient care or condition.
- Sexual harassment – Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive learning environment.
- Grossly unprofessional behavior
- Pattern of patient endangerment
- Criminal, drug, or alcohol-related misconduct

VIII. READMISSION TO THE ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

The student who is academically unsuccessful in two or more courses in levels one and/or two of the respiratory care program will have the option to reapply to the respiratory care program.

- Students who reapply must meet all admission requirements and complete the application process as a new applicant. Reapplying does not guarantee readmission.
- If readmitted, the student will restart the program as a level one respiratory care student and repeat all respiratory care courses regardless of grades earned in previous semesters in the respiratory care program.
- Complete withdrawal from level one will require the student to complete the application process for consideration in a future semester.
- The option to reapply does not apply to students who are dismissed from the program for conduct-related offenses.
- Once a student is dismissed from the program, they are only eligible to be admitted one additional time.

The student in level three or level four of the respiratory care program who has failed the two respiratory care courses may petition the appropriate Anderson College of Nursing and Health Professions Admissions, Readmissions, and Progressions Committee Chairperson for readmission after being dismissed from the program.

Students may seek readmission to the ACONHP **only one time** after the second-course failure. Any readmitted student who earns a grade below C in a respiratory care course will be permanently dismissed from the program.

IX. ENTERING THE PROFESSION

A. Graduation Preparation

Students must formally apply for graduation per university guidelines (See UNA Website). Graduation applications are available from the University Registrar's Office and deadline dates are published in the Courses & Exam Schedule each semester. Students should closely review their completed coursework to ensure that all graduation requirements have been met. An Anderson College of Nursing & Health

Professions representative will meet with the graduating respiratory care students to inform them of important deadline dates and distribute information for the upcoming semester.

Information regarding the graduation ceremony, diplomas, caps, and gowns, etc., will be distributed via UNA email and can also be found on UNA's website.

B. Preparation for Credentialing and Licensure

Students who complete the program are eligible for the Respiratory Care Credentialing Examinations. The ACONHP will provide students with information on obtaining the application for the National Board of Respiratory Care (NBRC) credentialing examinations. The Executive Assistant for the ACONHP will assist the student with questions concerning the application for credentialing exams and licensure. Students are responsible for submitting the applications.

Students should review the Alabama State Board of Respiratory Therapy (ASBRT) website for the rules and regulations pertaining to licensure and respiratory care practice in Alabama. Approval of the ASBRT (or state board in the state where the student wishes to be licensed) is required before students are allowed to enter into practice. See Appendix H for current ASBRT licensing questions.

C. References

References for potential employers should be sought on an individual basis. If a student requests a reference from an individual faculty member, the student will be required to sign a FERPA release form (see Appendices).

X. APPENDICES

A. Student Needle Stick/Body Fluid Exposure Protocol

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Student Needle Stick/Body Fluid Exposure Protocol

The following steps should be followed in the event of a needle stick/body fluid exposure by students. Post exposure to blood and body fluids, the student will:

- 1) **Immediately** wash the exposed area.
- 2) **Immediately** report the incident to the UNA faculty, clinical supervisor, or clinical preceptor.
- 3) Complete incident reports at the facility (if available) and UNA (see Dean's secretary).
- 4) After completion of items 1-3, the student must choose one of the following three options:
 - Option I: Sign consent to decline HIV/HAA Serology testing.
 - Option II: Report to personal physician and/or Health Department/local emergency room for HIV Serology testing (at student's expense).
 - Option III: 1) Report to UNA University Health Services for HIV/HAA Serology testing.
2) Antibody titers will be drawn at 3, 6, & 12 month intervals (at student's expense).

