

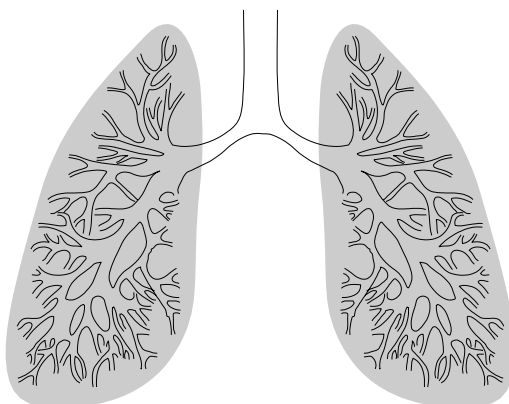


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RESPIRATORY THERAPY PROGRAM

POLICY/PROCEDURE MANUAL & STUDENT HANDBOOK

Class of 2025-2027



Respiratory Care

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1.0 GENERAL INFORMATION

1.1 Accreditation

The Respiratory Therapy Program of Edgecombe Community College is approved by the NC Department of Community Colleges and the Commission on Accreditation for Respiratory Care. Effective November 11th 2009 CoARC became the Commission on Accreditation for Respiratory Care. CoARC is the accreditation agency for the Respirator Therapy Program at Edgecombe Community College.

1.2 Program Goals & Learning Domains

In compliance with educational standards established by the Committee on Accreditation for Respiratory Care, Edgecombe Community College must provide a statement related to Program Goals and Learning Outcomes. These goals set the minimum standard to which all students/graduates must comply. The outcomes allow the program to continually evaluate the programs effectiveness as it relates to producing Grade Entry-Level Respiratory Care Practitioners.

As a student seeking to become an Entry-Level Respiratory Care Practitioner, you must perform and/or function as a competent Respiratory Care Practitioner upon graduation. This reflects upon the fact that as a student you must strive to the best of your ability to gain the knowledge (cognitive), perform the skills (psychomotor), and report to class, clinic, and work punctually, dressed appropriately, and displaying appropriate communication skills and professional attitude with both your patients, peers, and fellow professionals (affective skills).

The Edgecombe Community College Respiratory Therapy Program Goals and Learning Outcomes are listed on the following page:

COGNITIVE DOMAIN

Goal 1: Upon completion of the program, the graduate will function as a competent entry-level respiratory care practitioner.

Objective A: Upon completion of the program, the graduate will demonstrate **cognitive knowledge** that is pertinent to the entry-level respiratory care practitioner.

PSYCHOMOTOR DOMAIN

Goal 1: Upon completion of the program, the graduate will function as a competent entry-level respiratory care practitioner.

Objective B: Upon completion of the program, the graduate will demonstrate **psychomotor skills** pertinent to the entry-level respiratory care practitioner.

AFFECTIVE DOMAIN

Goal 1: Upon completion of the program, the graduate will function as a competent entry-level respiratory care practitioner.

Objective C: Upon completion of the program, the graduate will demonstrate appropriate **affective skills** necessary to perform as an entry-level respiratory care practitioner.

1.3 Program History

As a result of a grant funded by the Kate B. Reynolds Health Care Trust in the amount of \$155,000, the Respiratory Therapy Program began as its first students were admitted in the Fall semester of 1988. Room 201 of the Barnes building was designed specifically to accommodate needs for both class and laboratory settings. In the Spring semester of 2016, the program was relocated approximately 70 yards west into a new, Deborah Lamm Biotechnology and Medical Simulation Center with accommodation's specific to the Respiratory Therapy Program's needs. Our current dedicated classroom is located in room 104 and the laboratory is located in room 309.

Clinical affiliates include DLP-Wilson Medical Center, PAM Hospital, ECU Health-North, UNC-Nash General Hospital, ECU Health-Edgecombe Hospital, Wake Medical Center, ECU Health Medical Center, UNC-Rex, Duke Raleigh & DrugCo.

The program received accreditation by the Joint Review Committee for Respiratory Care in 1993 and reaccreditation by the Committee on Accreditation for Respiratory Care in 1998, 2008, and 2018.

The program has many outside organizations in which it is involved. They include Area L AHEC, American Lung Association, Down East Partnership for Children Asthma Awareness Project, North Carolina Society for Respiratory Care, American Association for Respiratory Care, North Carolina Respiratory Care Board, and the North Carolina Association of Respiratory Educators.

The communities of interest delivery of health care have remained somewhat constant in regards to general care procedures. However, critical care, outpatient procedures, pulmonary rehabilitation, and the home care arena have increased tremendously.

The Respiratory Care Program is five semesters in length and awards an Associate of Applied Science Degree in Respiratory Care Technology. Graduates are eligible to take the Therapist Multiple-Choice Examination and Clinical Simulation Examination offered by the National Board for Respiratory Care.

The Respiratory Care Program is now located in the Biotechnology & Medical Simulation Center on the Rocky Mount Campus. The Respiratory Care lab is located on the 3rd floor (room 309) with program faculty offices located conveniently in rooms 312 – King, 308 – Pendergraft, 316 – Aragon.

1.4 Respiratory Care Advisory Committee

| | |
|---|----------------------------------|
| Crystal O'Neal MS, RRT, RCP | Wake Medical Center |
| Robert Delong, RRT, RCP | DLP-Wilson Medical Center |
| Mike Simmons BS, RRT, RCP | ECU Health North Hospital |
| Steve Pinyan BS, RRT, RCP | ECU Health Edgecombe Hospital |
| Jennifer Pierce, RRT, RCP | PAM Hospital |
| Misty Anderson BS, RRT, RCP | UNC-Nash General Hospital |
| Charles Bangley BS, RRT, RCP | ECU Health Medical Center |
| Marty Jones MBA, RRT, RCP | DrugCo |
| Wes Womeldorf RRT, RCP | UNC Rex Hospital |
| Gary Drumwright BS, RRT, RCP | Duke Raleigh |
| Priyank Desai, MD | Medical Director |
| Timothy King MBA, RRT, RCP | Program Director, ECC |
| Josh Pendergraft BSRT, RRT, RCP | Clinical Education Director, ECC |
| Nacole Everette M.S. | Dean of Health Sciences, ECC |
| Bruce Pannenton ED | Vice-Pres. of Instruction, ECC |
| 1 st & 2 nd Year Student Rep. | ECC |

1.5 Personnel

| | |
|---------------------------------|----------------------------------|
| Program Director: | Timothy J. King, MBA, RRT, RCP |
| Clinical Director of Education: | Josh Pendergraft, BSRT, RRT, RCP |
| Medical Director: | Priyank Desai, M.D. |
| Clinical & Adjunct Instructors: | |
| Cecelia Aragon BSRT, RRT, RCP | Edgecombe Community College |
| Mandy Smith BS, RRT, RCP | ECU Health Edgecombe Hospital |
| Jennifer Pierce, RRT, RCP | PAM Hospital |
| Morgan Ryan BS, RRT, RCP | UNC Nash General Hospital |
| Matthew Hardee BS, RRT, RCP | ECU Health Medical Center |
| Michael Berrier BSRT, RRT, RCP | ECU Health Medical Center |
| Samantha Blalock BS, RRT, RCP | DLP Wilson Medical Center |
| Kendall Edwards BS, RRT, RCP | ECU Health North |
| Karen Erb BS, RRT, RCP | Wake Medical Center |
| Efua Meyers RRT, RCP | UNC Rex Hospital |
| Lucine Cadet MSRT, RRT, RCP | Duke Raleigh |

Professional Improvement

The college believes that continuous improvement of all personnel promotes Grade and effectiveness in the college. The college, therefore, supports a comprehensive program of staff development and encourages employees to participate.

Staff development activities may include conferences, seminars, workshops, professional meetings, additional formal education through college courses, back-to-industry support, continuing education courses, and other means as might be appropriate.

The college provides regular budget funds in each annual program budget to support these activities. In addition, the college receives and spends an additional special allotment from the State each year to support staff development activities.

Employees should submit the travel authorization request form as far in advance as possible to the appropriate administrator for approval.

1.6 Clinical Education Affiliates

| | ECU Health Edge. Hospital | ECU Health North | DLP-Wilson Med. Center | UNC-Nash General Hospital | ECU Health Medical Center | PAM Hosp. | DrugCo Pharm. | Wake Medical Center | UNC Rex Hospital | Duke Raleigh Hospital |
|--|---------------------------|------------------|------------------------|---------------------------|----------------------------|------------|---------------|----------------------------|----------------------------|-----------------------|
| Approx. miles from college | 14 | 40 | 23 | 5 | 40 | 5 | 40 | 53 | 62 | 56 |
| Number of Beds | 117 | 204 | 294 | 280 | 861 | 40 | | 919 | 665 | 186 |
| Rotation Time* | 12 hr. day | 12 hr. day | 12 hr. day | 12 hr. day | 12 hr. day 12 hr. night | 12 hr. day | day | 12 hr. day 12 hr. night | 12 hr. day 12 hr. night | 12 hr. day |
| Adult ICU | x | x | x | x | x | x | | x | x | x |
| Pediatric ICU | | | | | x | | | x | | |
| Neonatal ICU | | | | | x | | | x | x | |
| Adult Floor | x | x | x | x | x | | | x | x | x |
| Pediatric Floor | x | x | x | x | x | | | x | x | |
| ABG/A-line | x | x | x | x | x | | | x | x | |
| Pulmonary Function Lab | x | x | x | x | x | | | | x | x |
| Sleep Studies | | | | x (12 hr night) | | | | | | |
| Bronchoscopy | x | x | x | x | x | | | | x | |
| EKG | x | x | x | x | | | | | x | |
| Cardiology Diagnostics: stress test/echo | x | x | x | x | x | | | | x | |
| Swan Ganz Management | x | x | | | x | | | x | | |
| Cardiac Cath Lab | | x | x | x | | | | | x | |
| Intubation/OR Rotation | | x | x | x | | | | | | |
| Sub-Acute Care | | | | | | x | | | | |
| Home Health | | | | | | | x | | | |
| Pulmonary Rehabilitation | | | | x | x | | | | x | |

x Marks specific areas within each clinical affiliate where students will receive instruction.

