Respiratory Care
Student Handbook

2009-2010
Piedmont Technical College
SECTION I
General Information
Health Science Division

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SEE THE FOLLOWING STUDENT DISCLAIMER:

• Students who make a decision to withdraw (or who are administratively withdrawn) prior to completing 60% of the term may be required to pay back part of their Pell grant or student loan. Student receiving financial aid who feels the need to withdraw from a course should seek guidance from the Financial Aid Office first.

• Dependency: Students are not permitted to bring their off-spring, friends, or family into the classroom for any extended period of time to hang out. Aside from the students, the only authorized individuals permitted a presence in the classroom or clinical site are those who were approved upon by the Program Director and/or Instructor for continued educational purposes.

• Pets: Not permitted at the clinical site during testing or teaching; unless, part of course instruction.

• Remediation: Will be determined on a case by case basis in a manner conducive to PTC Policies and Guidelines, American Disabilities Act (as legally documented, tests, and demonstrations as delineated by the Program Instructor. The student’s attendance and participation during normal class hours will be heavily factored in.

• Smoking: As of the 26th August 2009; there is No Smoking and no use of tobacco products on the Piedmont Technical College Campus.

Print Name: ________________________________

_______________________________________________

Student’s Signature               Date
Section I

General Information

Health Science Division
Non-Discrimination Information

Piedmont Technical College maintains a nondiscrimination policy involving equal access to education and employment opportunities, without regard to race, color, religion, sex, disability, veteran’s status, age or national origin. The college complies with the provisions of Titles VI and VII of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972 and the Higher Education Amendments of 1986; Sections 503 and 504 of the Rehabilitation Act of 1973; Executive Order 11246 and 1137; the South Carolina Human Affairs Law of 1975; and the Americans with Disabilities Act of 1990.
Health Science Curricula

**Associate Degree Programs**

- Associate in Health Science – Major in Radiologic Technology
- Associate in Health Science – Major in Respiratory Therapy
- Associate in Health Science – Major in Cardiovascular Technology
- Associate in Health Science – Major in Veterinary Technology

**Diploma Programs/Associate Degree Programs**

- Pharmacy Technician Diploma
- Surgical Technology Diploma
- Medical Assisting Diploma

**Certificate Programs**

- General Health Science Certificate
- Medical Coding/Billing Certificate
- One + One Health Science Certificate
  - Medical Laboratory Technician Certificate
  - Occupational Therapy Advising Option
  - Medical Laboratory Technology Advising Option
  - Physical Therapy Assistant Advising Option
  - Dental Hygiene Advising Option
- Massage Therapy Certificate
- Patient Care Technology Certificate
- Phlebotomy Technician Certificate
# Health Science Division Faculty

Jerry A. Alewine, Dean  
Room 129H  864-941-8536

Brenda Walsh, Admin. Assistant  
Room 104H  864-941-8504

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Program</th>
<th>Room Number</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Ann Allen</td>
<td>Respiratory Care</td>
<td>116H</td>
<td>941-8533</td>
</tr>
<tr>
<td>Lee Balentine</td>
<td>Radiologic Technology</td>
<td>108H</td>
<td>941-8523</td>
</tr>
<tr>
<td>Dr. Ruthie Buist</td>
<td>Veterinary Technology</td>
<td>Newberry Campus 322NN</td>
<td>803-276-9000 Ext. 322</td>
</tr>
<tr>
<td>Cindy Evans</td>
<td>Cardiovascular Technology</td>
<td>111H</td>
<td>941-8717</td>
</tr>
<tr>
<td>Karla Gilliam</td>
<td>Respiratory Care</td>
<td>117H</td>
<td>941-8629</td>
</tr>
<tr>
<td>Bil Heath</td>
<td>Radiologic Technology</td>
<td>107H</td>
<td>941-8587</td>
</tr>
<tr>
<td>Barbara Jadick</td>
<td>Patient Care Technician</td>
<td>109H</td>
<td>941-8571</td>
</tr>
<tr>
<td>Susan Kinney</td>
<td>Surgical Technology</td>
<td>118H</td>
<td>941-8535</td>
</tr>
<tr>
<td>Michelle Liggett</td>
<td>Massage Therapy</td>
<td>105H</td>
<td>941-8617</td>
</tr>
<tr>
<td>Sylvia MacFarlane</td>
<td>Veterinary Technician</td>
<td>Newberry Campus 324NN</td>
<td>803-276-9000 Ext. 324</td>
</tr>
<tr>
<td>Debra Palmer</td>
<td>Medical Coding and Billing</td>
<td>114H</td>
<td>941-8512</td>
</tr>
<tr>
<td>Tonya Phillips</td>
<td>Pharmacy Technician</td>
<td>110H</td>
<td>941-8527</td>
</tr>
<tr>
<td></td>
<td>Medical Assisting / Phlebotomy</td>
<td>115H</td>
<td>941-8526</td>
</tr>
<tr>
<td>Lenette Thompson</td>
<td>1 + 1 Programs / Surgical Technology</td>
<td>113H</td>
<td>941-8516</td>
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Accrediting Agencies

Programs in the Health Science Division are accredited by the following agencies:

Radiologic Technology program
Joint Review Committee on Education in Radiologic Technology
www.jrcert.org

Respiratory Care program
Committee for Accreditation for Respiratory Care (CoARC)
www.CoARC.org

Medical Assisting program
Commission on Accreditation of Allied Health Programs
www.caahep.org
1361 Park Street
Clearwater, Fl. 33756

Surgical Technology Program
Commission on Accreditation of Allied Health Programs
www.caahep.org

Pharmacy Technician Program
American Society of Health System Pharmacists
www.ashp.org

Veterinary Technician Program
American Veterinary Medical Association
www.avma.org
INTRODUCTION

This handbook is designed to provide students with information concerning the policies and procedures specific to the program in which the student is enrolled. The faculty reserves the right to change, delete, or amend any of the contents of this handbook pending notification to the students. We wish you every success in your endeavor.

This handbook is designed as a supplement to the Piedmont Technical College Catalog. Please refer to the handbook for additional information.

Approved:

___________________________  ______________________
Dean of Health Sciences       Date

___________________________  ______________________
Program Coordinator           Date
Dear Student:

Welcome to Piedmont Technical College. We are pleased that you have selected this curriculum to begin your Health Science education.

You are entering the Health Science profession at an exciting time, one of change and development. Many employment options are available to individuals with Health Science credentials. You are entering a dynamic Health Science profession.

Students entering Piedmont Technical College are of varying backgrounds and experiences, each capable of making real contribution to fellow classmates and to the program. You are encouraged to engage in self-analysis of your needs, set your goals, and assume your share of the responsibility for your education. The faculty desires to be facilitators of learning. We will guide you into learning experiences - a great deal will depend on you. It is hoped that you will approach this year with enthusiasm, realizing that learning can be stimulating and satisfying. Remember that your best is what you have to offer and that anything worth doing is worth doing well.

We wish you success and encourage you to strive for success.

Welcome!

Jerry A. Alewine M.Ed., R.R.T.
Dean of Health Science
Progression in Health Science Programs

Candidates for a degree in any Health Science curriculum must meet the requirements for graduation of the college. In addition, students enrolled in Health Science programs leading to associate’s degrees or diplomas and in articulated programs must progress in meeting the requirements of their program according to the following policy:

1. Students must complete all Health Science courses and BIO 106, BIO 210 and BIO 211 with grades of “C” or better.
2. Students may repeat a specific Health Science course one time to achieve a grade of “C” or better. Students who need to repeat a Health Science course are required to meet with their academic advisors to discuss repeating the course.
3. Students may not repeat BIO 106, BIO 210, and BIO 211 more than one time to achieve a grade of “C” or better. Students who need to repeat BIO 106, BIO 210, or BIO 211 more than once must submit an appeal to the Dean of Health Science.
4. Students must maintain current CPR certification and yearly video updates.
5. Students must maintain annual documentation of required OSHA educational programs, including blood borne pathogens, fire safety and body mechanics and required health screening procedures, such as tuberculosis screening.
6. Students must maintain acceptable health status that allows required performance within the clinical environment.
7. Admission to any Health Science program is limited to two attempts per program and three attempts in any nursing and Health Science programs combined.
8. Students must successfully complete and pass drug screening and background check.
9. All students enrolled in a Health Science Program at Piedmont Technical College will be subject to random drug testing. At several points during their academic career, students will be eligible for random sampling. Refusal to submit will result in immediate removal from the program.
Piedmont Technical College
Core Competencies

1. Communicate effectively through reading, writing, speaking and listening.
2. Apply those mathematical skills appropriate to the occupation.
3. Employ effective processes for resolving problems and making decisions.
4. Apply knowledge of technology on a level compatible with job demands.
STUDENT CODE AND STANDARDS OF CONDUCT

Students are members of both the community at large and the school and must abide by the laws of the community and are entitled to its protection and rights.

- **General rights of students include:**
  
  Nondiscrimination,
  Freedom of speech,
  Freedom of press,
  Protection against searches and seizures,
  Student representation in college governance.

- **Student records:**

  The office of student services will safeguard and maintain all student records. Records shall not be released to anyone without written consent except in cases provided by the law. Student’s records will be managed in accordance with the guidelines established in FERPA.

- **Prescribed conduct:**

  Academic dishonesty and infringing on the rights of others violates prescribed conduct.
Unlawful Acts and Infractions:

1. Falsification of records (includes hospital, patient or school records).
2. Unauthorized absence from assigned duty station during scheduled hours.
3. Loitering, loafing, or sleeping while in assigned clinical area.
4. Refusal to follow instructions in carrying out the duties assigned by your clinical instructor or preceptor.
5. Use of abusive or obscene language, or acting in a disrespectful manner to any faculty member, patient, visitor, staff member, supervisor or classmate (clinical or school).
6. Performing duties for which you have not been taught.
7. Illegal conduct of any nature.
8. Smoking on school property – Effective August 26, 2009 the campus will be tobacco free.
9. Use of, or unauthorized possession of, intoxicating beverages, narcotics, or other drugs while on school or hospital premises, or reporting to school or hospital under the influence of intoxicants.
10. Threatening, intimidating, or coercing a classmate, co-worker or other employee of the school or clinical site.
11. Fighting, horseplay, harassment, or other disorderly conduct on school or clinical site premises.
12. Possession of a weapon, such as a gun, knife, or other object commonly considered to be a “weapon” on clinical or school premises.
13. Gambling, or conducting games of chance, or possession of gambling devices on clinical or school premises.
14. Creating unsafe or unsanitary conditions.
15. Unauthorized possession, use, copying or reading of patient hospital records, or disclosure of information contained in such records to unauthorized persons.
16. Disregard of one’s appearance, uniforms, dress, or personal hygiene.
17. Larceny, misappropriation, or unauthorized possession or use of property including food, books, and supplies of all kinds belonging to the school, hospital, or to any patient, visitor, co-worker, classmate, etc.