B. Blood/Body Fluid Exposure Report

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Blood/Body Fluid Exposure Report

Student Name: _____ **ID Number:** _____

Facility Name: _____ **Department/Unit:** _____

Exposure Date/Time: _____ **Number of hours on duty:** _____

Location where the exposure occurred: _____

1. What type of body fluid was involved?

☐ blood or blood products ☐ urine ☐ vomit ☐ visibly bloody body fluid

☐ other, please describe: _____

2. Mode of exposure:

☐ percutaneous needle stick or sharp object ☐ mucus membrane ☐ intact skin ☐ non-intact skin ☐ human bite

☐ other, please describe: _____

Body site of exposure. (Check all that apply)

☐ hand/finger ☐ eye ☐ mouth/nose ☐ face ☐ Arm ☐ leg ☐ other, describe: _____

3. Was personal protective equipment (PPE) worn at the time of exposure? ☐ yes ☐ no

If yes, please specify: ☐ gloves ☐ goggles ☐ eyeglasses ☐ face shield ☐ mask ☐ gown

4. What device or item caused the injury? _____

- A. Brand name of the device, if known: _____
- B. Did the device have a safety feature to prevent injury? ☐ yes ☐ no
- C. If yes, when did the injury occur? ☐ before activation ☐ during activation ☐ safety feature not activated ☐ Safety feature failed after activation; please describe the device failure: _____

5. How long was the blood or body fluid in contact with the skin or mucus membrane?

☐ less than 5 minutes ☐ 5-14 minutes ☐ 15 minutes or more

6. If mucous membrane or skin exposure occurred, estimate the quantity of blood or body fluid that came in contact with the skin or mucus membrane:

☐ small amount (up to 5 mL) ☐ moderate amount (up to 50 mL) ☐ large amount (more than 50 mL)

8. If percutaneous exposure occurred, estimate the depth of injury:

() superficial, scratch with little to no blood () moderate, penetrated through the skin, wound bled
() deep, intramuscular penetration () unsure

9. Activity/event when exposure occurred. Please describe: _____

If a bite occurred how would you describe the wound? () No spontaneous bleeding () Spontaneous bleeding () Tissue avulsed () unknown

What activity or event was being completed when the bite exposure occurred? () During dental procedure () During oral examination () Providing oral hygiene () Providing non-oral care to patient () Assault by patient () Other, please specify: _____

SOURCE PATIENT:

1. Is the source patient known? () Yes () No

If yes, what is the social and medical history of the patient? _____

2. Is Hepatitis B Surface Ag status known on the patient? () Yes () No

If yes, what is status? _____ Date of results: _____

3. Is Hepatitis C Ab status known on the patient? () Yes () No

If yes, what is the status? _____ Date of results: _____

4. Is HIV Ab status known on the patient? () Yes () No

If yes, what is the status? _____ Date of results: _____

5. Are liver function tests available from before the exposure? () Yes () No

If yes, what are the results? _____ Date of results: _____

For HIV infected sources, what stage of the disease is the patient? () End-stage AIDS () AIDS ()

Acute HIV illness () Other symptomatic HIV, not AIDS () HIV infection, no symptoms () unknown

Is the patient taking anti-retroviral drugs? () Yes () No () Unknown

If yes please list the drugs taken: _____

Most recent CD4 count: _____ Date: _____

Viral load: _____ Date: _____

Additional comments: _____

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

****REMINDER: Please complete the Incident Report in the ACONHP Student Handbook**

C. Declination of HIV/Hepatitis Serology Testing

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Declination of HIV/Hepatitis Serology Testing

Blood/Body Fluid Exposure Report

Student Name: _____

Student ID Number: _____

I understand that due to the health professions occupational exposure, I may be at increased risk of acquiring HIV & Hepatitis. I have been given the opportunity to be tested at my expense for HIV & Hepatitis. After reviewing this information, I choose to decline the testing. I may change my mind and be tested later at my own expense. I understand that if the patient is a known source of HIV or Hepatitis, I have limited time to take post-exposure medications. I have read and fully understand all the information on this declination form.

By signing below, I am freely declining testing for HIV and Hepatitis post exposure to blood and/or body fluids.