*Day 0645-1515 *Evening 1445-2315

*12 Hr. Day 0645-1915 *12 Hr. Night 1845-0715

1.7 Statement of Ethics and Professional Conduct

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

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

American Association for Respiratory Care

1.8 Legal Standards for Respiratory Care

All students applying for the Respiratory Care Program must be aware that clinical agencies have employment policies that promote the granting of student educational rotations and the employment of individuals with sound ethical and moral values.

It should be noted that the clinical agencies will not knowingly hire or allow student rotations to any individual nor will the National Board for Respiratory Care allow any individual to take the national board examinations that has been found guilty of committing a crime, until their sentence has been served or debt to society paid. **Furthermore, all graduates applying for a license from the North Carolina Respiratory Care Board will be subject to an additional background check conducted by the State Bureau of Investigation.**

In response, all students will be subject to an annual criminal background check and drug testing. Drug testing may be performed on a random basis at any clinical agency. Clinical rotation privileges will be granted according to the results of such testing. Clinical agencies consider the results of such in the same manner as if the student were actually applying for employment at said agency. If any student is denied clinical rotational opportunities; based on the results of such testing, the student will be administratively removed from the Respiratory Care curriculum.

Any student with questions pertaining to the above legal standards is encouraged to speak with the Respiratory Care Faculty. In return, they will provide for the student the appropriate agency's contact individual, title, phone number, and address as to ascertain clearly defined information, prior to the selection of Respiratory Care as a career choice.

1.9 Legal Credentialing and State Licensure

Students can apply for RCA license with the NCRCB after the first year is completed and must maintain a good standing while in the program. This will allow the student to work as an RCA while in the program. After successful completion of the program, all students will receive an Associate of Applied Science in Respiratory Therapy Degree. Upon graduation, data will be entered into the National Board for Respiratory Care electronic eligibility data base and transcripts will be forwarded to the North Carolina Respiratory Care Board by the College. It is the student's responsibility to inform the NCRCB of this and then the NCRCB will transition them to provisional RCP.

Upon graduation from the program, students will have satisfied the requirements stipulated by the National Board for Respiratory Care and are considered to be a Graduate Respiratory Therapist. Graduates are now eligible to make application to the NBRC for the appropriate credentialing examination.

The first examination that all graduates are required to take prior to obtaining an initial Respiratory Care License and performing patient care is the Written TMC examination (Therapist Multiple-Choice Examination).

The NBRC has established two cut-scores. Depending upon the score achieved on the NBRC written Therapist Multiple-Choice Examination, the graduate may be awarded the CRT credential if the low cut-score is achieved. If the high cut-score is achieved the CRT credential is awarded and eligibility to attempt the Clinical Simulation examination is granted. Please note, the high cut-score must be achieved to become eligible to sit for the clinical simulation examination.

The next step in the credentialing process is for the CRT to make application to the NBRC to sit for the Clinical Simulation component of the Registry examination. Upon successful completion of these exams, the Therapist is awarded the Registered Respiratory Therapist credential. (RRT Credential)

By the fact that graduates obtain an Associate of Science in Respiratory Therapy Degree, all ECC graduates are deemed entry-level Practitioners. In regard to advancement and professional recognition of your respective profession, both the College and your potential employer expect application to the NBRC for the Registry Examination. Your actions are responsible for your personal growth and the advancement regarding the profession of Respiratory Therapy. It is strongly recommended to pursue a Bachelor's Degree in Respiratory Therapy after graduation and the obtaining of your RRT credential.

To maintain licensure by the North Carolina Respiratory Board, each licensed Respiratory Care Practitioner must obtain **12 continuing education units and maintain certification in Basic Life Support annually**. In accordance the National Board for Respiratory Care Standards stipulate that **each therapist must be re-credentialed every five years. To meet this requirement 30 education units must be achieved during this given five-year period**. *SEE NBRC.org and NCRCB.org websites for specific details and information on changes that may occur at any time.

Please note that the (NCRCB) North Carolina Respiratory Care Board and the (NBRC) National Board for Respiratory Care are two distinct agencies. The Graduate Respiratory Therapist must comply with the rules and

statuettes of both agencies to maintain a current license and active credentials.

1.10 Technical Standards for Respiratory Care

According to the nature of the work required for the Respiratory Care Practitioner and the educational requirements of the Respiratory Care Program, the student must be able to:

- Reach, manipulate, operate, and monitor equipment above shoulder level (approx. 6 feet off the floor).
- Lift and carry at least 30 pounds of weight in order to safely transport and use portable equipment when performing procedures.
- Safely move standard wheel chairs and stretchers with patients from the emergency or waiting areas to the appropriate diagnostic or therapeutic areas.
- Safely assist mobile patients from the stretcher or wheel chair to the testing area and back without assistance.
- Lift, manipulate, and move patients as necessary for the performance of procedures.
- Transport equipment to patient care areas (i.e., mechanical ventilators ranging in weight from 50 to 200 pounds mounted on wheels).
- Correctly read physician's orders and select appropriate ventilator settings accordingly (visual acuity necessary for precise adjustments).
- Visually monitor patient, sometimes in dimly lit environments, for signs of respiratory distress and evidence of physical or emotional distress during the performance of procedures.
- Audibly monitor equipment and background sounds during patient assessment/equipment monitoring intervals as to correct any problems or report problems to the appropriate person.
- Monitor and evaluate the vital signs of a patient, including, but not limited to, blood pressure, temperature, respirations, pulse, and breath sounds.
- Communicate clearly, both orally and in writing, with the patient, patient's family, and all other members of the health care team to obtain or disseminate information relevant to patient care and work duties.
- Accurately read and correctly carry out written instructions given on requisitions, patient charts, notes, and other records.

2.0 ADMISSION PROCEDURES

2.1 Open Door Policy/Equal Opportunity Statement

Edgecombe Community College operates under the Open-Door Policy of the Department of Community Colleges. The college is an equal opportunity institution that is fully committed to the principles and practices of equal employment and educational opportunity for all people. The college declares that it does not practice or condone discrimination in any form against applicants, students, or employees on the basis of race, color, religion, sex, gender, age, national origin, disability, political affiliation, or gender information. However, the Respiratory Care Program has restrictions on the number of students that may be admitted to each class. Restrictions on admission are flexible to allow each student the opportunity to improve his/her educational standing in regards to the student ranking process. Opportunities for preparatory or remedial studies are provided in the Learning Resources Center for students who desire to improve their academic skills.

2.2 Class Size

Class size is determined by the Respiratory Care Advisory Committee in conjunction with approval by the Commission on Accreditation for Respiratory Care. The total number of students accepted is based on the availability of Grade clinical rotations that may be provided by the adjunct clinical facilities of Edgecombe Community College.

2.3 Entrance Requirements

Candidates for admission must be a high school graduate. It is recommended that individuals take courses in biology, chemistry, algebra, and physics prior to entering the program.

The admission procedure is as follows: 1) submit completed online college application and a program specific application to the admissions office at the Rocky Mount Center; 2) submit high school (and college, if applicable) transcript(s) to the admissions office to the Rocky Mount Campus; 3) achieve minimum passing scores on mathematics, English and reading tests for admission; 4) interview with counselor; 5) interview with Respiratory Care faculty; 6) attend a mandatory information session; 7) Respiratory Care Department tour of a Clinical Affiliate agency is recommended; 8) Respiratory Care Admissions Committee will determine point accumulation for each applicant; 9) Successfully Complete the Teas test with a minimum cut score achieved; 10) receive a letter of formal acceptance, pending criminal background checks & drug screening; and 11) submit medical examination form no more than 90 days prior to enrollment (a physical examination is required of all students in allied health programs).

2.4 Transfer Policy

Students who wish to transfer from other respiratory care programs must meet the admission requirements currently established for all students seeking admission to the College and to the Respiratory Care Program. In addition to meeting the requirements listed for admission, the student must also complete the following: 1) submit transcript of credits from a CoARC accredited program showing courses taken and grades earned; 2) submit evidence of a Grade point average of 2.500 in required curriculum courses; 3) Submit to criminal background check and drug screen for adjunct clinical facilities review; 4) Proper clinical orientation to all adjunct clinical agencies; and 5) submit letters of recommendation from both the Program Director and Clinical Education Director of the Respiratory Care Program attended. Transfer is contingent upon space being available in the classroom and clinical affiliates. Students previously attending a COARC approved program who are unsuccessful after two attempts are not eligible for admission to the Edgecombe Community College Respiratory Therapy Program. This is in keeping with established policy regarding currently admitted students within the program.

Students may be required to furnish course descriptions and/or outline of courses for which transfer credit is desired. Evaluation of records and recommendations for admission by transfer and transfer credit will be made by the Respiratory Care Faculty, Medical Director, and Admissions Counselor.

2.5 Readmission

Students eligible for readmission with advanced status into the Respiratory Care Program are those who have completed at least two semesters of the curriculum within the preceding 12 months. All other students must reapply as regular applicants. Readmission is contingent upon Respiratory Care Faculty recommendation and space being available in the classroom and clinical affiliates. Students should highly consider auditing all core Respiratory Therapy classes prior to readmission.

Students desiring readmission must meet all of the following requirements: 1) notify, in writing, the Respiratory Care Faculty at least 90 days prior to the desired date of readmission; 2) submit evidence of a Grade point average of 2.000; 3) repeat any curriculum course in which a grade of D or F was earned and earn at least a C; 4) Submit to criminal background check and drug screen for adjunct clinical facilities review; 5) Proper clinical orientation to all adjunct clinical agencies; and 6) receive Respiratory Care Faculty recommendation.

All students are limited to two chances for successful completion of the Respiratory Care Program.

3.0 STUDENT EVALUATION

Student evaluation begins prior to admission when the application to enter the College, placement test scores, and physical and emotional health status of the prospective student are reviewed.