18. Any negligence involving patient care.

19. Soliciting or accepting gratuities from patients, visitors or staff.

20. Disruptive behavior or intentional creation of distractions, disruptions or interference with the attention of instructors or other students in the classroom or to staff, families or patients in the clinical sites. (This includes cell phones and beepers).

21. Failure to uphold, above all else, the safety and well-being of patients entrusted to your care.
CLASSROOM CONDUCT POLICY

It is the expectation of the program that all classes will be conducted in an adult fashion. Both instructor and student will be present, on time and prepared.

The instructor will be in charge of the classroom at all times, both in selection of subject matter and method of instruction. It is understandable that the students may disagree with the instructor on occasion. On these occasions, all discussions shall be limited to after class so classroom objectives can be met. On any occasion the instructor feels as if the student is disruptive to the class, the student will be asked to leave. The student at all times has the right to due process as stated in the Piedmont Technical College regulations. If a student has an issue with the faculty member and they feel they have not gotten resolution, they should follow the chain of command for further assistance.

For example:
1. Faculty Member,
2. Department Head,
3. Dean of Health Science
4. Vice President for Educational Affairs
This chain must be followed.

SPECIAL CONCERNS

Students should not eat, smoke, or drink in unauthorized areas. Failure to meet standards of conduct acceptable to the college may result in disciplinary action.

STUDENT INTERACTIONS

Student/Patient Interaction

The student will consistently display a professional and positive attitude in all dealings with patients. The student will always identify himself to the patient. The student will explain the purpose of his visit to the patient. The student will display courteous behavior towards the patient regardless of race, religion, sex, creed, or disease.

The student will maintain confidentiality of all patient information and records. The student will record all information in the patient chart accurately. The student will discuss information with the patient only if already known by the patient. The student will not refer to the patient by name when completing assignments for this program. The student will not discuss patients in public areas.
The student will display respect for the patient’s right to privacy. The student will arrange clothing to protect the patient’s modesty. The student will knock on the door before entering the room. The student will perform physical exam of the patient only when indicated and in the presence of a member of the same sex as the patient.

The student will demonstrate concern for the protection of the patient from injury during all procedures. The student will perform only those procedures they have been deemed competent to perform by the clinical instructor. The student will perform only those procedures with a written physician order.

Student/Student Interaction

The student will consistently display a professional and positive attitude in all dealings with fellow students. The student will complete all individual assignments themselves, however, they may be asked to perform cooperatively.

Student/Instructor Interaction

The student will consistently display a professional and positive attitude in all dealings with their instructor. The student will work to the best of their ability to complete all work as assigned. The student will utilize established procedures in order to resolve conflicts with the instructor. The student will demonstrate respect for the instructor at all times.

Student/Clinic/Externship Personnel Interaction

The student will consistently display a positive and professional attitude in all dealings with clinical/externship personnel. The student will identify himself by wearing proper uniform and nametag at all times. The student will demonstrate respect for all hospital/externship personnel. The student will read and practice all rules, regulations, and procedures that are established by the medical office/department in which the student is assigned. The student will first discuss all problems with clinic or externship personnel with the PTC clinical instructor. The student will not debate any clinical or externship practice in front of the patient or the family. The student will demonstrate respect for the clinical or externship facility. Should issues arise, they will contact the instructor assigned and managing the course.
A Patient’s Bill of Rights

1. The patient has the right to considerate and respectful care.

2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action.

4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power or attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

5. The patient has the right to every consideration of privacy.

6. The patient has the right to expect that all communications and records pertaining to his or her care will be treated as confidential by the hospital, except in cases which as suspected abuse and public health hazards when reporting is permitted or required by law.

7. The patient has the right to review the records pertaining to his or her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity, and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services.

9. The patient has the right to ask and be informed to the existence of business relationships among the hospital, educational institutions, or other health care providers, or payers that may influence the patient’s treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities.

American Hospital Association: Author.
Study Tips

- Be punctual for class
- Prepare for each class in advance by reading assignments
- Use time management skills
- Practice organizational skills
- Choose a quiet place to study without distractions
- Consider forming peer study groups
- If you are having difficulty in a class seek guidance from your instructor or advisor
- Take advantage of tutoring programs on campus
- Keep a calendar of reading assignments, class assignments, exams, etc.
- Keep up with reading and writing assignments
- Utilize library resources

Test Taking Tips

- Be sure you know what material the test will cover
- Eat a meal before the test
- Take practice tests
- Get a good night’s sleep
- Read the test questions completely before answering
- Arrive early for the test
- Assume a positive attitude
- Don’t cram for tests
- Don’t stay up late at night (or the wee hours of the AM) studying
Section II

Respiratory Care Policies
Philosophy

The philosophy of the educational approach of this program is one of professional development. The respiratory therapist fills the role of professional health care provider in a growing and rapidly changing health care environment. Growth and commitment to optimum respiratory care is the foremost goal. The other primary objective of this program is to fill the need for respiratory therapists and to build and maintain a progressive respiratory care profession for the members of the community.
AMERICAN ASSOCIATION FOR RESPIRATORY CARE

CODE OF ETHICS

As Health Science professionals engaged in the performance of respiratory therapy, we realize we must individually and collectively strive to maintain the highest obtainable level of ethical standards.

The principles set forth define the ethical and moral standards to which each member of the AARC should conform. This code of ethics should be subject to monitoring interpretation, and timely revision by the association’s board of directors, with the advice of the board of medical advisors.

Each member of the association should conduct himself in such a manner as to gain the respect and confidence of other health care personnel, as well as respecting the human dignity of each of his superiors, subordinates, and other associates.

Each member shall be responsible for the competent and efficient execution of this assigned duties, being guided at all times by this concern for the welfare of the patient.

Each member shall be familiar with, and comply with, existing state and/or federal law governing the practice of respiratory care.

Each member shall keep in confidence any and all privileged information concerning the patient.

No member shall endeavor to extend his province beyond his competence and the authority invested to him by a physician.

No member shall accept gratuities or tips for preferential consideration of the patient, or to supplement professional income. The member must carefully guard against conflicts of professional interest.

Each member shall accept responsibility for expositing incompetence and illegal or unethical conduct to the proper authorities and/or the judicial committee of this association. Only through the integrity of each member can the highest purpose of the profession be served.

Each member shall adhere to the bylaws of the association and support the objectives and purposes contained therein.
JOB DESCRIPTION

Piedmont Technical College offers a two-year associate degree therapist program. Students completing this program are eligible to take the certification exam administered by the National Board for Respiratory Care. Graduates passing this exam would earn the credential CRT-Certified Respiratory Therapist. Graduates may then take the registry exam administered by the National Board for Respiratory Care. Graduates passing this exam would earn the credential RRT-Registered Respiratory Therapist.

Graduates of the respiratory therapy program are Health Science professionals who assist in the diagnosis and treatment of cardiopulmonary diseases and related disorders in a professional and competent manner. Respiratory Care is involved in patient and family education in the hospital and community setting, assessment of patient status, and the recommendation of appropriate intervention based on patient assessment.

Job opportunities exist in hospitals, sub-acute and transitional care facilities, home care, sleep labs, physician offices, and community health centers.
Associate in Health Science Degree
Major In Respiratory Care
Core Competencies

1. Communicate effectively through reading, writing, speaking and listening.

2. Apply those mathematical skills appropriate to the occupation.

3. Employ effective processes for resolving problems and making decision.

4. Apply knowledge of computers on a level compatible with job demands.
TECHNICAL COMPETENCIES

Upon completion of the Associate Degree Respiratory Care program, the graduate will:

1. Assume responsibility for practicing within the ethical and legal parameters of Respiratory Care.

2. Apply principles and theories from related disciplines into Respiratory Care.

3. Collaborate with other Health disciplines to provide holistic care to individuals, families, and communities.

4. Utilize critical thinking to apply Respiratory Care to individuals, families and communities within diverse settings.

5. Develop and implement teaching plans that will assist individuals, families, and communities to achieve their optimum levels of Health.

6. Recognize the responsibility for continuing personal and professional growth through life-long learning experiences.

7. Develop a caring attitude.
AMERICAN ASSOCIATION FOR RESPIRATORY CARE (AARC)

The AARC is the professional organization for respiratory therapy personnel. It was founded in 1947 as the Inhalation Therapy Association by a small group of dedicated professionals from Chicago and New York. Since the association’s inception, education has been one of its primary goals. In addition, the AARC strives to facilitate cooperation between respiratory therapy personnel and the medical profession, hospitals, service companies, government organizations and others.

The AARC serves as a focal point for guidance and assistance to its members in the practice of respiratory therapy. The association acts as the center for communication and development of programs with other Health Science professions, institutions, and state and federal agencies. Individuals who wish to have a representative voice should seek out the AARC, as it provides the means to exchange the latest concepts of patient care, technology, administration and education on a national level.

Active participation by an individual in the AARC contributes measurably to the overall profession of respiratory therapy, as well as to the individual’s education, professional achievement, and recognition.