Student's Signature: _____

Witness: _____

Date: _____

D. Influenza Vaccination Consent Form

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Influenza Vaccination Consent Form

UNA Anderson College of Nursing & Health Professions recommends that students receive the influenza vaccination to protect the patients and themselves from the virus. A copy of this form is to be submitted to the Anderson College of Nursing & Health Professions after the dose is documented. Additionally, a copy is to be kept in the online repository.

By signing this form, I am acknowledging that I have received and agree to the following:

- I have received and read the vaccine information sheet for the current year regarding the benefits and risks of receiving the influenza vaccine.
- I have had the opportunity to ask questions and understand the benefits and risks of influenza immunization.
- I consent to be immunized with the influenza vaccine dose required for the optimum immune response. However, as with all medical treatment, I understand there is no guarantee of immunization or the absence of adverse side effects from the vaccine.

Name of person to receive Influenza vaccine (please print)

Student L Number

Signature of person receiving vaccine

Witness

Date

Date

Influenza Vaccination Record			
	DATE	GIVEN BY	LOT #
Primary dose			

E. Tuberculosis Exposure Protocol

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Tuberculosis Exposure Protocol

The following procedure is for students exposed to tuberculosis during a clinical experience. Students who are exposed to patients who subsequently are shown to have tuberculosis, should:

- 1.) Complete the appropriate UNA Incident Report (Appendices) and clinical facility incident reports.
- 2.) Exposed students who have never had a positive tuberculin skin test will be given the PPD skin test **immediately** and then again in **10-12 weeks following the exposure**.
- 3.) If a PPD skin test is **positive**, the student will be referred to UNA University Health Services.
- 4.) A student, who has had a positive PPD in the past and is subsequently exposed to tuberculosis during a clinical experience, will be referred to UNA University Health Services.
- 5.) All students with positive PPD skin tests due to clinical tuberculosis exposure must submit a medical release from UNA University Health Services or their personal physician before returning to clinical.

Revised 10/2009, 4/2017, 10/2018, 2/2022

Reviewed 4/2005, 10/2008, 3-2009, 11/2009, 3/2010, 3/2011, 11/2011, 3/2012, 2/2013, 10/2013, 3/2014, 10/2014, 3/2015, 10/2015, 1/2016, 8/2016, 3/2017, 3/2018, 11/2019, 3/2023

F. Tuberculosis Screening Questionnaire

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Tuberculosis Screening Questionnaire

Student Name: _____ Student ID # _____

This TB Screening Questionnaire is used to evaluate your current TB Status. We cannot utilize the tuberculin skin test because you have a positive reaction to the test. A positive skin test means that sometime during your life you came into contact with tuberculosis or have had a vaccination to prevent you from contracting tuberculosis. It does not necessarily mean that you have TB now. Instead, this health survey will assist with monitoring for possible TB Symptoms.

1. Do you have a cough that has lasted 3 weeks or longer? **YES or NO**
2. In the past 3 months have you:
 - A. Lost your appetite? **YES or NO**
 - B. Lost weight without dieting? **YES or NO**
 - C. Had fever, chills, or night sweats? **YES or NO**
 - D. Coughed up blood? **YES or NO**
 - E. Been feeling very tired? **YES or NO**

Note:

If the student answered **“YES”** to 2 or more of the above questions, please refer to the health department for follow-up.

If the student answered **“NO”** to all questions, sign as indicated below.

This screening will expire one year from the dated healthcare provider's signature below.

Student's Signature: _____ Date: _____

Healthcare Provider's Signature: _____ Date: _____

Added: April 2017

G. Admission/Progression of Persons with Disabilities to the Undergraduate Program and Program Technical Standards

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Admission/Progression of Persons with Disabilities to the Undergraduate Program

Students with disabilities are considered for acceptance to the Undergraduate Program of the Anderson College of Nursing & Health Professions (ACONHP) based on their ability to meet the program's objectives and perform required activities.