3.1 Grading System

The grading system used by Edgecombe Community College is a 10 point scale, however the Respiratory Therapy program is as follows: (Classes with the prefix RCP)

| <u>Grade</u> | <u>Numerical Equivalents</u> | <u>Explanation</u> | <u>Grade Points Per Credit Hour</u> |
|--------------|----------------------------------|--------------------|---|
| A | 93-100 | Excellent | 4 |
| AU | | Audit | 0 |
| B | 85-92 | Above Average | 3 |
| C | 77-84 | Average | 2 |
| D | 70-76 | Below Average | 1 |
| F | Below 70 | Failure | 0 |
| H | | High Pass | 0 |
| I | | Incomplete | 0 |
| IP | | In Progress | 0 |
| NS | | No Show | 0 |
| P | | Pass | 0 |
| T | | Transfer-No Grade | 0 |
| TA | | Transfer-A | 0 |
| TB | | Transfer-B | 0 |
| TC | | Transfer-C | 0 |
| U | | Unsatisfactory | 0 |
| WE | | Withdrew Early | 0 |
| WF | | Withdrew Failing | 0 |
| WP | | Withdrew Passing | 0 |
| XA | | Credit by Exam-A | 4 |
| XB | | Credit by Exam-B | 3 |
| XC | | Credit by Exam-C | 2 |

Grade point averages are determined by dividing the total number of Grade points by the number of hours attempted. If a course is repeated, only the higher grade will be averaged into the Grade point average. An asterisk beside a grade on a student's permanent record means that the course does not count in the Grade point average.

3.2 Specific Grade Requirements for the Respiratory Care Technology Program

A cumulative Grade point average for all program courses of 2.000 is required for a student to enter, remain in, re-enter, or graduate from the College. A student whose cumulative average falls below 2.000 at the end of any semester will be allowed one semester in which to raise his/her cumulative average to 2.000.

The Respiratory Care Curriculum is designed so that each semester's requirements must be met before the student can proceed to the next semester, with one exception. A student receiving an incomplete in a prerequisite course will be allowed two weeks only to remove this incomplete. If this is not done, the student will automatically be dropped from the course(s) in which he/she is currently enrolled.

Students in the Respiratory Care Program must earn a letter grade of C or better in each of their core courses (those courses designated by an RCP prefix) and also, Bio 168; A & P I, Bio 169; A & P II, and MAT 143 Quantitative Literacy, in order to progress to the next major course in the curriculum or to graduate. **This means failure to achieve a grade of C or better will result in the student's dismissal from the program. Any such student may apply for readmission, and if accepted, repeat the course and remove the deficiency.**

All students are limited to two chances for successful completion of the Respiratory Care Program.

3.3 Returning Assignments

A student can generally expect to receive his/her grades within one week following an assignment or test. More extensive projects and learning activities are usually returned within two weeks. This time frame does not include holidays, which would extend the length of time required for grading. Students will not be allowed to keep copies of tests. All test papers must be returned to the instructor immediately after review.

3.4 Clinical Evaluation Student/Faculty/Site

Students will be appropriately supervised at all times during their clinical educational coursework and experiences. The procedure utilized in clinical evaluation will be presented to the student at the beginning of clinical rotations. Each student must successfully satisfy all clinical objectives to achieve a passing

grade in each clinical course. Students who use unsafe methods of delivering patient care, show inadequate preparation in caring for patients, or demonstrate unprofessional conduct in the clinical area (ex. Showing no interest in learning or asking to go home) may receive an unsatisfactory clinical evaluation. An unsatisfactory clinical evaluation constitutes failure of the course and immediate withdrawal from the program.

In the clinical area, the Respiratory Care Faculty and clinical instructors reserve the right to use their professional judgment in determining if a student is unable or incapable of performing assigned duties or presents a threat to the health and safety of the patients. Should this situation arise, the student, after being informed of the reason, may be directed to depart the clinical area and to immediately notify the Director of Clinical Education. The specifics of the incident will be discussed and remedial action planned, if necessary. Following satisfactory remediation, the student will return to the adjunct clinical facility where the incident occurred and demonstrate proficiency.

A student may be placed on clinical probation for reasons, which include (but not limited to) less than satisfactory clinical performance (in regards to a deficiency in either of the Cognitive, Psychomotor and/or Affective Domain), attendance problems, or therapy errors. Examples of therapy errors include utilizing the incorrect medication dosage, selecting the incorrect medication or form of medication, preparing to give the medication at the inappropriate time, failing to appropriately sign off and/or chart therapy given, or incorrectly adjusting life support equipment. A written contract, which will state what the student must do within a fixed period of time to correct the behavior will be given to the student and placed in the student's file. Failure to comply with a clinical probation contract will result in an unsatisfactory clinical evaluation and administrative withdrawal from the Respiratory Care Program. Any student who is on academic probation is not in good standing, and will not be able to work as an RCA until probationary contract is resolved. This is in compliance with the NCRCB. The Clinical Education Director or any clinical instructor may immediately suspend a student for a period of three (3) days for unsatisfactory clinical

performance. The Program Director will be notified immediately and within two (2) school days after commencement of the suspension, furnish the student with a written statement of the rationale upon which the suspension is based. The student may then request a hearing before the Respiratory Care Faculty. In all matters relating to suspension from clinical functions, the student shall be provided the opportunity to be heard and to produce and examine witnesses relating this to procedural due process. In matters of clinical evaluation, the final decision is rendered by the Program Director, all students are afforded due process as covered in the ECC student handbook. Clinical days missed due to suspension will be counted as clinical absences unless they are made up.

Academic policies must apply to all students and faculty regardless of location of instruction. In addition to clinical evaluation guidelines, students must follow and comply with the personnel policies and procedures of each clinical affiliate. Each clinical affiliate has the right to refuse clinical experience for any student whose clinical performance is unsatisfactory or who violates any of the affiliate's personnel policies and procedures. This type of refusal will result in immediate withdrawal of the student from the Respiratory Care Program. Clinical affiliate personnel policies will be presented to the student at the beginning of clinical education rotations. Students are required to attend all clinical facilities throughout their program experience.

Every effort is made to ensure course content, learning experiences (didactic, laboratory, & clinical), and access to learning materials are equivalent/fair and equitable, regardless of where the experience was acquired.

IRR Clinical Preceptor Training Plan

We utilize a Preceptor Training Course. This program will be of great benefit to respiratory care instructors and preceptors. CoARC guidelines specify that RT programs must develop and implement processes that ensure consistency and reduce variability among individuals who perform clinical evaluations. This requirement has created a need for innovative and creative approaches to assure the attainment of inter-rater reliability within the pre-clinical and clinical components of RT programs. We use this interactive course to begin with an overview of a Clinical PEP (Practices of Effective Preceptors) Program and it takes you step-by-step through the development and implementation of the program. You'll leave with the background, knowledge and skills to help you be more objective when evaluating and giving feedback to RT students. Our ultimate goal for providing this course is to create more consistency in the education and evaluation of our students. This is a requirement from CoARC. (Agency that accredits RT programs) Preceptors are asked to complete this course biannually or if substantive changes have

occurred to the process of evaluation for the ECC RT program. After completing the Course Requirements, the preceptor will Receive 2 CRCE Credits

The steps to completing the course are as follows:

1. Sign-in to the with the Preceptor Training Course link provided. The access code for preceptors is received from PD or DCE
2. Review Modules 1-5 carefully with included videos. The modules are organized in sequence so you will only need to press the NEXT button to progress to the Next section of the Course. You will be asked to evaluate and make notes in the program workbook provided. **Please print the Clinical PEP workbook, make notes and keep for your records in the event of a CRCE(r) audit from the NCRCB.**
3. Complete the Preceptor Course Post-test below with a score of 70% or better.

Plan to reduce inconsistency within Clinical Evaluation

1. Semester evaluation of Daily Logs performed with review and analysis
2. Semester evaluation of Competency sheets performed with review and analysis
3. Review and analysis of feedback from student feedback evaluation of Clinical Preceptor
4. Respond to feedback/concerns during semester of both students and preceptors
5. If Variability or inconsistency is noted
 - a. If concern or complaint is given an investigation is performed
 - b. Both the Student and Preceptor will meet with DCE individually
 - c. Action plan will be developed to meet the specific issues
 - d. IRR training of the Preceptor will be initiated if not already done
 - e. Individual remediation to the preceptor will be performed specific to the inconsistency when identified
 - f. Follow-up evaluation of the preceptor will be noted
 - g. Clinical site management/supervisor will be notified when it is deemed necessary

Evaluation Plan of Clinical Sites

1. Conduct Semester Evaluation of Clinical Sites (example on following page)
2. Review and analysis of feedback from students' evaluation of Clinical Sites
3. Respond to feedback/concerns during semester of both students and preceptors
4. If clinical resources or supervision deficiency is noted
5. If concern or complaint is given an investigation is performed
6. After conferring with Program Director and all concerned parties an Action plan will be developed to meet the specific issues

- a. This will include possible changes to site usage (amount of students/time of rotation)
7. If supervision deficiency/concern noted
 - a. See “Plan to reduce inconsistency within Clinical Evaluation”
 - b. individual remediation to the preceptor will be performed specific to the inconsistency when identified
 - c. This will include possible changes to site usage (amount of students/time of rotation)
 - d. Follow-up evaluation of the preceptor supervision will be noted
 - e. PD will be notified and updated of results
8. Clinical site management/supervisor and program faculty will be notified of and included in Plan to improve Clinical Site Resources

3.5 Student Evaluation

The Respiratory Care Program of Edgecombe Community College will use the National Board for Respiratory Care Secure Self-Assessment Examinations as a method of evaluating academic performance. The Therapist Multiple Choice Self-Assessment examination and the Registered Respiratory Therapist Clinical Simulation Self-Assessment examination will be administered immediately prior to graduation.

3.6 Student Conferences

A mid-semester student conference will be conducted with students on a semester basis. However, the college has an early alert system in place that will notify both the student and advisor should academic issues arise. This notification mandates a student-instructor conference. These conferences will be scheduled by the Respiratory Therapy Faculty for the purpose of offering remediation opportunities in an effort and true desire to promote student success. All efforts will be made to ensure timely access to faculty and academic support services for assistance regarding academic concerns and problems regardless of location of instruction.