*Students will be required to join the AARC.* Membership at reduced fees allows the student to receive all of the AARC journals and bulletins and reduced seminar registration fees plus all other benefits regular members are entitled to. Student will be assessed each fall semester. ($50)

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

The NBRC is the official credentialing board of the profession. The NBRC sets standards for entry into the credentialing process, administers examinations, and ensures the integrity of the examination process. The NBRC Entry Level Exam (CRT) is used by South Carolina for licensing practitioners in Respiratory Care.
STATE LICENSING

South Carolina will not certify an individual in respiratory care unless they are:

1. scheduled to graduate within 45 days from a Respiratory Care Program
   or
2. a graduate of an accredited respiratory therapy program.
   or
3. a CRT or RRT
   and
4. of good moral character

Personal data requested by the South Carolina State Board of Medical Examiners for licensure include:

Have you ever been arrested, indicted, or convicted, pled guilty, or pled Nolo contendere for violation of any federal, state, or local law. (other than a minor traffic violation)?

Are you presently (or in the last ten years) suffering from any disability or illness (mental, emotional, or physical) that might impair your ability to perform Respiratory Care Therapy?

Have you ever been discharged involuntarily from employment?

In South Carolina, as a student, you may apply for a Limited License 45 days prior to graduation. This is valid for a 6 month period and may be renewed one time. This allows the student to work in Respiratory Care for up to a year and have a total of 12 months to successfully complete the CRT exam. Other states have similar requirements.
Accreditation

The Piedmont Technical College Respiratory Care Program is accredited by the Committee on the Accreditation for Respiratory Care (CoARC). CoARC utilizes an outcome based assessment program to insure that programs develop sound curriculum and clinical programs in order to develop competent respiratory care practitioners.

Piedmont Technical College received reaccreditation in 2008. The education and Health professions cooperate to establish and maintain standards of appropriate quality for educational programs in the field of respiratory care. Piedmont Technical College uses a system of ongoing program assessment by employers, graduates, students, and faculty to maintain a quality program that produces competent graduates.

Piedmont Technical College offers a two year associate degree program in respiratory care. Students spend one-half of the semester in classroom instruction prior to actual clinical practice. In succeeding semesters, clinical training runs concurrent with classroom courses.

The program trains the student to varying degrees of competencies in critical care, pediatrics, pulmonary functions, gas analysis, medical gas therapy, breathing treatments, and ventilator management. Students are also cross-trained in the clinical setting in EKG, bronchoscopy, and sleep lab. Clinical rotations are evaluated on an ongoing basis and changes in rotations are made to reflect changes in the area job markets. It is the goal of this program to produce employable, competent entry-level professionals.

The mission of the Committee on Accreditation for Respiratory Care (CoARC), in collaboration with the Commission on Accreditation of Allied Health Education Programs (CAAHEP), is to promote quality respiratory therapy education through accreditation services.

PHILOSOPHY/PURPOSE

CoARC endeavors to provide accreditation services characterized by:
Outcome orientation
Competency evaluation
Customer focus
National recognition of quality
Efficiency and cost effectiveness
Professional advancement and enhancement
Contact information

CoARC
1248 Harwood Road
Bedford, TX 76021-4244
Phone: 817-283-2835
Fax: 817-354-8519

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350
Fax: 727-210-2354
# COURSE OUTLINE
## RESPIRATORY CARE PROGRAM

<table>
<thead>
<tr>
<th>Courses</th>
<th>Credits</th>
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<tbody>
<tr>
<td><strong>First Semester</strong></td>
<td></td>
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<tr>
<td>BIO 210</td>
<td>Anatomy and Physiology I</td>
</tr>
<tr>
<td>Mat 102</td>
<td>Intermediate Algebra or Probability and Statistics</td>
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<tr>
<td>Or 120</td>
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<tr>
<td>AHS 106</td>
<td>Cardiopulmonary Resuscitation</td>
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<tr>
<td>RES 101</td>
<td>Introduction to Respiratory Care</td>
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<tr>
<td>RES 121</td>
<td>Respiratory Skills I</td>
</tr>
<tr>
<td>RES 123</td>
<td>Cardiopulmonary Physiology</td>
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<tr>
<td>RES 160</td>
<td>Clinical I</td>
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<tr>
<td><strong>Second Semester</strong></td>
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<tr>
<td>BIO 211</td>
<td>Anatomy and Physiology II</td>
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<tr>
<td>RES 111</td>
<td>Pathophysiology</td>
</tr>
<tr>
<td>RES 131</td>
<td>Respiratory Skills II</td>
</tr>
<tr>
<td>RES 151</td>
<td>Clinical Applications I</td>
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<tr>
<td><strong>Summer Term</strong></td>
<td></td>
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<tr>
<td>RES 141</td>
<td>Respiratory Skills III</td>
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<tr>
<td>RES 152</td>
<td>Clinical Applications II</td>
</tr>
<tr>
<td>RES 246</td>
<td>Respiratory Pharmacology</td>
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<tr>
<td>RES 206</td>
<td>Respiratory Care for the Gerontological Patient</td>
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<tr>
<td><strong>Third Semester</strong></td>
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<tr>
<td>ENG 101</td>
<td>English Composition I</td>
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<tr>
<td>PSY 201</td>
<td>General Psychology</td>
</tr>
<tr>
<td>RES 204</td>
<td>Neonatal/Pediatric Care</td>
</tr>
<tr>
<td>RES 236</td>
<td>Cardiopulmonary Diagnostics</td>
</tr>
<tr>
<td>RES 255</td>
<td>Clinical Practice</td>
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<tr>
<td><strong>Fourth Semester</strong></td>
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<tr>
<td>RES 220</td>
<td>Hemodynamic Monitoring</td>
</tr>
<tr>
<td>RES 232</td>
<td>Respiratory Therapeutics</td>
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<tr>
<td>RES 244</td>
<td>Advanced Respiratory Skills I</td>
</tr>
<tr>
<td>RES 274</td>
<td>Advanced Clinical Applications</td>
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<tr>
<td><strong>Summer Term</strong></td>
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<tr>
<td>RES 249</td>
<td>Comprehensive Applications</td>
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<tr>
<td>RES 275</td>
<td>Advanced Clinical Practice</td>
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<tr>
<td>RES 207</td>
<td>Management in Respiratory Care</td>
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<tr>
<td>Elective in Humanities</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credit Hours</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>
FACULTY

This program began in 1971 and now employs the following full-time faculty:

Ann Allen, RRT, RCP  
Program Coordinator

Jerry Alewine, M.Ed., RRT, RCP  
Director of Clinical Education

Karla Gilliam, RRT, RCP  
Instructor

This program also employs adjunct faculty at different clinical settings.

ADVISORY COMMITTEE

An advisory committee exists to assist in evaluation and development of the program. The advisory committee shall have two concerned Health professionals not associated with the program and at least one non-health member who is not associated with the sponsoring agency. Student members may be appointed to represent the classes. This committee shall meet on a regular basis to provide continual feedback to the program on effectiveness and community needs.

EXEMPTION CREDIT FOR TRANSFER STUDENTS

Admission of transfer students requires transfer exemption by individual department heads for each subject. These arrangements should be made two weeks prior to course registration with department heads or individual instructors. STUDENTS will be responsible for obtaining transcripts and following up with student records. A grade of “C” or better is required for all course work transferred in. Students transferring in Respiratory Therapy credits will be required to audit the classes if they are less than two years old. Respiratory classes more than two years old will not be transferred in. They must also pass a clinical competency test.
RESPIRATORY STUDENT INFORMATION

COST:

Tuition: per semester based on county and credit hours
Books and Supplies: per semester, $200 - $400
Equipment Bag: $80 - $90
Uniforms: $150 – 2 sets of uniforms, shoes, PTC labcoat
Stethoscope: $40
Watch with second hand – variable $20
Malpractice insurance: $20 per year charged in fall tuition
AARC membership: $50 each year, charged in fall tuition
NBRC SAE CRT: $40 last semester
NBRC SAE RRT: $100 last semester
Physical Exam: due by first day of class
Hepatitis B Vaccine: $125 - $150
SLED background / Drug Screen $65

JOBS

Due to academic workload, students are strongly encouraged not to try to work full-time especially during the week.

PROGRAM ACTIVITIES

All students will be required to attend local seminars and meetings. This may include state or regional society meetings. Student fees are nominal and transportation can be shared.
ATTENDANCE

The Respiratory faculty will adhere to the attendance policy of PTC as follows:

Students are expected to attend all classes. Recognizing that situations may arise to prevent such attendance, however, the following policy is set forth to address these situations.

Students may be absent for five percent of class meetings for avoidable absences, and no more than an additional ten percent of class meetings for unavoidable absences. In extreme circumstances, student may be absent for a length of time mutually agreed upon between the instructor and the student that exceeds this percentage of class meetings.

STUDENT RESPONSIBILITIES

✓ Understand the college’s attendance policy and make-up procedures followed in each class.
✓ Understand the rationale for class participation being necessary to accomplish the learning outcomes of the course.
✓ Understand the importance of attending the class and being prompt to class.
✓ Communicate to the course instructor promptly any problems affecting his or her attendance to class or change in enrollment status.
✓ Attend class on a regular, consistent basis unless there are unavoidable circumstances preventing attendance.
✓ Provide verification of reason for class absence if requested by an instructor.
✓ Be committed to completing class work and fulfilling class obligations to other students in the class.
✓ Show respect for the instructor and other students, communicate concerns clearly, and use appropriate grievous complaint channels, if needed, should misunderstanding occur.
DEFINITIONS

Avoidable (or unexcused) absence: An absence where a student voluntarily misses class for non-emergency reasons (i.e., sleep late, go hunting, shopping, etc).

There will be no make-up tests for avoidable absences. Projects, homework, assignments due on the date of absence may be turned in the next class time with a 10 point penalty.

Unavoidable (or excused absence): Absences caused by a situation or set of circumstances which were unforeseen and over which the student has no control (i.e., automobile accident, death in immediate family, child ill, or work schedule change, etc.)

A student must make-up all work, including test(s) missed during an unavoidable Absence or an absence caused by extreme circumstance. Test will be made up within one week unless there are extreme circumstances previously discussed with the instructor. Make-up test will be taken in the Teaching and Learning Center (TLC) lab. Lab tests and procedures will be arranged according to the student and instructor’s schedule. Projects, homework, assignments, etc. due on the date of absence must be turned in next class. Please be considerate of your fellow classmates if you are working on a joint project.