ACONHP ADA Awareness Statement

In accordance with the American with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, the ACONHP endorses the university commitment to students with disabilities. ACONHP will provide reasonable accommodation for a student with eligible documented learning, physical, and/or psychological disabilities.

Respiratory Care is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Qualified individuals are those who satisfy admission requirements and who can perform essential functions of a respiratory care program with or without reasonable accommodation or modification.

Students must satisfy the Technical Standards of respiratory care students. A list of these standards is contained in the table below. This includes reading the Technical Standards, completing the accompanying acknowledgement form and submitting it to the program director upon entry to the program.

To be eligible for program accommodation, students must self-identify to the university's office of Disability Support Services (DSS), who will determine eligibility for services. Once eligibility for accommodations is determined by DSS, it is the students' responsibility to request appropriate accommodations. If Technical Standards cannot be achieved by the student, either unassisted or with dependable use of assistive devices, in consultation with the faculty, the dean reserves the right to withdraw the student from the respiratory care program.

Essential Technical Standards		
Issue	Standard	Some Clinical Examples of Necessary Activities (not all-inclusive)
Analytical/Critical Thinking	<p>Critical thinking ability sufficient for clinical judgment including:</p> <ul style="list-style-type: none"> Effectively read, write and comprehend the English language Able to count and interpret numbers on digital displays Appropriately tell and measure time Convert numbers to and from the metric system Add, subtract, multiply, and divide numbers Use calculators and convert fractions Calibrate equipment Interpret graphs 	<p>Identify cause/effect relationships in clinical situations, ability to make safe judgments when planning and implementing respiratory prescriptions, possess cognitive well-being.</p> <ul style="list-style-type: none"> Recognize and effectively prioritize patient problems Calculate medication dosages Use formulas to interpret ventilator data Chart patient data using graphs accurately Identify, interpret, and report patient changes in status Seek supervision as appropriate
Communication	<p>Communication abilities (hearing, speaking, reading, and writing) sufficient for interaction with others in verbal and written form including:</p> <ul style="list-style-type: none"> Participate in two-way communication either verbally or in writing Engage effectively with others regardless of culture, social, emotional, and professional backgrounds Work well in groups Interpret nonverbal communication Communicate accurately, professionally, and in a timely manner Communicate effectively by telephone and in group settings Communicate effectively with patients with altered mental status or mental disorders 	<p>Explain treatment procedures, initiate health teaching regarding respiratory health, document respiratory actions and patient responses.</p> <ul style="list-style-type: none"> Communicate with patients and their families to accurately describe plan of care, medications, and discharge instructions Document effectively, clearly, and accurately within patient charts Maintain patient confidentiality Read and understand physician orders, medication information and charting information Clarify physician orders Present patient information orally as required for verbal reports and physician rounding Remain professional and communicate effectively in high stress, emotional and conflict situations, no matter the setting Refrain from unprofessional or disrespectful behavior regardless