4.0 STUDENT CONDUCT

Students shall address one another, their instructors, and co-workers appropriately. Students are expected to conduct themselves in a dignified and socially acceptable manner at all times. Use of profane or obscene language will not be permitted at any time.

A display of unprofessional behavior on the part of any student is inexcusable, even under trying conditions or situations. The student must remain in control of his/her emotions. The Grade of the voice is important. A quiet pleasant tone and assured voice is most desirable.

Students are expected to adhere to the Edgecombe Community College student code of conduct as stated in the current ECC Student Handbook underneath the heading, Student Discipline, Rules & Regulations.

4.1 Cheating

The Edgecombe Community College Faculty has the responsibility for seeing that all students receive credit for work they have done. Faculty have the further responsibility to see that students do not submit and receive credit for work which is not their own. To do so would be to condone cheating, which is not tolerated by Edgecombe Community College or the Respiratory Therapy Program. All examinations are proctored by members of the Respiratory Therapy program faculty to ensure that program integrity and honesty is maintained.

All students are expected to be honest in all dealings with members of the staff and faculty of Edgecombe Community College and staff members and patients in all clinical affiliates. Students are also expected to report any observed instances of dishonesty to the instructor in charge. Failure to do so makes the observer morally as guilty as the one whom is cheating.

Any instructor who discovers possible cheating or to whom cheating is reported will investigate the matter fully. If after careful consideration of all evidence, the instructor feels that cheating has occurred, the evidence will be presented to the Respiratory Therapy Faculty who will review the information and, if the faculty concurs, a recommendation will be made to the Dean of Students that the student be expelled from the program.

4.2 Plagiarism

Plagiarism is the use of someone else's words, writings, thoughts, or ideas without giving proper credit. Taking a section of a book or a magazine article and copying it essentially word for word without giving proper credit to the author is one example of plagiarism. Plagiarism will be considered cheating and treated as such.

4.3 Drug/Alcohol Use

Under no conditions will student possession or use of any controlled substances or alcohol be tolerated at the College or any clinical affiliate. Any student who is found to possess or be a habitual user of controlled substances (drugs) or alcoholic beverages, who has ever been convicted for the possession of or the use of controlled substances, or who appears in the classroom or the clinical affiliate under the influence of such drugs or alcoholic beverages shall be evaluated for dismissal from the Respiratory Care Program. While in clinical practice or on the Edgecombe Community College Campus, a student may at any time, be required to provide a urine or blood sample for testing to validate or disprove use of controlled substances or alcoholic beverages. Failure to provide body fluid samples will result in dismissal from the Respiratory Care Program. Test values indicating use of controlled substances or alcoholic beverages will be grounds for dismissal from the program.

4.4 Use of College Telephone/Cell Phones/Beepers/Tape Recorders

A phone is provided for student use at the receptionist desk in the Barnes building. Students are cautioned against having parents and friends call during class time as students will be called out of class only to receive emergency calls. Students are requested not to use phones located in the faculty or business offices. Telephone calls made at any affiliate hospital must be only for emergencies. Cell phones, electronic devices and recorders must not be used in class without prior faculty permission.

4.5 Cell Phone and Social Networking Policy

Cell phones are not allowed in the clinical setting. If there is a compelling reason why you must have access to your cell phone during clinical, you must obtain permission from the preceptor. Even with the preceptor's permission, cell phones must be set to vibrate, not ring. Text messaging and social networking will not be tolerated in the clinical setting. Students who disregard any part of this policy may be asked to leave the clinical site for the remainder clinical time. Continued abuse of this policy constitutes disruptive behavior and may lead to being dropped from the class.

Students should not discuss/post messages and or comments related to the clinical educational component of the Respiratory Therapy Program. The adjunct clinical facilities, fellow students, and patients served must be treated with utmost

respect and confidentiality. (See HIPPA) Students are to refrain from posting on social networking sites specifically regarding person, place and time as it relates to clinical rotations and/or clinical duties and/or responsibilities. All students are highly advised to reference the Social Networking Policy as posted on the North Carolina Respiratory Care Board Website. www.ncrcb.org

5.0 ATTENDANCE

5.1 Classroom Attendance

Approved by Board on August 6, 2015

Attendance Policy

Students are expected to attend all scheduled classes, laboratories, clinical, and shop sessions to meet the objectives of the courses for which they are registered. Attendance begins with the first day of class and all students should be on time for classes or instructional sessions. Although special circumstances may cause a student to be absent, regular attendance is essential to satisfy course objectives. Students who anticipate an absence should contact the instructor before the class meets. Should prior notice to the instructor be impossible, the student should expect to explain the absence as soon as possible. Students have full responsibility for accounting to their instructors for absences.

All work missed during absences may be allowed to be made up at the discretion of the instructor. Failure to make up missed work will adversely affect the student's final grade for the course. To receive credit for a course, the student must attend 80 percent (80%) of class and 80 percent (80%) of lab, clinical, and/or shop hours. However, individual programs and/or departments may adhere to a more stringent attendance policy. The attendance policy for each course is communicated on the course syllabus. It is the student's responsibility to read and abide by the policies outlined in the syllabus for the course for which they are enrolled. When absences total more than 20 percent (20%) (or the more stringent percentage set by respective program and/or department) of the total contact hours for the course, a student may be withdrawn from the class by the faculty member.

Withdrawal Policies

Approved by Board on August 6, 2015

Withdrawal by Students from Courses or College

A student who wishes to withdraw from an individual course or the College should complete a withdrawal form. A student is not officially withdrawn until he/she processes a withdrawal form with the Registrar's Office. The effective date of the withdrawal is the date the Registrar's Office receives the completed form. No student will be allowed to withdraw from any class after the seventy-five (75%) point or after the course has ended.

If a student completes the withdrawal process, the student will be given a grade of “W” for his/her class(es) prior to the seventy-five (75%) point.

Withdrawal by Faculty or Administration from Courses

A faculty member has the responsibility of withdrawing a student who has accumulated absences in excess of the number of times indicated in the faculty member’s attendance policy in the course syllabus, demonstrated that he/she does not intend to pursue the learning objectives of the course, or exhibited conduct unbecoming to a school or class environment. Faculty members may withdraw a student at any time of the course. Any student withdrawn by a faculty member prior to the seventy-five (75%) point of the course will be issued a grade of “W.” Any student withdrawn by a faculty member after the seventy-five (75%) point of the course will be issued a grade of “WP” or “WF.” The faculty member will issue a grade of “WP” if the student is passing the class at the point of being withdrawn from the class after the seventy-five (75%) point. A faculty member may issue a grade of “WF” if the student is failing the class at the point of being withdrawn from the class after the seventy-five (75%) point.

Prior to withdrawing a student for attendance reasons, the faculty member must attempt to make contact with the student to discuss the student’s standing in the class and the pending withdrawal. The contact, or attempted contact, must be recorded on the withdrawal form. When extenuating circumstances exist, the Vice President of Instruction must approve the waiver of the grade of “WF”.

Students may be withdrawn for improper conduct by the President, the Vice President of Instruction, the Vice President of Student Services, or a designated representative.

5.2 Clinical Attendance

The attendance policy for the clinical assignment will deviate from other departmental and/or College policies. Students are required to attend all clinical facilities throughout their program experience. (Please Note: Students who are active and/or reserve duty military shall not be penalized for time missed due to mandated duty.)

Students are allowed five clinical absences per academic year.

Students may not miss more than two clinical rotations at any single clinical affiliate. Any student that is in violation of this clinical attendance policy will be placed on clinical probation. If probation is violated the student will be removed from the Respiratory Therapy Program.

Students are required to notify both the clinical affiliate and the Clinical Education Director of a clinical absence at the earliest possible time. A two-hour advanced notice is requested.

The date, time, and who was informed of the clinical absence must be documented in the clinical notebook and placed in the hand of the Clinical Education Director on the first day back at Edgecombe Community College.

Absences may be made up at the discretion of the clinical affiliate; however, the absence will still be documented as an occurrence. Clinical absences must be rescheduled and completed within a two-week period. It is the student's responsibility to schedule a makeup day with the clinical instructor. The Clinical Education Director should be notified by the student of this makeup day before it occurs.

The clinical affiliates are most generous in providing a setting where respiratory care techniques are practiced and mastered. In return, the student is reminded to demonstrate courtesy and professionalism. Included with this request is a reminder to properly notify both the clinical affiliate and Clinical Education Director of your absence or tardiness from clinic prior to the scheduled time of arrival. Failure to notify the clinical affiliate and Clinical Education Director of your absence or tardiness may result in dismissal from the Respiratory Therapy Program.

Tardy is defined as being late to the clinical area after the designated time of arrival. If the student is tardy, he/she may be allowed to remain in the clinical area at the discretion of the clinical instructor. A student whom is not permitted to remain at the clinical area will receive an absence. A student will be counted absent for having been tardy to the clinical area two times.

Students may not leave the clinical area for any reason prior to the scheduled departure time unless prior approval is obtained from the clinical instructor. Leaving the clinical area without being excused will result in being counted absent for the day and dismissal from the Respiratory Care Program.

5.3 Inclement Weather

The Respiratory Care Program follows the schedule of the College during times of inclement weather. Announcements will be made on the radio, television as to the closing of the school. The following stations, radio and television will be notified of any closings or delays:

| | | |
|-----------|-----------|-------------|
| WRAL (TV) | Channel 5 | Raleigh |
| WITN (TV) | Channel 7 | Washington |
| WNCT (TV) | Channel 9 | Greenville |
| WKTC (FM) | 96.9 MHz | Goldsboro |
| WRSV (FM) | 92.1 MHz | Rocky Mount |

A message regarding closings for both employees and students will be placed on the College website, and the telephone message system by 6:30 a.m and on the ECC internal email. Commuters should exercise personal judgment concerning highway conditions regardless of college announcements, particularly those commuting from outlying areas.

When classes are canceled due to the closing of the College, makeup days will be added to ensure that students receive the full hours of instructional time required for each course. Weather days do not count as occurrences.