Extreme circumstances: Absences which are unforeseen and of which the student has no control of that occur in extended intervals of time to a student who has the potential to pass the course through make-up.

In the case of unavoidable and/or extreme absences, the student should notify the instructor as soon as possible by phone and follow up with a written excuse to the next class. To be considered unavoidable or extreme, the student must supply verification of event (i.e. illnesses must have a physician’s excuse, car problems need a mechanic receipt).
The Respiratory program will also include the following additions to the plan of action:

- Termination will result for any absences following a conference or for noncompliance with the agreed plan of action.
- Absences from clinical/laboratory experiences are discouraged. Clinical absences are limited to two days. In the event a problem occurs, the student MUST notify the clinical unit prior to starting time. Make up assignments will be at the discretion of the instructor. Any student absent from clinical without proper notification may be subject to dismissal from the program.
- Following any illness/injury you are required to see your instructor. A medical release may be require for re-entry into class or clinical.

TARDINESS

Tardiness will not be tolerated. Tardiness or early departure up to 15 minutes will be counted as one-third of an absence. Three tardies will constitute an absence. Being more than 15 minutes late or leaving more than 15 minutes early will count as one absence.

GRADING

The Respiratory faculty will adhere to the PTC grading system (see catalog):

- A: 94 – 100
- B: 95 – 93
- C: 75 – 84
- D: 70 – 74
- F: 69 and below

In order to provide minimal, safe health care to individuals, the lowest acceptable grade for all Respiratory and science courses is C (75%).
**REQUIREMENTS TO PROGRESS IN PROGRAM**

1. A grade of “C” of better in all Respiratory courses, science, and core courses. This is necessary to provide minimally safe respiratory care practitioners.

2. Only two attempts are permitted within the Respiratory program. Readmission will be based on space availability on 2\textsuperscript{nd} attempt.

3. A GPA of 2.0.

4. Acceptable health status including documentation of yearly tuberculosis screening.

5. Current CPR completion card.

6. Documentation of yearly blood borne pathogen, back and fire safety, Health Insurance Portability and Privacy Act in-services.

**TERMINATION POLICY**

A student will be terminated from this program if he/she fails to:

1. Abide by the rules and regulations of the program.

2. Employ proper conduct and judgment in the clinical area.

3. Maintain a satisfactory grade in all labclinical components of the program.

4. Maintain a grade of “C” or above in all Respiratory, science, and core courses.

5. Observe the attendance policy.

6. Act professional under any and all circumstances as a representation of Piedmont Technical College.

A second attempt is permissible under the readmission policy.
PRIOR TO GRADUATION

ACADEMIC PROBLEMS

In the event of an academic problem, the student will use the following procedure to reconcile the problem:

a. confer with the Course Instructor – if not resolved
b. confer with the Department Head – if not resolved.
c. confer with the Dean of Health Sciences – if not resolved.
d. confer with the Vice President of Piedmont Technical College.

A counselor may be asked at any point to participate in any conference by the student. Further resolution will follow the college policy as stated in the college catalog.

READMISSION POLICY

A curriculum student who withdraws or fails a required course may be readmitted one time.

The criteria for second admission:

1. Place name on readmission list (see department head).
2. Have grade point average of 2.0 or above.
3. Audit Respiratory classes as recommended by faculty.
4. Re-enter Respiratory class within 2 years on space availability basis. After a 2-year absence, course content and competencies must be validated by passing a written exam and selected skills.
5. Update health form, blood borne pathogens, and CPR
6. Sign readmission agreement at time of second admission.
CLINICAL UNIFORMS

The purpose of dressing in uniform is to present a professional appearance to patients and hospital personnel and to identify you as a student. Professional behavior and grooming are necessary at ALL times.

Uniforms are ordered after fall classes start. A stethoscope and watch with a second hand, and safety glasses are also a part of the required clinical uniform and must be brought to clinical every day.

A PTC student ID with a picture MUST be worn at all times in any clinical setting.

A picture Self Regional Student ID Badge must be obtained and worn at eye level any time a student is in clinical at a Self Regional site. This badge also allows entrance through secured doors at Self Regional (except Nurseries and Pediatric Med. Rooms)

Uniform Specifications

Female and Male
Navy blue scrubs or uniform pants, white scrub or uniform top, a long sleeve white cuffed lab coat, and white shoes. White socks, or tan hose must be worn. Shoes cannot be open toe or cloth. Lab coat must be embroidered per Division of Health Science policy. Must have PTC Picture ID.

Embroidery Policy:
Embroidered left chest in Royal Blue thread:
“Piedmont Technical College Division of Health Science Student”

General Clinical Requirements

✓ Individuals with long hair must wear it pulled back at all times.
✓ Nails should be kept clean, short and unpolished (clear polish is acceptable). No fake nails or gels allowed.
✓ No perfumes or scented lotions/aftershaves should be worn since respiratory patients may be especially susceptible to odors.
✓ No jewelry should be worn except watch and wedding band.
CLINICAL

1. Plan to arrive at the clinical site 10 minutes prior to scheduled time. If you are late, plan to make up the time that day.

2. If you will be late or absent from clinical, you must call the clinical site prior to the start of your shift. Failure to notify the site may be grounds for dismissal from the program. All absences, regardless of the reason, result in a “O’ for all daily work.

3. Maximum allowed absence for any clinical course is two days. Exceeding this number will result in administrative withdrawal from the course, which will ultimately result in removal from the program.

4. You must come to the clinical site in proper uniform with a stethoscope, PTC ID, notebook, and watch with a second hand. No jewelry, perfume, or nail polish are permitted. Long hair must be pulled back. Failure of any of these points will result in dismissal from the clinical site and the day will count as an absence, with “O” given for that day.

5. All procedures assigned for the clinical semester must be completed in that semester. Effective time management in clinical is essential in order to complete all assigned tasks.

CLINICAL ROTATIONS

Clinical work hours will vary. Afternoon (1:00 p.m. – 7:00 p.m.) shift will be included. Clinical rotations include:

- Self Regional Health Care
- Laurens County Hospital
- Abbeville Hospital
- Home Health
- Newberry County Memorial Hospital

Other clinical rotations will be used as deemed necessary to keep up with the rapid changes in health care. Clinical schedules will be available by the first day of each semester. The majority of clinicals will be 7:00 a.m. – 2:30 p.m., however, some may be 8:00 a.m. – 4:00 p.m.
ASSIGNMENT GUIDELINES AND TEST TIPS

Written Assignment Guidelines

All written assignments will be graded on the correct use of grammar, punctuation, syntax, and spelling. This will account for 10-20% of the grade. All written assignments must be turned in on the date due. No assignments will be taken after the due date and the student will receive a “0”.

Clinical Assignments

All clinical assignments must be turned in on posted due dates. No clinical assignments will be accepted after the date due and the student will receive a “0” for the rotation. There are no exceptions to this.

Test Taking Guidelines in Health Science

1. Be positive - bring to the test a positive attitude. Your instructor is not out to get you with trick questions. Be prepared and be positive.

2. Manage your time - know how much time you have to complete the exam. Scan the test and the number of questions and estimate the time for each question. Frequently check your watch. Answer the questions you know initially, then come back to the more difficult ones later. Know the point value of each question and plan accordingly. For example, on a lab exam, a procedure may be worth 20 points, therefore, you should concentrate your efforts in that direction.

3. Follow the directions - read ALL directions completely.

4. Recognize qualifying words - such as “all, some, most, always, usually, rarely, never, is, is not”.

5. Write where you can read your handwriting. Handwriting that is very difficult to read may not be given credit for the answer.

SECTION III
For your information . . .
INFECTIOUS DISEASE POLICY

PRE-ENTRY EVALUATION:

The health of each student is evaluated prior to admission into any Health Science curriculum to determine if infectious diseases or other health related problems are present. Each student must have the Health Assessment form completed by a Physician or Nurse Practitioner prior to admission to clinic.

If potential or existing problems in a student's health are identified, the student will be referred to their private physician for treatment. This evaluation or treatment will be at the student's expense.

EXPOSURE TO DISEASE:

Students need to be aware that in any health related curriculum you may be in contact with patients who have various infectious diseases. Medical aseptic techniques utilized in the care of patients with infectious diseases are included in each curriculum. Students will be instructed in the use of standard precautions as directed by the Center for Disease Control (CDC) when providing patient care. If a student acquires an infectious disease during a clinical rotation, they will follow the Exposure to Disease Policy.

As a result of these contagious diseases, you need to know what your risk of contracting a disease is and how to best prevent exposure. Students must also know how to protect the patients. Patients have lowered resistance to disease and we must take that into consideration when caring for them. Some of the common communicable diseases you may encounter are:

**Chicken pox (Varicella) and Shingles (Zoster)**

Spread by coughing and sneezing (highly contagious), by direct contact, and by aerosolization of virus from skin lesions. These are caused by the same virus exposure to one may cause the other. Once someone has had chicken pox, the virus remains dormant in the body and may be reactivated in the form of shingles later. If you have had chicken pox, you will not transmit the disease to others. If you are not immune, you could become ill and therefore expose others during the incubation period.

**Tuberculosis (TB)**

*Tuberculosis (TB) is a contagious disease. Like the common cold, it spreads through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected. Good hand washing and special masks should prevent you from contracting this disease.*
**Human Immunodeficiency (HIV)**

This is a bloodborne and body fluids virus that causes AIDS. Many people who are infected do not know it because they appear healthy and have no reason to suspect the disease. Because of this fact, you must consider that all patients could be potentially infected with HIV. Standard Precautions and Body Substance Isolation are used to prevent contact with blood and body fluids of all patients regardless of their HIV or AIDS status. Following these procedures eliminates most of the risk to you. Gloves, masks, protective eyewear, impervious gowns, and aprons are required as appropriate to prevent contact to non-intact skin and mucous membranes. As with all patients, sharp equipment and instruments must be handled cautiously and disposed of appropriately. When proper precautions are used in handling blood or body substances, the risk to you is low. Report all exposures to your instructor.