	<ul style="list-style-type: none"> • Accurately and effectively explain procedures to patients and families 	of the setting and on social networks
Professional Behavior	<ul style="list-style-type: none"> • Express compassion, respect, sensitivity, tolerance, politeness, and positive attitude toward others • Adhere to all health care facility and university policies • Comply with UNA's code of student conduct by maintaining the university's values to promote integrity, respect, service, collaboration, and inclusivity. • Accept responsibility and take accountability for one's actions • Take initiative to protect the public from illegal, unethical, and unsafe practices 	<ul style="list-style-type: none"> • Complies with professional standards such as the AARC, NBRC, CoARC codes of conduct, legal standards set forth by the Alabama Board of Respiratory Care and UNA's Code of Student Conduct • Show respect for differences in patients and all colleagues • Establish rapport with patients and coworkers • Process constructive criticism well and adjust accordingly • Effectively function during stressful and uncertain situations • Notify supervisor in a timely manner when mistakes are made or when assistance is needed • Refrain from verbal or nonverbal behavior of disrespect, hostility or violence • Maintain professional rapport during conflict
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces	Move around in patients' rooms, workspaces, and treatment areas; administer CPR, assist in ambulation, have sufficient mobility and stamina to function over an 8-12 hour period
Motor Skills	<p>Gross and fine motor abilities sufficient to provide safe and effective respiratory care including:</p> <ul style="list-style-type: none"> • Move in confined spaces • Lift, push, or pull 25 pounds • Sit and stand while maintaining balance • Hand/eye coordination • Move, transfer, twist, turn, and assist with lifting without injury to self • Sit, stand, walk and bend for prolonged periods of time • Write with pen or pencil • Type on keyboard and operate computer mouse • Grip, squeeze, and pick up objects of various size 	<p>Calibrate and properly use equipment; reposition, lift, and transfer patients; ability to lift up to 50 pounds; obtain and process specimens, use a computer; twist or squeeze with fingers; stand and maintain balance; reach and bend; move within confined spaces.</p> <ul style="list-style-type: none"> • Setting up and transporting equipment • Draw up medications into syringes • Transmitting and documenting patient information through paper or electronic charting • Walk without an assistive device • Respond quickly to emergency situations • Perform CPR

	<ul style="list-style-type: none"> • Climb stairs, ladders and stools 	<ul style="list-style-type: none"> • Perform physical assessment • Prepare medications for patient delivery • Operate equipment and fire extinguisher. • Assist with patient transfer and positioning
Emotional Stability	Able to assume responsibility and accountability for own actions	Establish therapeutic boundaries; provide client with emotional support; adapt to stress; deal with the unexpected; perform multiple responsibilities concurrently; handle strong emotion, control one's own emotions
Hearing	<p>Auditory ability sufficient for observation and assessment necessary in respiratory care including:</p> <ul style="list-style-type: none"> • Verbal communication between person to person • Telephone communication • Discern breath sounds through stethoscope • Distinguish between high and low frequency sounds • Ability to hear when a person's lips are not visible 	<p>Hear verbal exchanges among health care personnel and patients, monitors alarms, emergency signals, auscultator sounds, cries for help; ability to hear in situations when not able to see lips of the speaker; ability to hear sounds required to perform safe and competent patient care</p> <ul style="list-style-type: none"> • Auscultate and assess changes in breath, cardiac, and abdominal sounds • Hear auditory alarms, telephone calls, emergency signals and cries for help • Effective verbal communication while masks are worn
Visual	<p>Visual ability sufficient for observation and assessment necessary in respiratory care including:</p> <ul style="list-style-type: none"> • Observation of color changes • Read at different distances • Read for prolonged periods of time 	<p>Able to read handwritten documents (chart data); able to see small calibrations on syringes; observe patient responses to interventions and/or health problems; ability to detect subtle color changes.</p> <ul style="list-style-type: none"> • Observe physician orders, charting and numerical data, and other handwritten documents and computer screens • Observe change in patient condition, and behavior • Able to read fine print, medication labels, syringes • Monitor strips and equipment
Tactile	<p>Tactile ability sufficient for the following:</p> <ul style="list-style-type: none"> • Feel vibrations, pulsations, temperature, and texture 	<p>Perform physical examination and/or those related to:</p> <ul style="list-style-type: none"> • Palpate pulses and veins

	<ul style="list-style-type: none"> Determine shape and size 	<ul style="list-style-type: none"> Assess skin temperature, elasticity, rigidity, and abnormalities
Environmental	<ul style="list-style-type: none"> Detect biological and environmental odors Detect chemicals and odorous gases 	<ul style="list-style-type: none"> Tolerate chemical and biological odor exposure Detect odor of fires or hazardous materials Identify odors associated to disease processes

Revised: 2/2023
Reviewed: 1/2020

NOTE: It is important for respiratory care students to have a realistic view of the demanding curriculum before deciding to pursue the degree. Students are encouraged to contact the Anderson College of Nursing & Health Professions if there are questions about their abilities to function in clinical settings.