6.0 STUDENT RESPONSIBILITY

6.1 Student Dress

Students are representatives of the Edgecombe Community College Respiratory Care Program, as well as the Respiratory Therapy Profession in general. They must conduct themselves in a manner, which will reflect the dignity of their profession. The student uniform is only worn while on duty and while traveling to and from the clinical affiliates and the College. The uniform may not be worn at any other time except on the Edgecombe Community College Campus and then it must be covered with a lab coat.

All student therapists must report to duty in complete uniform. Student's uniform consists of an embroidery teal scrub top and black pants. All students will wear a standard black lab jacket, name badge on the left side of the jacket, socks, and closed toe shoes. All apparel must be neat and clean. Two uniforms, two lab jackets, will be purchased during fall semester and nametag will be provided by the college or clinical site.

Hairstyle must be professional in appearance and should not in any way interfere with the student's duties. Long hair (longer than shoulder length) must be worn off the collar in a neat fashion. Extreme hairstyles are not acceptable for clinical duty. Mustaches and beards must be worn short and neat. Make-up and jewelry should be minimal and in good taste. Jewelry is limited to a watch, 1 ring on each hand (wedding sets are considered 1), no more than 2 earrings per ear (none which hang 1/4 below ear lobe), and 1 short necklace. Fragrances, perfumes, and strong-smelling deodorants, hairsprays, and lotions are prohibited. Fingernails are to be short. Clear nail or light-colored polish may be worn, but must look neat and freshly applied at all times. No artificial nails allowed. All decisions about appropriate hairstyle, dress, make-up, and jewelry are at the discretion of the Respiratory Care Faculty and clinical affiliates. Chewing gum is not permitted in the clinical areas.

A stethoscope, watch with a second hand, safety glasses, bandage scissors, clinical notebook supplies, and pocket calculator will also be required for clinical courses. A personal hand-held pulse oximeter is required.

Of special importance is the fact that all Adjunct Clinical Facilities have stipulated (Non –Smoking Policies). This specifically applies to you as a respiratory therapy student participating in daily clinical activities. You must keenly be aware that the odor of smoke on you or your clothing will not be tolerated at any of our participating clinical agencies in regard to their policy and the professional nature of your responsibility to the patients upon which we serve. The use of perfumes and or cologne is not allowed in response to patient allergies.

The Respiratory Care Faculty will make arrangements for the students to acquire appropriate Grade uniforms and clinical supplies. **All ECC Respiratory Therapy Students will adhere to the adjunct clinical agency's policy in regard to appearance and dress.**

6.2 Student Employment

Employment during the course of study is strongly discouraged. If student's work in addition to college attendance he/she should consider the effect that working may have on the Grade point average. No excused absences or tardiness will be allowed for work conflicts. No student may work the 11-7, 12-8, or any other night shift prior to a clinical day.

After the 3rd semester a student can apply for a Respiratory Care Assistant License and work as an RCA as long as they remain in good standing throughout the program. If the student is employed by a clinical facility, which is used as a clinical affiliate, the student should be aware that the nature of those responsibilities should in no way be related to his/her responsibilities as a student. Students shall not receive any form of remuneration in exchange for work performed during programmatic clinical coursework. The employing facility takes full responsibility for the student employee's actions while working and neither the Respiratory Care Faculty nor Edgecombe Community College will be responsible for any activities while functioning in the role of an employee. Students must not be used to substitute for clinical, instructional, or administrative staff.

6.3 Student Transportation and Housing

Students are responsible for their own transportation to and from the College and all clinical affiliates. Student car pools are the responsibility of the individual student and not the responsibility of the Respiratory Care Department, College, or clinical affiliates. Arrangements for transportation should be made prior to entering the program. Excused absences will not be granted for transportation problems.

Living arrangements are also the responsibility of the individual student. All students must keep the Respiratory Care Department advised of their current address and phone number. For assistance in locating housing, contact the student services office.

6.4 Student Health Services

Edgecombe Community College maintains no health care facilities other than first-aid equipment, which is located in the student services office. The responsibility for medical services rests with the student.

Local emergency facilities are available at Vidant-Edgecombe Hospital in Tarboro or Nash General Hospital in Rocky Mount.

Students who do not have a personal physician should make contact with one who will treat them when they are ill. **All Respiratory Therapy Students are required to obtain personal health care insurance.**

6.5 Student Health Policies

Each student must notify the Respiratory Care Faculty of any and all contracted diseases or health problems that might or could jeopardize patient's and/or employee's health at the clinical affiliates.

Students who are involved with a blood and/or body fluid exposure must have follow-up testing at either their personal physician's office, local hospital, or county health department. This testing is mandatory and the expense rests with the student. In the event of therapeutic intervention, expenses are still the responsibility of the student. Time missed due to health policies will not be counted as an occurrence but will affect grade if not made up.

Students must agree to and sign a release for information to be reported to the respiratory care faculty relating to blood and/or body fluid exposure follow-up testing and treatment, if needed. All information will be treated in strictest confidence and

shall be utilized for the sole purpose of determining if the student should be removed from clinical rotations to protect themselves, employees, and/or patients of the clinical affiliates.

6.6 Infectious Disease Policy

Due to increased detection and identification of diseases readily communicated by infected body fluids, the following guidelines will be observed during clinical practice.

6.6.1 Precautions for All Patients

Universal precautions will be required for all patients. Strict hand washing will be enforced prior to and directly after, contact with all patients. Gloves will be required, in addition to hand washing, for performance of all invasive and semi-invasive procedures or when contamination is a risk.

6.6.2 Requirements for Students concerning Vaccinations

Due to OSHA regulations and guidelines, all health care related programs must advise students to receive all vaccinations based upon current CDC guidelines. The vaccinations are provided at cost to all allied health students by county health departments. Students are required to receive all recommended vaccinations and/or provide results of positive titers.

6.6.3 Requirements for Patients with Positive HTLV III/LAV

Prior to performance of procedures upon patients identified as having active HTLV III/LAV, or (+) HTLV-III Titer. The student will utilize the following:

- a. Proper hand washing
- b. Gloves
- c. Mask
- d. Safety Glasses

Students will not have the option of refusing to care for AIDS or HIV infected patients. In the course of administering respiratory care, a practitioner will deal with such a patient at the professional level. Therefore, encounters of the student must not be an option, but rather an educational experience conducted along proper clinical guidelines.

6.6.4 Requirements for Patients with Tuberculosis and COVID

In accordance with OSHA regulations and guidelines, all health care providers must wear a high efficiency respiratory mask when working with patients diagnosed with active Tuberculosis and infections like Covid. Each student will be fitted for the proper “N95” mask size prior to clinical rotations.

6.7 Graduation Requirements

Upon recommendation by the Respiratory Care Faculty and the approval of the Edgecombe Community College Board of Trustees, an Associate in Applied Science Degree will be awarded to the students who have successfully completed the requirements of the Respiratory Care Program.

The following requirements are necessary for graduation: 1) complete all respiratory care course requirements earning at least a 2.000 Grade point average; 2) receive recommendation for graduation by the Respiratory Care Faculty; 3) fulfill all financial obligations to the College and return all borrowed library books and materials; 4) be present for graduation exercises which is held each year at the end of the Spring semester. Exceptions to this requirement in cases of unavoidable absences may be granted by the Vice President of Student Services; and 5) be dressed for graduation in cap and gown attire.

All students in the Respiratory Care curriculum must have completed 76 semester hours of credit to be eligible for graduation as an Entry-Level Respiratory Care Practitioner. It is the desire of both Student Services and the Respiratory Care Program Faculty to advise students as they make progress toward graduation. However, it is the ultimate responsibility of each student to be aware of the number of hours successfully completed and the number of hours remaining to meet graduation requirements. Students are provided an IGP (Individual Graduation Plan) that can be used for documenting progress during course of program. Please utilize this resource via Self-service.

6.8 Criminal Background Check and Drug Screen

Criminal background checks and Drug Screening are required by adjunct clinical agencies. The student will be subject to the same rules and regulations as potential employees. It is within the authority of the adjunct clinical agency to require such. Each clinical agency will determine if clinical rotation assignments will be available pending these results. **Furthermore, adjunct clinical facilities may require Criminal background checks and Drug Screening annually.**

7.0 MALPRACTICE INSURANCE

Malpractice insurance is mandatory for all allied health students without exception. Students without paid malpractice insurance will not be allowed in the clinical area and will receive an unexcused clinical absence. Edgecombe Community College has arranged for a blanket coverage policy through Accord Corporation, Inc. Key points of this coverage are:

Limit of Liability - Pay up to \$3,000,000 for each claim to a total of \$3,000,000 in any one year.

Annual Student Premium - \$18.00 (subject to change)

Policy Provisions and Coverage

“Payment is made by the insurance company on claims arising out of real or alleged malpractice, regardless of the number of claims or persons involved, when the injury being claimed is the result of error, accident, or omission.

Payment of all court costs is also provided. Expert legal counsel and claims adjusters are immediately available in all sections of the country to aid and defend the insured without cost. Under this program, students are covered for malpractice related to their normal curriculum studies and assignments 24 hours a day, working in or out of school, including vacations and days off.”

Methods of Payment

The annual premium will be divided into two payments and paid at the cashier's window during registration for fall and spring semesters.

8.0 MEDICAL ACCIDENT INSURANCE

Students are not covered by worker's compensation through the College or any clinical affiliates in the event of injury during clinical practice. The expense of any injury rests solely with the student. Therefore, in order to keep the cost to the student at a minimum, all students are required to have personal health insurance. For those without personal health insurance, student accident insurance with limited benefits offered by Standard Life and Casualty Insurance Company may be purchased in Student Services at a cost of \$8.50 per year. Students should carry their insurance card or other documentation at all times.

9.0 STUDENT ORGANIZATIONS AND EDUCATIONAL SEMINARS

Each class will elect officers including a Respiratory Therapy Advisory Committee Representative and Student Government Association Representative. The officers will preside over meetings and be the official representatives for all business matters concerning the class. Meetings will be announced at least 48 hours prior to the meeting time and an agenda for each meeting time will be published.

9.1 Respiratory Care Advisory Committee

The Respiratory Therapy Advisory Committee is made up of the Respiratory Care Faculty, College administration personnel, Department Directors from the clinical affiliates, and two respiratory care students. The purpose of the committee is to inform, advise, and assist with planning, implementing, and evaluating the Respiratory Therapy Program.

