



LIBERTY  
UNIVERSITY

SCHOOL *of* HEALTH  
SCIENCES

**Department of Allied Health Professions**

**Respiratory Therapy Program Handbook**

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THIS HANDBOOK SETS FORTH THE GENERAL GUIDELINES OF LIBERTY UNIVERSITY'S UNDERGRADUATE RESPIRATORY THERAPY PROGRAM. IT IS NOT AN EXHAUSTIVE, ALL-INCLUSIVE SET OF LIBERTY UNIVERSITY'S POLICIES AND REQUIREMENTS FOR THE PROGRAM. OTHER DOCUMENTS AND POLICIES MAY APPLY TO STUDENTS IN THE PROGRAM AND SUCH POLICIES ARE SUBJECT TO CHANGE AT ANY TIME, WITHOUT NOTICE. THIS HANDBOOK DOES NOT CONVEY AND CONTRACTUAL RIGHTS IN, TO, OR UPON ANY STUDENT. IF YOU HAVE SPECIFIC QUESTIONS ABOUT THIS HANDBOOK OR ANY REQUIREMENTS OF YOU, YOU ARE INSTRUCTED TO RESOLVE SUCH QUESTIONS BEFORE ENROLLING IN THE PROGRAM

## INTRODUCTION

The primary goal of the Liberty University Respiratory Therapy Program is to educate the next generation of respiratory therapists who want to serve Christ through Respiratory Therapy. The contents of this handbook outline the requirements for students in the Respiratory Therapy (RT) Program at Liberty University (LU). It is a companion volume to LU's student handbook and is to be studied and followed by each RT student. It is imperative each student, faculty member, and preceptor adhere to these policies and procedures. Violation of any of the policies/procedures discussed in this handbook may jeopardize not only the student's status within the RT Program, but also patient safety and the reputation of the program and LU. The RT Program leadership reserves the right to implement revised or newly created policies at any time it determines them to be necessary.

The School of Health Sciences offers a four-year curriculum designed to lead to a Bachelor of Science degree in Respiratory Therapy (BSRT). The curriculum has two pathways. Pathway 1 is designed for those students wishing to enter the profession of respiratory therapy. The curriculum consists of 136 credits of which 44-47 credits are general education /core competency requirements, 29 credits are major foundational courses and 73 credits are respiratory therapy courses. Respiratory courses are distributed primarily throughout the junior and senior levels. A track for registered respiratory therapist who have an associate degree also exists. These students complete work through a combination of transfer credits, advanced placement and enrollment in an on-line degree program. Licensed Registered Respiratory Therapist (RRT) are given credit for several respiratory courses when they join the BSRT program.

The respiratory therapy program is designed to provide individuals with a broad educational background, which builds upon biblical knowledge, liberal arts, behavioral and social sciences as well as respiratory therapy. The RT Program at LU is dedicated to academic excellence in service, teaching and research. The RT Program is designed to provide students with outstanding education in preparation for a satisfying professional career as a respiratory therapist, as well as to provide a foundation for leadership, management, education, research and clinical specialization. Additionally, students will take three clinical experience courses, each of which will incorporate a clinical experience that includes a hands-on experience to develop competency and proficiency under the supervision of a preceptor. The opportunities provided through the clinical experience will allow students to improve/practice their Respiratory Therapy skills and knowledge.

The RT Program involves motivation, curiosity, professional fulfillment, and personal satisfaction. The work is both hard and rewarding. Interaction with faculty, therapists, physicians, and nurses is essential and is the key to the program. Students engage in seminars, didactic classes and laboratories, and clinical training in rehabilitation centers, clinics and hospitals. The result is an outstanding education in respiratory therapy, but it is more than that. Students will experience personal growth and a genuine commitment to serving people.

The overall purpose of the program is to provide a high-quality, relevant, and professionally sound education that will produce practitioners who are equipped to meet the respiratory therapy leadership needs in the healthcare community. Inherent in this purpose is the goal to prepare

respiratory therapists who can demonstrate the attitudes, skills and knowledge required to meet the changing needs in the community.

It will be necessary for the respiratory therapist to collaborate with all members of the healthcare team in identifying and solving problems related to respiratory diseases and disorders of the cardiopulmonary system. The respiratory therapist must be able to think critically, communicate effectively, demonstrate sound judgment, and provide self-direction. The primary objective of the program is to educate well-qualified, competent respiratory therapists who demonstrate leadership ability.

Expectations for LU RT students are high. We expect you to be diligent in your efforts, be prompt, conduct yourself with the highest degree of decorum, be academically sound, and represent yourself, our program, LU, and God with professionalism beyond reproach. God has blessed each of us with talent and the opportunity to work for him through the RT program at Liberty and beyond. Our intention is that your experience be educational and hopefully enjoyable. We will provide you with the knowledge and skills necessary to become a Registered Respiratory Therapist. In return, we expect your academic excellence, cooperation, diligence, and enthusiasm.

Again, welcome to our program. We are very glad you chose our program and look forward to building a good professional relationship with you.



## **PROGRAM INFORMATION**

### **MISSION & VISION STATEMENTS**

#### *LIBERTY UNIVERSITY MISSION STATEMENT*

To develop Christ-centered men and women with the values, knowledge, and skills essential for impacting tomorrow's world. With a unique heritage and an ever-expanding influence, Liberty remains steadfast in its commitment of *Training Champions for Christ*.

#### *SCHOOL OF HEALTH SCIENCES MISSION STATEMENT*

The School of Health Sciences *exists* to prepare men and women in the sciences and health professions through the integration of current scientific thought and the biblical worldview.