_____ I meet all Essential Technical Standards required by the Undergraduate Respiratory Care Program of the University of North Alabama Anderson College of Nursing & Health Professions.

_____ I do not/_____ am not sure that I meet all the Essential Technical Standards required by the Undergraduate Respiratory Care Program of the University of North Alabama Anderson College of Nursing & Health Professions. I understand that I must meet with the Respiratory Care Program Director and the Anderson College of Nursing & Health Professions Dean to discuss/clarify concerns before I am allowed to progress in the Anderson College of Nursing & Health Professions.

In the space below, please identify which Essential Technical Standard(s) you do not meet.

All information I have provided is complete and accurate.

Student Signature

Date

Printed Name

Revised 1/2023
Reviewed: 1/2020

H. Emergency Management – Hostile Intruder

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

Emergency Management – Hostile Intruder

If an armed or threatening intruder comes on campus, it is important that faculty, staff, and/or students report it immediately and take protective actions.

If you see an armed intruder and you are in an office or classroom:

- Remain in the classroom or office and immediately lock all doors.
- Call 911.
 - Try and remain calm, so you can give an accurate description of the person or person(s). Note type of dress, height, weight, sex, and any other characteristics/physical items that are particular to the individual(s). Report the type of weapon (if known) and direction of travel or building entered.
- Lock windows, and close blinds or curtains.
- Turn off lights and all audio equipment.
- Stay out of the open areas, and be as quiet as possible.
- Try to remain calm.
- Keep classroom or office secure until police arrive and give directions.

If you are caught in an open or exposed area and you cannot get into a classroom or office, you must decide upon a course of action:

HIDING

Look for a safe and secure hiding area. Once in place, try and remain calm. Stay hidden until you can make contact with emergency personnel.

RUNNING

If you think you can safely make it out of the area, then do so. If you decide to run, do not run in a straight line. Attempt to keep objects (trees, vehicles, trash cans, etc.) between you and the hostile person. When away from immediate area of danger, summon help and warn others.

PLAYING DEAD

If the intruder is causing death or physical injury to others, and you are unable to run or hide, you may choose to assume a prone position and lay as still as possible.

FIGHTING

Your last option is to fight back. This is dangerous and not recommended, but, depending on your situation, this could be your last option.

If you are caught by the intruder and are not going to fight back, obey all commands and avoid eye contact. Once emergency personnel have arrived and taken over the situation, obey all commands.

Additional Information is available on the University Police Website: <https://www.una.edu/emergency-management/intruder.html>

Emergency Assistance on Campus: LynxIcon

The “LynxIcon” on the computer desktop is in place to heighten safety in the classroom. When enabled, this feature will silently alert dispatchers to send assistance to the desktop location. Justification of clicking the “send police” icon is for emergency use only. Clicking the icon for non-emergency use is against the law and will be reported to the University Police. Additional information is available on the [University Policy Emergency Assistance Flyer](#).

Added: 2/2013
Reviewed: 10/2013, 3/2014, 10/2014, 3/2015, 10/2015, 1/2016, 8/2016, 3/2017, 3/2018
Revised: 10/2018, 11/2019, 4/2021, 3/2023

EMERGENCY INFORMATION

FOR EMERGENCIES, DIAL (9-911) or (4357) ON ANY CAMPUS PHONE

**SEND POLICE! Silent
Alert Desktop Icon**



I. FERPA Form

University of North Alabama FERPA Consent to Release Form

NOTICE & INSTRUCTIONS: As a current or former student, the information contained in your education records at the University of North Alabama (UNA) is protected by a Federal privacy law known as the Family Educational Rights and Privacy Act (FERPA). Except under limited exceptions specified in FERPA, school officials can only share your education records or discuss information from your records with third parties if you provide "prior written consent" — that is, your explicit permission in writing.

There may be times when you want to share certain education records and information with someone external to UNA. University officials may require you to provide prior written consent by completing this form before they release the specified records or information.