9.2 Student Government Association

Student participation in the Student Government Association (SGA) is strongly encouraged. The SGA serves to promote interest in student activities on and off campus. Recommendations for the SGA may be made directly to the administration. A faculty advisor to the Student Council serves as an intermediary communicating with the administrator officials on behalf of the SGA. The SGA is composed of elected representatives from each curriculum. Officers are elected by vote of the student body. The SGA meets on a regularly scheduled basis.

9.3 Phi Theta Kappa

Phi Theta Kappa is an honor society whose purpose is to recognize and encourage scholarship among two-year college students. This honor society provides the opportunity for the development of leadership and service, for the exchange of ideas and ideals, and for stimulation of interest in academic excellence. To be a member of Phi Theta Kappa, a student must meet the following qualifications: 1) be enrolled at Edgecombe Community College; 2) have completed 12 credit hours in an associate degree program 3) have a cumulative Grade point average of 3.500 or higher; and 4) adhere to the Edgecombe Community College student code of conduct. Once these qualifications have been met, a student is invited to be a member and to participate in various service and scholarship activities. New members of Phi Theta Kappa are inducted into this honor society each year. Being a member of Phi Theta Kappa offers a student numerous benefits and opportunities.

9.4 Ambassador Program

The Ambassador Program is designed to spread the good word about the College. Six students who represent various programs, a variety of career goals, and different backgrounds will be selected to represent the College at special events on campus and in the community. The students will possess leadership potential, communication skills, and high academic standards. After the first one-year term, ambassadors have the option to renew the commitment for an additional year with the committee's endorsement.

For the service to the College, each ambassador will receive free tuition for fall semester, a blazer, and a pin. To become an ambassador, a student must: 1) complete an application; 2) maintain a 3.500 Grade point average; 3) have completed 12 hours of course work; 4) submit 2 completed faculty nominations; 5) be interviewed and selected by a screening panel; 6) sign a contract accepting responsibilities of being an ambassador; and 7) complete a one-day seminar.

9.5 Professional Association Membership

All students will be required to join the state and national respiratory care associations. The two professional associations are the American Association for Respiratory Care and the North Carolina Society for Respiratory Care. Student membership is \$25 annually.

Membership benefits of these associations include, but are not limited to, a subscription to the *Respiratory Care Journal*, *AARC Times*, and *North Carolina Society for Respiratory Care State Society Newsletter*, and

discount registration fees to various respiratory care meetings.

Questions regarding these organizations should be addressed to the Respiratory Therapy Faculty.

9.6 Annual State Meeting

Each year, the North Carolina Society for Respiratory Care (NCSRC) sponsors a 2-day meeting which involves Respiratory Care Practitioners from across the state. This meeting will highlight the business and direction in which the NCSRC and the profession of Respiratory Care has taken in the past year and the projected goals for the future. It also includes a large variety of educational opportunities in the form of lectures and workshops, which can be utilized by all who attend. Students are highly encouraged to participate and will be granted classroom and/or clinical time for attendance should the meeting fall during the semester.

9.7 Area L. AHEC

Area L. AHEC, located in Rocky Mount, hosts lectures for Respiratory Care Practitioners employed by facilities in their region and any students in the Respiratory Care Program. There are approximately 3 lectures per year. Students will be required to attend and submit a summary with an analysis/discussion of them. These summaries will be due one week after the conclusion of the meeting. The summary will be graded and students will be granted classroom or clinical time to attend.

All students who attend will be required by Area L. AHEC to pay a registration fee.

10.0 CURRICULUM

Students may complete general education courses prior to the semester in which the curriculum schedule lists them. Related and general courses must be completed within or prior to the semester as listed below. Failure to complete these courses as listed will result in failure to progress within the RT Program as each are prerequisites to the semester core offerings that follow.

10.1 Semester Outline of Curriculum

FALL ONE

| Course # | Course Title | Class | Lab | Clinical | Credit |
|----------|---------------------------|-------|-----|--------------|-----------|
| RCP 110 | Intro to Respiratory Care | 3 | 3 | | 4 |
| RCP 117 | Pharmacology | 1 | 2 | | 2 |
| RCP 132 | RCP Clinical Practice I | | | 6 | 2 |
| ENG 111 | Expository Writing | 3 | | | 3 |
| BIO 168 | Anatomy & Physiology I | 3 | 3 | | 4 |
| MAT 143 | Quantitative Literacy | 3 | | | 3 |
| CIS 113 | Computer Basics | 1 | | | 1 |
| | | | | TOTAL | 19 |

SPRING ONE

| Course # | Course Title | Class | Lab | Clinical | Credit |
|----------|-------------------------------|-------|-----|--------------|-----------|
| RCP 111 | Therapeutics/Diagnostics | 4 | 3 | | 5 |
| RCP 114 | Cardiopulmonary A&P | 3 | | | 3 |
| RCP 145 | RCP Clinical Practice II | | | 15 | 5 |
| BIO 169 | Anatomy & Physiology II | 3 | 3 | | 4 |
| | Humanities/Fine Arts Elective | 3 | | | 3 |
| | | | | TOTAL | 20 |

SUMMER ONE

| Course # | Course Title | Class | Lab | Clinical | Credit |
|----------|----------------------------|-------|-----|--------------|-----------|
| RCP 112 | Patient Management | 3 | 3 | | 4 |
| RCP 115 | Cardiopulmonary Pathophys. | 2 | | | 2 |
| RCP 152 | RCP Clinical Practice III | | | 9 | 3 |
| RCP 123 | Special Practice Lab | | 3 | | 1 |
| | | | | TOTAL | 10 |

FALL TWO

| Course # | Course Title | Class | Lab | Clinical | Credit |
|----------|-------------------------------|-------|-----|--------------|-----------|
| RCP 210 | Critical Care Concepts | 3 | 3 | | 4 |
| RCP 214 | Neo/Peds Concepts | 1 | 3 | | 2 |
| RCP 235 | RCP Clinical Practice IV | | | 15 | 5 |
| COM 231 | Public Speaking or | 3 | | | 3 |
| ENG 112 | Writing/Research in the Disp. | 3 | | | 3 |
| | | | | TOTAL | 14 |

SPRING TWO

| Course # | Course Title | Class | Lab | Clinical | Credit |
|----------|-------------------------------|-------|-----|--------------|-----------|
| RCP 211 | Adv Monitoring/Procedures | 3 | 3 | | 4 |
| RCP 215 | Career Prep. Adv. Level | | 3 | | 1 |
| RCP 246 | RCP Clinical Practice V | | | 18 | 6 |
| | Behavioral/Soc. Sci. Elective | 3 | | | 3 |
| | | | | TOTAL | 14 |

TOTAL HOUR REQUIREMENTS

10.2 Course Descriptions (for RCP courses)

| | | Class | Lab | Clinical | Credit |
|----------------|--|-------|-----|----------|--------|
| RCP 110 | Intro to Respiratory Care | 3 | 3 | 0 | 4 |
| Prerequisites: | Enrollment in the Respiratory Care program | | | | |
| Corequisites: | None | | | | |

This course introduces the respiratory care profession. Topics include the role of the respiratory care practitioner, medical gas administration, basic patient assessment, infection control, and medical terminology. Upon completion, students should be able to demonstrate competence in concepts and procedures through written and laboratory evaluations.

| | | | | | |
|----------------|---------------------------------|---|---|---|---|
| RCP 111 | Therapeutics/Diagnostics | 4 | 3 | 0 | 5 |
| Prerequisites: | RCP 110, BIO 163, Eng 111 | | | | |
| Corequisites: | RCP 114, RCP 145 | | | | |

This course is a continuation of RCP 110. Emphasis is placed on entry-level therapeutic and diagnostic procedures used in respiratory care. Upon completion, students should be able to demonstrate competence in concepts and procedures through written and laboratory evaluations.

| | | | | | |
|----------------|---------------------------|---|---|---|---|
| RCP 112 | Patient Management | 3 | 3 | 0 | 4 |
| Prerequisites: | RCP 111, BIO 175, MAT 143 | | | | |
| Corequisites: | RCP 115, RCP 153 | | | | |

This course provides entry-level skills in adult/pediatric mechanical ventilation and respiratory care procedures in traditional and alternative settings. Emphasis is placed on therapeutic modalities and physiological effects of cardiopulmonary rehabilitation, home care, mechanical ventilation, and monitoring. Upon completion, students should be able to demonstrate competence in concepts and procedures through written and laboratory evaluations.

| | | | | | |
|----------------|--|---|---|---|---|
| RCP 117 | RCP Pharmacology | 1 | 2 | 0 | 2 |
| Prerequisites: | Enrollment in the Respiratory Care program | | | | |
| Corequisites: | RCP 110, RCP 132 | | | | |

This course covers the drugs used in treatment of cardiopulmonary diseases. Emphasis is placed on the uses, actions, indications, administration, and hazards of pharmacological agents. Upon completion, students should be able to demonstrate competence through written evaluations.

| | | | | | |
|----------------|-------------------------------------|---|---|---|---|
| RCP 114 | C-P Anatomy & Physiology | 3 | 0 | 0 | 3 |
| Prerequisites: | BIO 163 | | | | |
| Corequisites: | RCP 111, RCP 145 | | | | |

This course provides a concentrated study of cardiopulmonary anatomy and physiology essential to the practice of respiratory care. Emphasis is placed on cardiovascular and pulmonary physiology, acid/base balance, and blood gas interpretation. Upon completion, students should be able to demonstrate competence in these concepts through written evaluation.

| | | | | | |
|----------------|----------------------------|---|---|---|---|
| RCP 115 | C-P Pathophysiology | 2 | 0 | 0 | 2 |
| Prerequisites: | BIO 168 | | | | |
| Corequisites: | RCP 112, RCP 123, RCP 153 | | | | |

This course introduces the etiology, pathogenesis, and physiology of cardiopulmonary diseases and disorders. Emphasis is placed on clinical signs and symptoms along with diagnoses, complications, prognoses, and management. Upon completion, students should be able to demonstrate competence in these concepts through written evaluations.