**Hepatitis B (HBV)**

Hepatitis B is a bloodborne virus. This disease carries a significant risk to health care workers. You can protect yourself from Hepatitis B by using Standard Precaution and Body Substance Isolation and by taking the immunization. **NOTE: Some individuals who take Hepatitis B vaccine will not develop immunity and therefore will be unprotected.**

**Meningococcal Meningitis**

This disease is transmitted in respiratory secretions. Good hand washing and masks should prevent you from contracting this disease.

*Students should not report to clinical rotations with infections because hospitalized patients are more susceptible to infectious disease. Students should notify their instructor of exposure to infectious disease and/or blood or body substances immediately so as to make arrangements to make up the missed clinical time.*

**ACCIDENTAL INJURY/EXPOSURE:**

In case of accidental injury and/or exposure in the clinical, externship, or lab the Accidental Injury or Exposure Practice for students will be followed.

**IMMUNIZATION REQUIREMENTS:**

The following immunizations/tests are required of each student:

- PPD (tuberculin test)
- Rubeola/Rubella
- Hepatitis B
- Tetanus
- Varicella Zoster
INSTITUTIONAL DIRECTIVE 8-25
March 27, 2006

Title: Communicable Disease (Students)

I. Purpose
The purpose of this directive is to set forth policy and procedure for handling cases of suspected exposure of students to a communicable disease.

II. Policy
It is the policy of Piedmont Technical College to insure the safety of all students. The college follows the established rules and guidelines of the State Board of Health Regulations.

III. Definition
For the purposes of this directive, communicable disease shall include, but not be limited to:
- Chicken Pox
- Ringworm
- German Measles
- Scabies
- Hepatitis B
- Trachoma, Granulated lids
- Impetigo or acute conjunctivitis
- Lice
- Tuberculosis
- Measles
- Whooping Cough
- Mumps

IV. Procedures and Responsibilities
A. If any student has knowledge of having a communicable disease or having been exposed to a communicable disease, it is the responsibility of the student to notify the Vice President of Student Development.

B. If a faculty member suspects a student of having a health condition which could possibly be communicated to others, the Vice President of Student Development should be notified immediately. The student may be excluded from the campus until an appropriate assessment of the student's medical condition can be made.

C. The assessment of a student with a suspected communicable disease and the determination of a student's ability to remain at school will be made by the President after a preliminary consultation with the Vice President of Student Development, based upon recommendation from local health authorities.

Office of Responsibility: Vice President for Student Development

D. If the President feels that the situation poses a real threat to the college or the community at large, he will notify the Public Health Authority of all known details and seek their advice and counsel.

E. Under provision of South Carolina Code 44-29-200, the President will prohibit the attendance of any student until a satisfactory certificate is obtained from one or more licensed physicians and the Public Health Authority stating that such attendance is no longer a risk to others at the college.

F. Under all circumstances, the individual’s right of privacy will be protected. Only those individuals who are directly involved with the student(s) daily activities will be notified concerning the presence of a communicable disease.

Original on File 3/27/06
ACCIDENTAL INJURY OR EXPOSURE PROTOCOL FOR STUDENTS

I. PURPOSE

*To provide detailed information on how to obtain appropriate treatment for a student who has been involved with an accidental injury in the clinical agency.*

II. PROCEDURE FOR ACCIDENTAL INJURY OR EXPOSURE

If a student is accidentally injured in a clinical setting, including college labs, the following protocol will be enforced.

1. Immediately inform the instructor of the incident and the supervisory personnel in the clinical agency.

2. Complete the Incident Report for the agency and/or an Accidental Injury or Exposure Report for the College. On campus exposure - notify Public Safety to complete and file the report for the College.

3. If in an agency with an Employee Health Office refer the student to that office for assessment. If no Employee Health Office or the equivalent is available refer the student to the Emergency Room.

4. A student who is exposed in the clinical or externship site or in the lab on campus must take all bills to the Human Resource Office of the College to initiate appropriate payment. Failure to do so may make the student ultimately responsible for all costs incurred.
Criminal Records Checks for Health Science Students

As required by the clinical and field placement agencies, students in specific programs are required to have a criminal background check and a 10-panel urine drug screen. These are conducted by an outside agency at the student’s expense. Current fees for these tests are:

Criminal Background check - $35
Urine Drug Screen - $30

Pending criminal charges or conviction of any of the following crimes will make the student ineligible for enrollment or participation in clinical/field placement courses.

- Crimes of violence (murder, manslaughter, criminal sexual assault, crimes involving the use of deadly force, simple assault, assault and battery of a high and aggravated nature, assault and battery with intent to kill, criminal domestic violence)
- Crimes occurring within 7 years of the application date involving the distribution or use of illegal drugs.
- Crimes occurring within 7 years of the application date that involve moral turpitude, breach of trust and identify theft.

The results of the criminal background check and the drug screen will be available for review by designated personnel in each clinical or field placement agency. The agency has the right to refuse admission for clinical or field placement based on student background checks and drug screens. If a student is refused admission to a designated clinical site they will be administratively removed from the program. The Dean of Health Science will be notified immediately of a student’ refused status.

The drug screen will be done on an unannounced basis after classes begin but before clinical or field placement assignments. Prescription medications may be validated by submission of a pharmacy printout of prescribed medications or a signed prescription.

The 10-panel urine drug screen will test for:

- Cocaine
- Opiates/Morphine
- Methamphetamines
- Benzodiazepines (inhalants)
- Methadone
- Marijuana
- Amphetamines
- Phencyclidine (PCP)
- Barbituates
- Tricyclic Antidepressants

Failure to provide the required urine sample in an appropriate time or a test that is positive for any of the identified drug categories will result in immediate dismissal from any curriculum that requires a clinical/field placement component. When a Health Science student is dismissed because of a positive non-validated drug screen this will count as an attempt. Anyone who is found to have a second positive drug screen will not be admitted to any other Health Science or nursing program, and will forgo the right to appeal for a third attempt.

If a student tests positive and believes the results to be in error, they may request laboratory analysis or a re-test. Laboratory analysis or re-test will be at the expense of the student.
Criminal Background Check and Drug Screening

A criminal background check and drug screen is required of all students entering a nursing or Health Science program at Piedmont Technical College. Students are responsible for the cost, which is completed upon acceptance to a nursing or Health Science program. Students taking AHS 117 or the continuing education nursing assistant class will also be required to complete a background check and drug screen. The cost will be assessed along with the tuition for the course. If a student is dismissed from the program for an issue relating to the criminal background check or drug screen, it will count as an attempt at that clinical program.

Background Check Information

The background check will show any crimes occurring within seven years of the date that the background check is performed. Clinical providers have the sole control over students’ access to the clinical site. Students must be accepted at all clinical sites to continue in their program of study. If a charge is identified, it could take up to one year or more for it to be resolved. Students with convictions within seven years of their anticipated program entry date are encouraged to view the information on the PTC Health Science Resource page website detailing the difference between obtaining a pardon for those convictions and having them expunged from their criminal records. Piedmont Technical College recommends that students who have a previous conviction take steps to have the conviction expunged from their records if at all possible. Obtaining a pardon does not guarantee access to clinical sites.

Drug Screening Information

Urinalysis drug screen will be performed upon admission to a Nursing or Health Science program. Additional drug screening may be performed at random upon request of the college or a clinical site. The student will be responsible for the cost of any subsequent drug screening. Urinalysis samples are tested for the presence of the following:

- Cocaine
- Marijuana
- Opiates/Morphine
- Amphetamines
- Methamphetamine
- Phencyclidine
- Benzodiazepine
- Barbiturates
- Methadone
- MDMA (Ecstasy)

Failing the drug test or refusing to be tested will result in dismissal from the nursing or Health Science program. A student may reapply for program admission after one year. If a student is dismissed from a nursing or Health Science program due to a drug screen a second time, he or she will not be permitted to appealing for a third attempt in the chosen major or to apply for a third attempt in another nursing or Health Science major at Piedmont Technical College.

Urinalysis testing is performed by a third party contractor with no relationship to the college. If a student believes that a positive result is wrong, he or she can request that the contractor re-test the original sample at the student’s expense.
The Health Science Division adheres to the drugs and/or alcohol policy as outlined below.

Health Science faculty who suspect drug and/or alcohol abuse are required to take action as appropriate to patient and student safety. Any one or more of the following behaviors may constitute evidence that a student is under the influence of alcohol or drugs.

1. Observable lack of motor coordination without reasonable explanation. Such behavior must be described objectively by the person making such observations.

2. Incoherent speech without reasonable explanation.

3. Inappropriate decision-making behavior without reasonable explanation. This behavior must be described objectively by persons making such observations. The behavior must clearly be inappropriate based upon reasonable expectations of other students at the same academic level.

4. Odor of alcohol detected from a minimum distance of 2 feet.

Any student whose behavior or job performance indicates that they are working under the influence of drugs or alcohol in the clinical facility or campus laboratory will be approached by an instructor or clinical facility official. If the student acknowledges the use of drugs or alcohol, dismissal from the program will occur.

If a student refuses to acknowledge use of drugs or alcohol, upon being approached by the instructor, he or she may be asked to submit to a drug or alcohol test at the student's expense. If the student then chooses to submit, the clinical instructor or college personnel will accompany the student to the emergency department to have the drug or alcohol test done. The student will be required to sign a release, which would enable Piedmont Technical College to receive the test result(s).

Refusal to submit to a drug or alcohol test under these conditions will result in immediate removal from the clinical area or lab setting. Disciplinary action up to and including dismissal from the program may occur. The student will be asked to remain in the clinical facility or laboratory until someone can come to transport the student to his/her home.

A positive drug or alcohol test or an incident of reasonable suspicion will result in dismissal from the program. The incident will be reported to the Dean of the Health Science Division. A written report will be placed in the student's file.
Clinical Responsibilities

STUDENTS RETURN TO CLINICAL AFTER AN ABSENCE RELATED TO SURGERY, INJURY, EXTENDED ILLNESS, PREGNANCY OR DELIVERY

Any student who has been absent due to surgery, injury, extended illness, pregnancy, or delivery and has not exceeded absences allowed for the course, must have a signed release form from their physician indicating that they may return to clinical at full capacity and that they can perform the essential functions required for the course. The release form may be obtained from the instructor. A student may not return to clinical if they cannot perform the essential functions required in the course for which they are currently enrolled or if they have not received a medical release.