Please note that this consent may be revoked at anytime by providing written notice of such revocation to the University official to whom this form was originally submitted. The revocation will apply only to prospective requests for records. UNA reserves the right to require a student to submit a new or updated form as needed.

Student Name and Address:

Student Identification Number (L Number):

I authorize UNA to release the following educational records or information (please be as specific as possible):

to:

for the purpose of:

for the duration of (optional):

By signing below:

- 1) I consent to the release of the specified education records and information to the individuals/entities stated on this release form;
- 2) I understand that consenting to this disclosure is voluntary;
- 3) I understand this consent will remain in effect from the date it is signed until the date I specified above or date revoked by me (in writing).

Student's Signature

Date

J. Incident Report

UNA ANDERSON COLLEGE OF NURSING & HEALTH PROFESSIONS

INCIDENT REPORT

DIRECTIONS: This form is to be completed in ink by supervisors or cost center heads for accidents or incidents involving injury or potential injury to students or visitors on campus or during University-related activities. Complete this form as soon as practical after an incident or accident and deliver copies (no later than 24 hours following) to the DEANS OFFICE (UNA Box 5054).

GENERAL STUDENT/VISITOR INFORMATION:

Injured person is: (check one) ☐ Student ☐ Visitor

Name _____ Student ID Number _____

Name of parent/guardian/spouse _____ Phone _____

UNA Box _____ Academic Classification _____ Age _____

Local Address _____

INCIDENT INFORMATION:

Date of Incident or Accident _____ Time _____ a.m. or p.m.

Location of Incident or Accident _____

Name and phone number of witnesses to the incident or accident:

1. _____ 2. _____

3. _____ 4. _____

Describe what happened:

Nature of any injury (cut, puncture, burns, etc.)

Location of injury (body part, left or right) _____

Did the victim go to the UNA Health Center? ☐ YES ☐ NO

Did the victim go to a physician/medical facility? ☐ YES ☐ NO

Name of treating physician _____

Name of medical facility _____

Treatment: _____

Was the victim admitted to the hospital? ☐ YES ☐ NO

If yes, date of admission _____

.....

Signature of Supervisor/Cost Center Head reporting incident or accident

.....

Date

K. COVID-19 Exposure Policy



ANDERSON
College of NURSING *and*
HEALTH PROFESSIONS

University of NORTH ALABAMA

COVID-19 Exposure Policy - Students

In the event of a known exposure to COVID-19 without appropriate PPE, students will do the following:

- Contact clinical course coordinator(s) immediately.
- Contact UNA Health Services for further health care guidance and screening.
- University health services will provide guidance on the length of quarantine based on CDC and ADPH guidelines.
- If symptoms develop, report symptoms to UNA Health Services and they will provide guidance on when you have clearance to return to class/clinical. Additional requirements may apply based on the assigned clinical facility.
- Students will maintain contact with each professor regarding their class and clinical progress throughout the quarantine period.

L. Alabama Board of Respiratory Therapy Regulatory Questions for NBRC Exam Applicants

Alabama Board of Respiratory Therapy Regulatory Questions for Initial NBRC Exam Applicants

1.	Are you currently charged with, or ever been convicted of a felony or misdemeanor?
2.	Do you have any physical, mental, or emotional impairments that would hinder your ability to perform duties assigned in the profession of Respiratory Therapy?
3.	Are you or have you ever been addicted to alcohol or drugs?
4.	Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting?
5.	Has any state licensing board refused, revoked, or suspended a certificate/license issued to you or taken other disciplinary action?
6.	Have you ever voluntarily or otherwise surrendered your healthcare or respiratory license or certification/registry in any jurisdiction, state or territory?
7.	Are you currently under investigation by any healthcare licensing board or agency?
8.	Have you had any malpractice suits filed against you or your employer on your behalf?

Note: For renewal information, please visit the ASBRT website:
<https://asbrt.igovsolution.net/online/>