RCP 123 Special Practice Lab

Prerequisites: Enrollment in the Respiratory Care program

Corequisites: RCP Clinical Practice II

RCP 112, RCP 152, RCP 115

00 6 2

This course provides additional laboratory learning opportunities in respiratory care. Emphasis is placed on therapeutic procedures and equipment management. Upon completion, students should be able to demonstrate competence in concepts and procedures through laboratory evaluations.

RCP 132 RCP Clinical Practice I

0 0 6 2

Prerequisites: Enrollment in the Respiratory Care program

Corequisites: RCP 110, CPR Certification, BIO 168, RCP 113

This course provides entry-level clinical experience. Emphasis is placed on therapeutic and diagnostic patient care. Upon completion, students should be able to demonstrate clinical competence in required performance evaluations.

RCP 145 RCP Clinical Practice II

0 0 15 5

Prerequisites: RCP 110, CPR Certification, BIO 163, RCP 113

Corequisites: RCP 111, RCP 114

This course provides entry-level clinical experience. Emphasis is placed on therapeutic and diagnostic patient care. Upon completion, students should be able to demonstrate clinical competence in required performance evaluations. Those evaluations include patient assessment, oxygen, humidity, and aerosol therapy, aerosolized medication administration, electrocardiography, pulmonary clearance mechanisms, artificial airway maintenance, and arterial blood gases.

RCP 152 RCP Clinical Practice III

0 0 9 3

Prerequisites: RCP 111, BIO 175, MAT 115

Corequisites: RCP 112, RCP 115

This course provides entry-level clinical experience. Emphasis is placed on therapeutic and diagnostic patient care. Upon completion, students should be able to demonstrate clinical competence in required performance evaluations. Students will be introduced to adult mechanical ventilation, as well as spend rotational time in home health and pulmonary rehabilitation.

RCP 210 Critical Care Concepts

3 3 0 4

Prerequisites: Successful completion of three semesters of the Respiratory Care program

Corequisites: RCP 213, RCP 235

This course provides further refinement of acute patient care and underlying pathophysiology. Topics include a continuation in the study of mechanical ventilation, underlying pathophysiology, and introduction of critical care monitoring. Upon completion, students should be able to demonstrate competence in concepts and procedures through written and laboratory evaluations.

RCP 211 Adv. Monitoring/Procedures

3 3 0 4

Prerequisites: RCP 210, RCP 213

Corequisites: RCP 215

This course includes advanced information gathering and decision making for the respiratory care professional. Topics include advanced cardiac monitoring and special procedures. Upon completion, students should be able to evaluate, design, and recommend appropriate care plans through written and laboratory evaluations.

| | | | | | |
|----------------|--------------------------------|---|---|---|---|
| RCP 214 | Neonatal/Ped's Concepts | 1 | 3 | 0 | 2 |
| Prerequisites: | RCP 111 | | | | |
| Corequisites: | RCP 210 | | | | |

This course provides in-depth coverage of the concepts of neonatal and pediatric respiratory care. Emphasis is placed on neonatal and pediatric pathophysiology and on the special therapeutic needs of neonates and children. Upon completion, students should be able to demonstrate competence in these concepts through written evaluations.

| | | | | | |
|----------------|------------------------------|---|---|---|---|
| RCP 215 | Career Prep-Adv Level | 0 | 3 | 0 | 1 |
| Prerequisites: | RCP 210, RCP 213 | | | | |
| Corequisites: | RCP 211 | | | | |

This course provides preparation for employment and the advanced-level practitioner credentialing exam. Emphasis is placed on review of the NBRC Advanced-Level Practitioner Exam and supervision and management. Upon completion, students should be able to successfully complete the appropriate self-assessment examination and meet the requirements for employment.

| | | | | | |
|----------------|---------------------------------|---|---|----|---|
| RCP 235 | RCP Clinical Practice IV | 0 | 0 | 15 | 5 |
| Prerequisites: | RCP 153, RCP 112, RCP 115 | | | | |
| Corequisites: | RCP 210, RCP 213 | | | | |

This course provides advanced practitioner clinical experience. Emphasis is placed on therapeutic and diagnostic patient care. Upon completion, students should be able to demonstrate clinical competence in required performance evaluations. Advanced concepts in adult mechanical ventilation and hemodynamic monitoring are introduced.

| | | | | | |
|----------------|--------------------------------|---|---|----|---|
| RCP 246 | RCP Clinical Practice V | 0 | 0 | 18 | 6 |
| Prerequisites: | RCP 235, RCP 210, RCP 213 | | | | |
| Corequisites: | RCP 211, RCP 215 | | | | |

This course provides advanced practitioner clinical experience. Emphasis is placed on therapeutic and diagnostic patient care. Upon completion, students should be able to demonstrate clinical competence in required performance evaluations. Pediatric and neonatal rotations begin; and pulmonary function studies, cardiac diagnostic procedures, and polysomnography techniques are discussed. This course will provide a transitional period between academic and actual working conditions; students will spend rotational time with the co-medical directors.

Please refer to the Edgecombe Community College Employee Faculty Handbook regarding institutional policies and procedures specific to curriculum planning, course selection, and coordination of instruction by program faculty.

10.3 Respiratory Care Technology Book List (Subject to Change)

RCP 110 Introduction to Respiratory Care

- Cairo, Mosby's Respiratory Care Equipment. 11th edition.
- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. 10th edition
- White, Basic Clinical Lab Competencies for Respiratory Care - An Integrated Approach. 5th edition.
- Kacmarek, Stoller, Heuer, Egan's Fundamentals of Respiratory Care. 12th edition. (Workbook and Adaptive Quizzing)
- AHA, BLS for Healthcare Providers (Student Manual) Current Edition
- Lindsey Jones Software and book

RCP 111 Therapeutics/Diagnostics

- Cairo, Mosby's Respiratory Care Equipment. 11th edition.
- White, Basic Clinical Lab Competencies for Respiratory Care - An Integrated Approach. 5th edition.
- Kacmarek, Stoller, Heuer, Egan's Fundamentals of Respiratory Care. 12th edition.

RCP 112 Patient Management

- Chang, Clinical Application of Mechanical Ventilation. 4th edition
- Chang, Workbook (Clinical Application of Mechanical Ventilation.) 4rd edition
- Oakes, Ventilator Management, A Bedside Reference Guide. 5th edition
- Cairo, Mosby's Respiratory Care Equipment. 11th edition.
- White, Basic Clinical Lab Competencies for Respiratory Care - An Integrated Approach. 5th edition

RCP 117 RCP Pharmacology

- Colbert, Gonzalez, Integrated Cardiopulmonary Pharmacology. 6th edition

RCP 114 Cardiopulmonary Anatomy and Physiology

- Beachey, Respiratory Care Anatomy and Physiology. 3rd edition

RCP 115 Cardiopulmonary Pathophysiology

- Linz, Kendal Comprehensive Respiratory Disease:
1st edition

RCP 123 Special Practice Lab

- Linz, Kendal Comprehensive Respiratory Disease:
1st edition RCP 132 RCP Clinical Practice I
- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. Current edition
- White, Basic Clinical Lab Competencies for Respiratory Care - An Integrated Approach. 5th edition.
- Kacmarek, Stoller, Heuer, Egan's Fundamentals of Respiratory Care. 12th edition.

RCP 145 RCP Clinical Practice II

- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. Current edition

RCP 153 RCP Clinical Practice III

- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. Current edition

RCP 210 Critical Care Concepts

- Chang, Clinical Application of Mechanical Ventilation. 4th edition
- Cairo, Mosby's Respiratory Care Equipment. 11th edition.
- White, Basic Clinical Lab Competencies for Respiratory Care - An Integrated Approach. 5th edition
- Oakes, Hemodynamic Monitoring, A Bedside Reference Manual. Current edition

RCP 211 Advanced Monitoring/Procedures

- Handouts and Lindsey Jones

RCP 214 Neonatal/Peds Concepts

- Eberle, Walker, Trujillo, Perinatal and Pediatric Respiratory Care. 4th edition
- Oakes, Neonatal Pediatric Respiratory Care. 6th edition

RCP 215 Career Prep. Advance Level

- Kettering National Seminars, Respiratory Therapy Review: Written Registry.
- Kettering National Seminars, Respiratory Therapy Review: Clinical Simulations.

RCP 235 RCP Clinical Practice IV

- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. Current edition
- Oakes, Hemodynamic Monitoring: A Bedside Reference Manual. Current edition
- Oakes, Ventilator Management: A Bedside Reference Manual. Current edition

RCP 246 RCP Clinical Practice V

- Oakes, Clinical Practitioners Pocket Guide to Respiratory Care. Current edition
- Oakes, Hemodynamic Monitoring: A Bedside Reference Manual. Current edition
- Oakes, Ventilator Management: A Bedside Reference Manual. Current edition
- Oakes, Neonatal Pediatric Respiratory Care. Current edition

11.0 STUDENT EXPENSES

11.1 Estimated Cost Information (Prices Subject to Change)

| | |
|---|--|
| In-State Tuition with Activity Fee | \$80/hr. Fall Spring and Summer Semesters |
| Student Activity Fee | \$1.00 per semester hr. / max \$16.00 |
| Parking and Security Fee | \$2.00 per semester hr. / max \$12.00 |
| Technology Fee | \$1.00 per semester hr. / max \$12.00 |
| Malpractice Insurance | \$8.50 Fall and Spring Semester |
| <p>Students enrolled in Respiratory Care Technology are required to buy medical liability insurance for protection against malpractice suites which might arise during clinical education.</p> | |
| Allied Health Fee | \$150.00 a year |
| <p>All students who are enrolled in an Allied Health Program are required to pay this fee.</p> | |
| Accident Insurance | \$6.00 a year (optional) |
| Books | \$2000.00 (est.) (2 years) |
| <p>First semester books include medical reference texts that will be used extensively throughout the program.</p> | |
| Uniforms, Shoes, Lab and Clinical Supplies | \$400.00 (est.) (2 years) |
| <p>Uniforms (2), shoes, lab, and clinical supplies (name tags, stethoscope, calculation bandage scissors, safety glasses, 2 pocket size notebooks, 3 ring binder, tab dividers, and a watch with second capability) should be purchased during fall semester and will be used throughout the program.</p> | |
| Society Membership and Seminars | \$500.00 (est.) (2 years) |
| <p>Students are encouraged (and sometimes required) to join, support, and participate in the educational seminars and meetings sponsored by the North Carolina Society for Respiratory Care, American Association for Respiratory Care, Board prep and Area L. AHEC.</p> | |
| Travel | |
| <p>Transportation cost will vary according to the vehicle that you drive. Please note that a reliable vehicle for transportation is essential.</p> | |
| Criminal background check, drug screen | \$ 135.00 plus |
| <p>The variation in price is related to the place of residency or number of residency locations.</p> | |