PATIENT ABANDONMENT

Any student who leaves the clinical facility without the instructor’s permission will be dismissed from the program. Failure to provide assigned patient responsibilities timely and correctly may also be grounds for termination. Failure to notify the clinical agency or assigned instructor with an explanation of absence prior to the start of clinical day potentially constitutes grounds for dismissal.

STUDENT DISMISSAL AS AN EMPLOYEE OF A CLINICAL FACILITY

It is the student's responsibility to notify the course instructor if they have been dismissed as an employee from a facility where they are scheduled to have a clinical experience. Failure to comply with this policy will be considered a form of falsification of fact and may result in dismissal from the program. Inability to attend a clinic’s rotation will negate progression in the program.

Piedmont Technical College reserves the right to conduct random drug testing at any time during which the student is participating in a clinical/field placement experience. Testing will be conducted at the expense of the student.
Instructor Availability Outside of Class

Class is over! I had a question I wanted to ask my instructor but the instructor is gone. What do I do?

- Go to their office and look on their door schedule to see where they could be and when they will be in their office. (Sometimes this requires coming back to campus after class hours, etc.)

- Check with Brenda Walsh, Division Secretary, room 104H, 864-941-8504. She usually knows the instructors whereabouts.

If instructors are unavailable, in class, off campus, at a meeting, etc. . . .

- Leave a note on their door.
- Leave a message on the phone, e-mail, or with the secretary. They'll get back to you when they get the message.
For Your Information . . .

CARDIOPULMONARY RESUSCITATION
Each student is required to be AHA Health Care Provider CPR certified prior to the first clinical/externship day. Certification must be kept current. **It is the student’s responsibility to keep current.** Students will not be permitted in the clinical or externship setting without a current CPR certification.

PROFESSIONAL LIABILITY INSURANCE
All students are REQUIRED by the State of South Carolina to carry professional liability insurance. This insurance covers the person only in the clinical or externship site while in the student role. This is provided through Piedmont Technical College. Coverage cost is $20 (amount is subject to change without notice) and will be assessed in the Fall semester.

FINANCIAL ASSISTANCE
At any time during the course of the year if you have financial difficulties, you are advised to see your counselor or contact the financial aid office. You may be unaware of possible options, which may help you. Several health agencies offer student loans. To apply, contact the personnel department of the institution.

FINANCIAL AID
Students who make a decision to withdraw (or who are administratively withdrawn) prior to completing 60% of the term may be required to pay back part of the Pell Grant or Student Loan. Students receiving financial aid who feel the need to withdraw from a course should seek guidance from the Financial Aid Office first. (Section IV-A)

COUNSELING SERVICES
Academic, personal and career counseling services are offered on an ongoing basis. Professional counselors are available to assist students with attendance problems, academic probation counseling, and personal concerns also to provide tips of study skills, time management and a variety of topics. Referrals to other agencies are sometimes made for additional information to assist students.

TUTORING
Free tutoring services are offered to students for most academic courses. Students desiring tutoring may schedule sessions with the tutor coordinator in the G-Building.

HOLIDAYS
School calendars are available each year and will identify the observed holidays and breaks.
LIBRARY
All Piedmont Technical College students are entitled to the use of the library. You also have access to the library at Self Regional Healthcare, and Lander University. There is a wealth of resource material there not only in books, but journals, audio visuals and internet search engines.

EXTRACURRICULAR EMPLOYMENT
It is highly recommended that students not work while enrolled in a Health Science program. All employment either on or off campus must not interfere with assigned classes or externship. Outside employment should not compromise course work.

INCLEMENT WEATHER
In the event of hazardous weather, the student is requested to listen to local radio/TV stations, check the Piedmont Technical College web site at www.ptc.edu or call the College’s main number 864-941-8324 for college closing announcements. Clinical/externship rotations will be cancelled when the college has been officially closed due to inclement weather.

STUDENT RECORDS
The student is responsible for notifying the Program Coordinator and the Student Records Department of any changes in names, address, and/or telephone number. This includes completing the appropriate paperwork. However, if a student feels conditions are too hazardous for them then they should not put themselves in danger.

BEEPERS AND CELLULAR PHONES
The use of beepers and cellular phones during class or externship is prohibited. Cellular phones and beepers should be muted upon entering the classroom. If a student's beeper or phone goes off during class, the student will be asked to leave the class for disrupting the instructor as well as fellow students. Bepers and cellular phones interrupt patient care in the clinical or externship site and may not be worn or carried into any rotation.

HOSPITALIZATION INSURANCE
Students are responsible for securing their own hospitalization insurance. Students are responsible for any medical costs incurred by them during their course of study.

OSHA/BLOODBORNE PATHOGEN TRAINING
Students are required to complete the Occupational and Safety Health Administration’s Bloodborne Pathogens and TB training prior to beginning clinical or externship experience. This will be coordinated by the program coordinator and is mandatory.
CHILDREN ON CAMPUS
Students are not allowed to bring children or outside guests to any Piedmont Technical College Training.

STUDENT DISCLAIMER
See the following Student Disclaimer:

• Students who make a decision to withdraw (or who are administratively withdrawn) prior to completing 60% of the term may be required to pay back part of their Pell grant or student loan. Student receiving financial aid who feels the need to withdraw from a course should seek guidance from the Financial Aid Office first.

• Dependency: Students are not permitted to bring their off-spring, friends, or family into the classroom for any extended period of time to hang out. Aside from the students, the only authorized individuals permitted a presence in the classroom or clinical site are those who were approved upon by the Program Director and/or Instructor for continued educational purposes.

• Pets: Not permitted at the clinical site during testing or teaching; unless, part of course instruction.

• Remediation: Will be determined on a case by case basis in a manner conducive to PTC Policies and Guidelines, American Disabilities Act (as legally documented, tests, and demonstrations as delineated by the Program Instructor. The student’s attendance and participation during normal class hours will be heavily factored in.

• Smoking: As of the 26th August 2009; there is No Smoking and no use of tobacco products on the Piedmont Technical College Campus.

Print Name: ____________________________________________

Student Signature: _______________________________________

Date: ________________________________
The following forms are to be used by faculty and students in the Health Science Programs
Health Science

AGREEMENT

In consideration for my acceptance to the Health Science Division of Piedmont Technical College, I, the undersigned, agree to pursue this course of education to the best of my ability.

1. I will take care to maintain a professional attitude in my relationship with patients, peers, and instructors.

2. I will abide by the Rules and Regulations governing the Clinical or Externship Facility and the College.

3. I will perform my work, both didactic and clinical, to the best of my ability.

4. I will treat every patient with courtesy and consideration and will regard all information concerning patients as strictly confidential.

5. I will exercise extreme care to insure that my personal appearance and hygiene will not be questioned.

6. I will not conceal any health problem that might endanger my patients or peers.

7. I will do all in my power to live up to and improve the highest traditions of my chosen profession.

__________________________________  ________________________
Student Signature                      Date
Health Assessment Form

The Health Assessment form is required before beginning any Health Science program. Your instructor will explain the form and give you an assigned date for the return of the completed form. The form is to be filled out in blue ink. It is a legal document and will be a part of your student record.

Please note that Student Health Assessment forms will be kept by the Program Coordinator until the student graduates. Upon graduation, the student may get their Health Assessment form from the Program Coordinator. After graduation, the Health Assessment forms will be discarded.
PIEDMONT TECHNICAL COLLEGE
620 Emerald Road P.O. Box 1467
Greenwood, SC 29648-1467
Student Health Form

Program: ___________________________ Date: ___________________________

Name: __________________________________________________________________________
First MI Maiden Last

Date of Birth: ____-____-____ Sex: ____ Male ____ Female
Mo Day Year

Address: _______________________________________________________________________
Street City State Zip

Phone: _______________________________________________________________________
Home Work Cell Email

Emergency contact: ______________________________________________________________
Name Relationship

Address Home Phone Work Phone

Declaration
I hereby certify that all information is correct. I understand that false information may be cause for
dismissal from the program.

I understand it is my responsibility to report any changes in my health status to the Program Director
and/or Instructor.

I understand that this information:
  • Is confidential
  • Must be completed in its entirety and submitted for admission to specified program
I give permission for the official representative of the specified program to share this record, upon
request, with appropriate college and/or clinical agency required for the provision of enhancing my
educational and/or clinical experience.

Student Signature ___________________________ Date __________________________

60
PHYSICAL ASSESSMENT

SECTION I

To be completed by student:  (May attach additional sheets for full explanation.)

1. Current Medications(s) ____________________________________________________________

2. Known Allergies (Medications, food, other) ___________________________________________

3. Medical Conditions currently diagnosed or treatment has been recommended that could put you, patients, faculty or fellow students at risk (ex) seizures, diabetes, or infectious disease.

 __________________________________________
Name
First MI Maiden Last

SECTION II

To be completed by a licensed, currently practicing physician or Certified Nurse Practitioner. Include specific dates and proof of immunizations and yearly tuberculin tests and titer results. May attach additional sheets for full explanations.

**Tuberculin skin test** (2 Step Initially, One Step Annually)

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
<th>Results (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be completed for significant Tuberculin skin test: (questions completed yearly if CXR negative.)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad cough, lasting longer than 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain in chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing up blood or phlegm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness or fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chills and fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating at night</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chest X – ray ______________________________  _______________________

Date Results

Do you have the following symptoms: YES NO
** If born after 1957, two MMR vaccines required.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
<th>OR Titer</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR: Rubeola (Red Measels)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 2</td>
<td>#1 _______</td>
<td>#2 __________</td>
<td>OR Titer ___________</td>
<td>__________</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 2</td>
<td>#1 _______</td>
<td>#2 __________</td>
<td>OR Titer ___________</td>
<td>__________</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 2</td>
<td>#1 _______</td>
<td>#2 __________</td>
<td>OR Titer ___________</td>
<td>__________</td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 3</td>
<td>#1 _______</td>
<td>#2 __________</td>
<td>OR Titer ___________</td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>#3 __________</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 2</td>
<td>#1 _______</td>
<td>#2 __________</td>
<td>OR Titer ___________</td>
<td>__________</td>
</tr>
<tr>
<td>(Varicella – minimum of two vaccines required for non-immune adults)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus (must be within 10 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine X 1</td>
<td>_________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies Vaccine</td>
<td>_________</td>
<td>(VET Tech students only)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PHYSICAL EXAMINATION**

*Please furnish any information concerning this student’s potential participation in patient care.*

<table>
<thead>
<tr>
<th>Nose</th>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throat</td>
<td>Hernia</td>
</tr>
<tr>
<td>Mouth</td>
<td>Nervous System</td>
</tr>
<tr>
<td>Neck</td>
<td>Skin</td>
</tr>
<tr>
<td>Breasts</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>Lungs</td>
<td>Psychiatric</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Other</td>
</tr>
<tr>
<td>Eyes Vision: <strong>O</strong></td>
<td><strong>O</strong></td>
</tr>
<tr>
<td><strong>S</strong></td>
<td></td>
</tr>
<tr>
<td><strong>E</strong></td>
<td></td>
</tr>
</tbody>
</table>

Ears: _______ Corrective hearing: Yes __ No __

**OU_______**

I find this applicant to be physically and emotionally able to perform the requirements for college classes and patient care.

Print Name: _______________________________ Date: _______________________________

Signature: _______________________________ Title: _______________________________

Address: _______________________________ License #: _______________________________

Phone: ___________________ Cell: __________________ Email: ________________________
Occasionally (1 – 33%)  F = Frequently (34 – 66%)  C = Constantly (67 – 100%)

<table>
<thead>
<tr>
<th>Physical Stamina and Description</th>
<th>RES</th>
<th>RAD</th>
<th>ADN and LPN</th>
<th>SUR Tech</th>
<th>MED Asst</th>
<th>PHB</th>
<th>PHM</th>
<th>VE T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift up to 50 lbs to assist in moving patients, supplies, equipment. Up to 200 lb when moving patients.</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>O</td>
<td>O</td>
<td>F</td>
</tr>
<tr>
<td>Stoop to adjust equipment.</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>C</td>
<td>F</td>
</tr>
<tr>
<td>Kneel manipulate equipment, CPR, plug in electrical equipment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>F</td>
</tr>
<tr>
<td>Reach overhead lights, equipment, cabinets, attach oxygen to outlets, stocking.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>F</td>
<td>O</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Motor Skills, Manual Dexterity – small and large equipment for storing, moving, apply sterile gloves, take BP, operate computers, CPR, syringes, tubes, catheters, set up and maintain sterile field.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Stand for prolonged periods of time (deliver therapy, check equipment, patient, surgical procedures).</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Feel palpate pulses, physical exams, arteries or veins for puncture, skin temperature.</td>
<td>C</td>
<td>O</td>
<td>C</td>
<td>F</td>
<td>C</td>
<td>C</td>
<td>O</td>
<td>C</td>
</tr>
<tr>
<td>Push/Pull large wheeled equipment, i.e mechanical ventilators, wheelchairs, patients, x-ray, equipment, EKG machines, and office equipment.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>F</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Walk for extended periods of time.</td>
<td>C</td>
<td>O</td>
<td>C</td>
<td>O</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>O</td>
</tr>
<tr>
<td>Manipulate knobs, dials associated with diagnostic or therapeutic devices, small instruments, syringes.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Hear verbal directions, alarms, telephone, through a stethoscope for heart sounds, lung sounds, and blood pressure.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>See patient conditions such as skin color, work of breathing, read small print and calibration on equipment, perceive color.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Talk to communicate in English goals and procedures to patients.</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>
**Read** typed, handwritten, computer information in English.  

| C | C | C | C | C | C | C | C |

**Write** to communicate in English pertinent information (patient assessment, outcome assessments).

| C | C | C | C | C | C | C | C |

### Mental Attitude

| Function safely, effectively and calmly under stressful situations. | C | C | C | C | F | F | C | C |
| Maintain composure while managing multiple task simultaneously. | C | C | C | C | C | C | C | C |
| Prioritize multiple tasks. | C | C | C | C | C | C | C | C |
| Social skills necessary to interact with patients, families, co-workers of the same or different culture, respect, polite, discrete, teamwork. | C | C | C | C | C | C | C | C |
| Maintain personal hygiene consistent with close contact of patient care. | C | C | C | C | C | C | C | C |
| Display actions, attitudes consistent with ethical standards of the profession. | C | C | C | C | C | C | C | C |
| Exposure to bloodborne pathogens – Hepatitis, HIV. | F | F | C | F | F | C | O | O |

I have read the above requirements and understand that my inability to comply with these may result in my failure to successfully complete the program I have chosen.

________________________________________ (Student)  
_________________________ (Date)
Piedmont Technical College
Health Science Division
Prescription / Nonprescription Drugs

This is to inform the Health Science faculty that I am presently taking the following medications:
(Please list and state the reason for the prescription).

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A release statement may be required from your physician stating that the medications will not interfere with your decision making and/or performance.

It is my responsibility to update this form as any changes arise in my medication treatment regimen (additions, deletions).

Signature ________________________________

Date ____________________
To Students with Disabilities:

Faculty in the Health Science Division believes it is important to provide equal educational opportunities to all students. In order to implement reasonable accommodations which may be needed, the faculty must be aware of your special needs.

If you need accommodations for any type of disability, please make it known to your advisor and instructors and contact Piedmont Technical College’s Coordinator of Student Disability Services.

I was made aware that if I need special accommodations, I can request them and to whom to direct the request.

_________________________  __________________
Signature                     Date
The Americans with Disabilities Act – Section 504
Voluntary Accommodation Revocation Form

(Student Name)_______________________________ has voluntarily and willfully revoked accommodations set forth by the ADA Counselor under Section 504 of the Rehabilitation Act of 1973 at Piedmont Technical College for the following educational activity:
__________________________________________________________.

The student understands that this voluntary revocation will only be applied to this specific activity and the previous accommodations will be reinstated for all future activities.

Date: __________________________________________

Student Signature: ________________________________

Instructor Signature: ______________________________

SEC-IV-12-C
Health Science

RELEASE FORM

A cumulative record is kept on each student regarding attendance, competence level, strong and weak points, and any special honors or activities the student may have received. This record is a profile summary and will be made available for individual inspection. This information is also valuable for prospective employers and may be used as a part of an individual reference statement.

If a prospective employer requests a reference, the Program Coordinator has my permission to release such information as outlined above.

_________________________
Student Name
(Please print)

_________________________
Student Signature

_________________________
Date
FIELD TRIP RELEASE FORM

The Division of Health Science of Piedmont Technical College endorses a number of field trip experiences for you, our students. These trips are planned to be an educational experience and are sponsored by a number of organizations related to your respective curriculum. Any student who participates in a field trip becomes a representative of the school. Since your behavior is a reflection on your curriculum you are expected to conduct yourself in a mature manner that would favorably reflect your chosen profession.

We must be ever mindful of our Code of Ethics and professional conduct. If we are to be respected for our profession, and ourselves we must be worthy of it.

____________________ understand that every effort will be taken to ensure my safety and welfare on any field trip endorsed by my curriculum. I will not hold any Health Science Division faculty or Piedmont Technical College responsible for any accident or injury incurred on any field trip.

______________________________________________
Student's Signature                                  Date

______________________________________________
Parent or Guardian                                  Date
(If under 18 years of age)
Health Science

Clinical/Externship Confidentiality Policy

BE IT KNOWN, that:

1. Confidentiality is protection of the patient’s privacy.

2. It is imperative to safeguard the confidential information acquired from any source about the patient.

3. Such information is not public, and you have both an ethical and legal obligation to keep it to yourself.

4. If information about a patient is shared for teaching purposes, the identity of the patient is concealed to protect his/her privacy.

______________________________________  __________________________
Student Signature                          Date
Termination Policy

BE IT KNOWN, that any student will be terminated from this program if they fail to:

1. Abide by the rules and regulations of the program.
2. Employ proper conduct and judgment in the clinical area.
3. Meet course requirements.
4. Observe the attendance policy.
5. Act professionally as a representative of Piedmont Technical College.

EVERY EFFORT will be made to help the student to avoid termination. If a student is to be terminated, they will be counseled concerning the cause for termination. A second attempt is permissible. The student must arrange the second attempt with the program coordinator.

IF A STUDENT withdraws from the program; he or she will confer with the department coordinator concerning the cause for withdrawal. They will also return any school property in their possession on the final day of attendance.

I UNDERSTAND THE ABOVE POLICY.

_________________________________________    __________________________
Student Signature                                  Date
Termination Form

Student's Name: __________________________________________________

Date: _____________________________________________________

Reason for Termination: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Date entered program: ______________________________________________

_________________________________________
Student's Signature

_________________________________________
Program Coordinator’s Signature

_____________________________________
Dean of Health Science Division

Comments: __________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Re-Admission Policy

Students seeking re-admission to a Health Science curriculum may audit the semester prior to the semester when the course work was taken for credit. (*) Re-admitted students will not be required to audit classes prior to returning to the program. A student who has been suspended or has withdrawn from a Health Science program and subsequently readmitted will be subject to the current Health Science academic standards and policies.

Criteria for audit:

- All courses offered in the specific curriculum during the audit semester must be taken.
- Audit students are accepted in compliance with regulations of general admission to any Health Science curriculum.
- Audit acceptance is based upon availability, enrollment, and clinical site restrictions.
- Audit students will be included in the total count of class enrollment and therefore total enrollment cannot exceed the approved student enrollment into the program.
- As financial aid will not pay for auditing classes students will be responsible for all incurred expenses.
- A measure of competency in the curriculum would be successfully completing all course work with a minimum of 75%. However, grades will not be adjusted or changed for previously taken class work for credit.

*Health Science curriculum classes are consecutive and are only offered during specific semesters of the academic year.*
Health Science Readmission Agreement

Second Attempt

I understand that my current admission into the _______________ curriculum at Piedmont Technical College constitutes my second attempt in the program. I also understand that if I am not successful in this attempt; I will not be allowed readmission into the _______________ curriculum.