12.0 ESSENTIAL TELEPHONE NUMBERS AND ADJUNCT CLINICAL FACULTY MEMBERS

| | |
|---|--|
| <u>ECU Health North, Roanoke Rapids, NC</u> | (252) 535-8970 (252) 535-8011** |
| Mike Simons BS, RRT, RCP Director Kendall Edwards RRT, RCP* Team Leader | (252) 535-6292 |
| <u>ECU Health Edgecombe, NC</u> | (252) 641-7766 (252) 641-7700** |
| Steve Pinnion BS, RRT, RCP Director Mandy Smith RRT, RCP | (252) 641-7772 |
| <u>PAM, Rocky Mount, NC</u> | (252) 451-2360 (252) 451-2300** (252) 451-2360 |
| Jennifer Pierce, RRT, RCP Director* | |
| <u>UNC-Nash General Hospital, Rocky Mount, NC</u> | (252) 962-8025 (252) 962-8000** |
| Misty Anderson BS, RRT, RCP Director Morgan Ryan BS, RRT, RCP * | |
| <u>UNC-Nash Card-Pulm Rehab, Rocky Mount, NC</u> | (252) 962-3486 |
| Abby Pigg RRT, RCP | |
| <u>UNC-Nash Sleep Lab, Rocky Mount, NC</u> | (252) 962-6152 |
| Ashley Bailey Sleep Medicine Manager | |
| <u>DLP-Wilson Medical Center, Wilson, NC</u> | (252) 399-8699 (252) 399-8040 ** (252) 399-8440* |
| Robert Delong RRT, RCP, Asst. Director Samantha Blalock RRT, RCP | |
| <u>ECU Health Medical Center, Greenville, NC</u> | (252) 847-5722 (252) 847-4100** |
| Charles (Skip) Bangley BS, RRT, RCP, Director Matt Hardee RRT, RCP * | |
| <u>ECU Health – Health Steps Greenville, NC</u> | (252) 847-5736** |
| Janet Williams-Tinker RRT, RCP* | |
| <u>Wake Medical Center, Raleigh, NC</u> | (919) 350-8000** |
| Crystal O'Neal BS, RRT, RCP, Director Nichole Rozzell BS RRT, RCP * Team Leader | (919) 350-6523 (919) 350-1276 |
| <u>Edgecombe Community College</u> | (252) 823-5166 |
| <u>UNC REX Hospital, Raleigh, NC</u> | |
| Wes Womeldorf, RRT, RCP Efua Meyers, RRT, RCP* | (919) 784-5191 |
| <u>Duke Raleigh Hospital, Raleigh, NC</u> | |
| Gary Drumwright BS, RRT, RCP Lucine Cadet MSRT, RRT, RCP* | (919) 954-7639 |
| Timothy J. King MBA, RRT, RCP Program Chair Josh Pendergraft BRST, RRT, RCP Director of Clinical Ed. Cecelia Aragon BSRT, RRT, RCP Instructor | Ext. 6728 Ext. 6735 Ext. 6718 |

* Denotes Adjunct Clinical Faculty Members

** Denotes Main Hospital Telephone Numbers

13.0

EDGECOMBE COMMUNITY COLLEGE

2025-2026 ACADEMIC CALENDAR

Edgecombe Community College

Calendar Committee Recommendation

2025 Calendar

Approved by ECC Board of Trustees 5/18/2023

Year: 2025 Month: 1 Start Day: 1 1=Sunday, 2=Monday, etc.

2025

X- Nonteaching R - Registrations O-Holidays Δ-Staff Development G - Graduation

| January '25 | | | | | | | February '25 | | | | | | | March '25 | | | | | | |
|-------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|-----------|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa |
| | | | O | Δ | R | 4 | | | | | | | 1 | | | | | | | 1 |
| 5 | R | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 3 | 4 | X | X | X | 8 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 19 | O | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 26 | 27 | 28 | 29 | 30 | 31 | | 23 | 24 | 25 | 26 | 27 | 28 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| | | | | | | | | | | | | | | 30 | 31 | | | | | |
| 17 | 3 | 3 | 3 | 4 | 4 | | 20 | 4 | 4 | 4 | 4 | 4 | | 21 | 4 | 5 | 5 | 5 | 4 | |

| April '25 | | | | | | | May '25 | | | | | | | June '25 | | | | | | | |
|-----------|----|----|----|----|----|----|---------|---|----|---|----|---|----|----------|----|----|----|----|----|----|----|
| Su | M | Tu | Th | F | Sa | | Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | |
| | | 1 | 3 | 2 | 4 | 5 | | | | | 1 | 2 | 3 | 1 | | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | 7 | 8 | 10 | 9 | 11 | 12 | 4 | 5 | 6 | X | X | G | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 13 | 14 | 15 | 17 | 16 | 18 | 19 | 11 | X | X | X | X | | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 20 | O | 22 | 23 | 24 | 25 | 26 | 18 | R | | 2 | O | 2 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 27 | 28 | 29 | 30 | | | | 25 | O | 2 | 7 | 3 | 3 | | 29 | X | | | | | | |
| 19 | 3 | | | | | | | | | | | | | | | | | | | | |

| July '25 | | | | | | | August '25 | | | | | | | September '25 | | | | | | | | |
|----------|----|----|----|----|----|----|------------|----|----|----|----|----|----|---------------|----|----|----|----|----|----|----|----|
| Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | | |
| | | X | X | O | | 4 | | | | | | 1 | 2 | O | 2 | 3 | 4 | | 5 | 6 | | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | X | X | X | X | X | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | Δ | R | R | | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 27 | 28 | 29 | 30 | 31 | | | 26 | 27 | 28 | 29 | 30 | | | 28 | 29 | 30 | | | | | | |
| | | | | | | | 31 | | | | | | | | | | | | | | | |

| October '25 | | | | | | | November '25 | | | | | | | December '25 | | | | | | | |
|-------------|----|----|----|----|----|----|--------------|----|----|----|----|----|----|--------------|---|----|----|----|----|----|---|
| Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | Su | M | Tu | W | Th | F | Sa | |
| | | | 1 | 2 | 3 | 4 | | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | 6 |
| 5 | 6 | 7 | 8 | 9 | X | 11 | 2 | 3 | 4 | 5 | 6 | 8 | 7 | 8 | 9 | 10 | 11 | 12 | | 13 | |
| 12 | X | 14 | 15 | 16 | 17 | 18 | 9 | 10 | X | 12 | 13 | 15 | 14 | X | X | X | X | X | 20 | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 22 | 21 | X | X | O | O | O | 27 | | |
| 26 | 27 | 28 | 29 | 30 | 31 | | 23 | 24 | 25 | X | O | 29 | 28 | X | X | X | | | | | |
| | | | | | | | 30 | | | | | | | | | | | | | | |

- January**
- Jan. 1st New Year's Holiday
- Jan. 2nd Staff Development
- Jan. 3-6th Spring Registration
- Jan. 7th Spring Classes Begin
- Jan. 20th Martin Luther King Holiday
- March - April**
- March 5-7th Spring Break
- April 18th Good Friday
- April 21st Easter Monday
- May - June**
- May 6th Spring Semester Ends
- Graduation
- May 9th Student Semester Break
- May 7 - 19 Summer registration
- May 19th Classes Begin
- May 20th Memorial Day
- May 28th Juneteenth
- June 19th
- July**
- June 30 - July 3 Student Summer Break
- July 3rd Independence Day Holiday
- July 31st Summer Session Ends
- August-September**
- Aug. 4 - 13 Student Semester Break
- Aug. 11 Staff Development Fall
- Aug. 12 - 13 Registration Classes
- Aug. 14th Begin Labor Day Holiday
- Sept. 1st
- October - Nov**
- Oct. 10 - 13 Fall Break
- Nov. 11th Veterans Day
- Nov. 26 - 28th Thanksgiving Holiday Break
- December**
- Dec. 12th Fall Semester Ends
- Dec. 15 - Jan. 5 Student Semester Break

14.0**EDGECOMBE COMMUNITY COLLEGE****RESPIRATORY CARE TECHNOLOGY**

I have read the Edgecombe Community College Catalog and the Respiratory Care Technology Student Handbook. I fully understand and agree to abide by these policies during my enrollment as a student in the Respiratory Care Technology program.

Student Signature

Date

Please sign, date and submit this form to the Respiratory Care department of Edgecombe Community College.

15.0

EDGECOMBE COMMUNITY COLLEGE**RESPIRATORY CARE TECHNOLOGY
PROGRAM COPY**

I have read the Edgecombe Community College Catalog and the Respiratory Care Technology Student Handbook. I fully understand and agree to abide by these policies during my enrollment as a student in the Respiratory Care Technology program.

Student Signature

Date

Please sign, date and submit this form to the Respiratory Care department of Edgecombe Community College.



**Respiratory Care Technology
Student Handbook**

Edgecombe Community College
Adopted April 1989
Revised 4/1/2025

In addition to the policies and schedules of Edgecombe Community College, Respiratory Care Students follow the student guidelines of the Respiratory Care Department. The Respiratory Care Faculty and the Respiratory Care Advisory Committee have developed these guidelines. This handbook supersedes all previous handbooks and is printed to provide the student with information about the College and Respiratory Care Program. The Respiratory Care Program and Edgecombe Community College reserve the right to make changes in this handbook when deemed necessary. Every effort will be made to minimize the inconvenience such changes may create for students.