___________________________
Student

___________________________
Social Security Number

___________________________
Advisor

___________________________
Enrollment Center

___________________________
Date
General Education Core Courses
Policy Statement

All majors EXCEPT Pharmacy Technician

I am aware of the policy related to one repeat of core courses. This includes:

- BIO 210
- ENG 101
- PSY 201
- MAT 102
- AHS 102 (for Medical Assisting students only)

I understand that failure to pass this course on the second attempt with a “C” or better prohibits progression in Health Science programs.

I also understand that it is my responsibility to notify my advisor if I withdraw from a core curriculum course. Failure to do so may prohibit admission and/or progression in the program.

_________________________  __________________
Student                        Date

_________________________
Advisor
General Education Core Courses
Policy Statement

Pharmacy Technician Program

I am aware of the policy related to one repeat of core courses. This includes:

- PHM 202
- ENG 101
- AHS 102
- MAT 102

I understand that failure to pass this course on the second attempt with a “C” or better prohibits progression in Health Science programs.

I also understand that it is my responsibility to notify my advisor if I withdraw from a core curriculum course. Failure to do so may prohibit admission and/or progression in the program.

_____________________________  ______________________________________
Student                                      Date

_____________________________
Advisor
Piedmont Technical College
Health Science and Nursing Appeal Process and Guidelines

To comply with the Health Science and Nursing Admission policies and procedures as outlined in the Health Science Information Session packet and the college catalog, students may repeat core courses and biology courses only one time to achieve a grade of “C” or better. These courses include: ENG 101, MAT 101, MAT 102, MAT 120, MAT 152, AHS 102, PSY 201, BIO 106, BIO 210, BIO 211, and PHM 202.

Additionally, students may have only two attempts in a Health Science or Nursing program. This policy also applies to coursework transferred from other colleges and universities. The college realizes, however, that there may be extenuating circumstances, and for this reason, appeals may be considered.

Appeal process:

1. Completed appeal form should be submitted by mail to:
   Nursing: Estell Martin, Department Head
   Health Science Division: Jerry Alewine, Dean of Health Science Division
   Piedmont Technical College
   PO Box 1467
   Greenwood, SC 29648

   Health Science and Nursing appeals are considered separately. Therefore, an appeal must be submitted to both Deans if Health Science and Nursing majors are selected. All information must be accurate and completed in full. Incomplete appeal forms will be returned without being reviewed.

2. A written statement, support documentation and college transcripts (unofficial) must accompany the appeal. These attachments are detailed on the appeal form.

3. Appeals will be considered three times per year. Appeal forms must be received by the following deadlines: September 1, February 1, and June 1. All appeals will be reviewed within three weeks of the above dates.

4. The student requesting the appeal will be notified in writing by the appropriate Dean of the decision within three weeks of the deadline.

5. While the appeal decision is being reviewed, a student may enroll in other core courses, but should not enroll in the course being appealed.

6. Students who are granted an appeal must fulfill the requirements specified in the notification letter. If the student does not fulfill contract specifications, the student will be dropped from a third course attempt and no further appeal will be considered.

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Piedmont Technical College
Nursing and Health Science Appeal Form

Name: _________________________________ Student ID No.____________________

Address: __________________________________________________________________

City, State, Zip _____________________________________________________________

Telephone: (Home) ______________________ (Cell) __________________________

E-mail or alternate phone number: _____________________________________________

Major (Appeals for Health Science and Nursing are considered separately. Submit a separate appeal if one major is in Health Science area and one major is in Nursing.):

Major 1: ________________________ Major 2: _______________________________

Check reason for appeal:

☐ A. Request to repeat the following course(s):
   O ENG 101   O BIO 106
   O MAT 102   O BIO 210
   O MAT 120   O BIO 211
   O PSY 201   O AHS 102
   O MAT 100/101/152  O NUR 201

OR

☐ B. Request to have the following course(s) accepted after successfully completing it in a third attempt:
   O ENG 101   O BIO 106
   O MAT 102   O BIO 210
   O MAT 120   O BIO 211
   O PSY 201   O AHS 102
   O MAT 100/101 (SUR or MED only)

OR

☐ C. Request for admission to the following program after two unsuccessful attempts or after total three Health Science or Nursing attempts.
   O Nursing – PN or ADN  O Pharmacy Technology
   O Respiratory Care  O Surgical Technology
   O Radiology Technology  O Medical Assisting
   O Cardiovascular Technology

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Check the reason that this appeal had to be made:
- Excessive absenteeism
- Family sickness or death
- Personal sickness
- Lack of study time due to work or family responsibilities
- Other (describe): _____________________________

Attach the following with this appeal form:
1. Written statement to explain, in detail, the background situation for the reason checked above. Describe the specific action(s) you would take to ensure future success. This must be typed, not to exceed one page, double spaced.
2. Documentation to support this appeal.
3. Unofficial transcript, if coursework was not taken at Piedmont Technical College.

Completed appeal form should be submitted by mail to:
Nursing: Estell Martin, Department Head
Health Science: Jerry Alewine, Dean of Health Science Division
Piedmont Technical College
PO Box 1467
Greenwood, SC 29648

Student Signature: ___________________________ Date: __________

For office use
Form received (date): _______________________
Decision of appeal: ________________________________________________
Signature of Dean: ___________________________ Date: ______________
Signature of Vice President: _________________________ Date: __________
Decision letter sent to student on (date): __________________
Documentation on SPACMNT (date): ____________________

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Piedmont Technical College

APPEAL OF HEALTH/NURSING CORE COURSES

Name: _______________________________   Date: ____________

Course being appealed: __________________________

Check the reason(s) that this appeal had to be made:

____ Excessive absenteeism
____ Family sickness or death
____ Personal sickness
____ Lack of study skills
____ Lack of study time due to work or family responsibilities
____ Other (describe): ______________________________

Explain in detail the background situation for the reason(s) checked above. Use the other side of this form if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If given another chance to enroll in this course, describe the action(s) you plan to take to ensure your success.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach any letters or documentation to this form that would support this appeal.

DECISION ON APPEAL

________________________________________________________________________

Signature of Dean or Director: _______________________________   Date ____________

Signature of Executive Vice President: _______________________________   Date: ____________

Decision letter sent to student _______________________________:   Academic Advisor

Documented on Banner _______________________________   Date: ____________
Piedmont Technical College
Personal Injury Report – Public Safety Division

Report Number: __________ Incident Type: __________ Day of the Week: ______

Incident Date & Time: __________________ Report Date & Time __________

Personal Status (Employee, Student, Visitor) ___________________________________________

Location in Which Injury Occurred (Bldg & Room): ________________________________

Name: ___________________________ DOB: __________ Age ______

Address: __________________________ Phone: ______________

City: ______________ State: ____ Zip: ______ SS# or Student ID __________

Race: _______ Sex: _______ Ht: _______ Wt: _______ Hair: _______ Eyes: ______

Physical Appearance: __________________________ _____________________________

Part of Body Affected: __________________________ _____________________________

Specific Activity Engaged in When Injury Occurred:

Equipment, Tools, or Chemicals Involved in Injury

Requested Medical Treatment:

_________________________ Officer ___________________________ Victim ___________________________ Witness ___________________________

The Section Below is to be completed if an employee is involved:

TO SUPERVISOR:

Action Taken To Prevent Recurrence (Attach additional sheets as needed)

____________________________________________________________

Supervisor Signature: ___________________________ Date: __________________

Complete Then Forward to Public Safety and HR

Rev. 9/06
Student Information Sheet

Please print clearly!

Date: _______________            Program: ________________________________________

Name: ________________________________________________________________

PTC P#: __________________

Name you wish to be called by: ___________________________________________

Address: ______________________________________________________________

_________________________________________________________________

Telephone Number(s):    Home (_____) ______________________

                        Work (_____) ______________________

                        Cell (_____) ______________________

Emergency Contact:

    Name: __________________________________________ Phone: __________________

    Relationship: __________________________________

Employed?    Yes _______ No _______

If yes, the number of hours you work per week: ______________________

Medical Problems: ______________________________________________________

_________________________________________________________________

Comments:
Random Drug Testing Policy

As a student enrolled in a Health Science Program at Piedmont Technical College I understand and acknowledge that I will be subject to random drug testing. At any point during my academic career, I acknowledge that I may be eligible for random drug sampling. I understand that if I test positive for any prohibited drug, I will be subject for removal from my program of study and will not be allowed to return to the clinical setting. Further, I understand, accept, and acknowledge refusal to submit will result in my immediate removal from the program.

_______________________________________________
Student Name

____________________________
Date
Documentation Sheet Regarding Handbook and Policies

I have read all of the material in my Handbook and signed all necessary forms listed and noted (*) below and returned them to my instructor. I’ve had an opportunity to ask questions and have my questions answered. I agree to abide by the policies/rules herein.

SEC-IV-2-A Health Science AGREEMENT
SEC-IV-3 -B Health Assessment Form SEC IV-3-THRU-10-B
SEC IV-11-C Disability Letter
SEC-IV-12-C The Americans with Disabilities Act Section 504 Voluntary Accommodation Revocation Form
SEC-IV-13-D Health Science RELEASE FORM
SEC-IV-14-E FIELD TRIP RELEASE FORM
SEC-IV-15-F Health Science Clinical/Externship Confidentiality Policy
SEC-IV-16-G Termination Policy
SEC-IV-17-H Termination Form
SEC-IV-18-I Health Science Readmission Agreement Second Attempt
SEC-IV-20-J General Education Core Courses Policy Statement All majors EXCEPT Pharmacy Technician
SEC-IV-21-K General Education Core Courses Policy Statement Pharmacy Technician Program
SEC-IV-22-L Piedmont Technical College Health Science and Nursing Appeal Process and Guidelines
SEC-IV-25-M Piedmont Technical College APPEAL OF HEALTH/NURSING CORE COURSES
SEC-IV-26-N Piedmont Technical College Personal Injury Report – Public Safety Division
SEC-IV-27-O Student Information Sheet
SEC-IV-28-P Random Drug Testing Policy

________________________________________  ___________________
Student Signature                      Date