### **RESPIRATORY THERAPY PROGRAM**

#### *RESPIRATORY THERAPY PROGRAM PURPOSE STATEMENT*

The purpose of the Liberty University School of Health Sciences undergraduate program in respiratory therapy is to prepare baccalaureate level respiratory therapists who are committed to Christian ethical standards and view respiratory therapy as a calling to serve. The respiratory therapy curriculum is built upon a foundation from the arts, sciences, and the Bible, and focuses on the use

of the respiratory therapy process to guide the acquisition of knowledge, the development of strong clinical skills and a commitment to a sound work ethic.

#### *RESPIRATORY THERAPY PROGRAM PHILOSOPHY*

To produce highly educated, effective and compassionate graduates who share the love of Christ in everything they do to care for those patients suffering from cardiopulmonary disease. The respiratory therapy faculty have identified the following concepts and core commitments that serve as the statement of values guiding the program.

**Intelligent faith:** We commit to building all instruction, scholarship, and service on a foundation of biblically-based, scientifically sound, reasonable faith that supports the Christian worldview. (Hebrews 11:1; 1 Thessalonians 5:21-22)

**Individuals:** God created us as unique biological, rational, moral, thinking, spiritual, and feeling beings created in His image. An individual cannot be fragmented into separate parts. An individual interacts holistically with the environment and strives for balance and a sense of well-being within personal and societal contexts. God has given us freewill and our country has given us the freedom, rights, and responsibility to make choices. We as individuals commit to faithfully apply the Scriptures to all of life so that our words and actions cohere to the highest ethical standards of honesty, fairness, and wholeness in our personal and professional practices. (1 Corinthians 4:2; 2 Corinthians 8:21)

**Society:** Composed of dynamic and interactive systems involving individuals, families, groups, and communities. These systems interact to fulfill perceived needs influenced by variables such as faith, love, learned behaviors, and cultural expectations. Respiratory therapists recognize and respect human differences and diversity of populations. We commit to treating all people with dignity and respect, honoring the gifts and unique contributions of each person, fostering a climate that is open and welcoming, promoting the university's core values, and celebrating the Creator's diversity in creation and design. (James 2:1-4; Proverbs 24:23) Additionally, we commit to serving responsibly in local, global, religious, and professional organizations and communities in the spirit of humility and cooperation, building collaborative relationships, fostering leadership qualities in others, and contributing our knowledge, skills, and resources for the common good. (Mark 10:42-45)

**Respiratory Therapy:** An art and a science concerned with promoting and restoring health, rehabilitation, and support to the dying. Respiratory therapists provide care throughout the lifespan. Respiratory therapists assess, diagnose, manage, and evaluate human responses to actual or potential health problems within a caring context. A holistic respiratory therapy perspective is enhanced by recognition of environmental factors and human needs. The use of skilled communication facilitates all aspects of holistic respiratory therapy care. All respiratory therapists are responsible and accountable for maintaining safe and effective respiratory therapy care within their scope of practice. We commit to follow Christ's example of compassion and benevolence toward those in need through active, altruistic, responsible engagement, using our knowledge and abilities to promote the physical, mental, and spiritual well-being of the people we encounter and the communities we serve. (Matthew 25:31-40)



**Respiratory Therapy Education:** A lifelong process that promotes the development of knowledge, skills, and personal values. The process empowers learners to reach their fullest potential. Respiratory therapy education is based upon knowledge derived from liberal arts, respiratory therapy science, social, biological, physical, health, and medical sciences. Respiratory therapy education is concerned with helping respiratory therapists or respiratory therapy students to understand and utilize respiratory therapy, and to incorporate standards of professional respiratory therapy practice. Through a process of self-realization, adults assimilate and synthesize knowledge, cultivate critical thinking abilities, become adept with technical skills, develop respiratory therapy care strategies based on standards of care, evolve personal potential, and establish values in a variety of environments (i.e. residential, online, simulation). We commit to equip ourselves and others with the requisite knowledge, skills, and attitudes for a lifelong pursuit and application of knowledge and truth to improve our care of patients and ourselves. (2 Timothy 2:2)

**Teaching/Learning:** Teaching is the process of providing guidance for learning. Teachers are given the charge of facilitating a student's God given ability to learn. Teachers use various models, theories, and strategies for providing learning experiences. The use of a variety of teaching strategies, combined with the diversity of faculty members, enhances student learning. Learning takes place more readily in an accepting and stimulating environment where students are free to express themselves. Sharing of ideas and experiences between faculty and students facilitates learning and encourages quality of student/faculty interaction. As facilitators and consultants for learning, faculty view each learner as unique. It is well understood that most students will go through several learning stages such as novice, advanced beginner, competent, proficient and possibly expert. Faculty utilize teaching and learning theories to organize and evaluate learning situations. Faculty believe learning is an inherent process which fosters the acquisition of knowledge, understanding, and skills. Higher-order learning can be facilitated when an individual gains insight of the whole, assimilates the content, and integrates the information by comparison to past or recent experience. Faculty recognize the need for individuals to develop the skills of creative/critical thinking for higher-order learning to occur. It is our belief that this is most effective when both the faculty and student are properly related to God and each other through Christ. We commit to develop and use our gifts, talents, and resources to the best of our abilities to achieve excellence in teaching, scholarship, and service for the glory of God and the benefit of humanity. (Ecclesiastes 9:10; 1 Corinthians 6:19-20; Colossians 3:23-24)

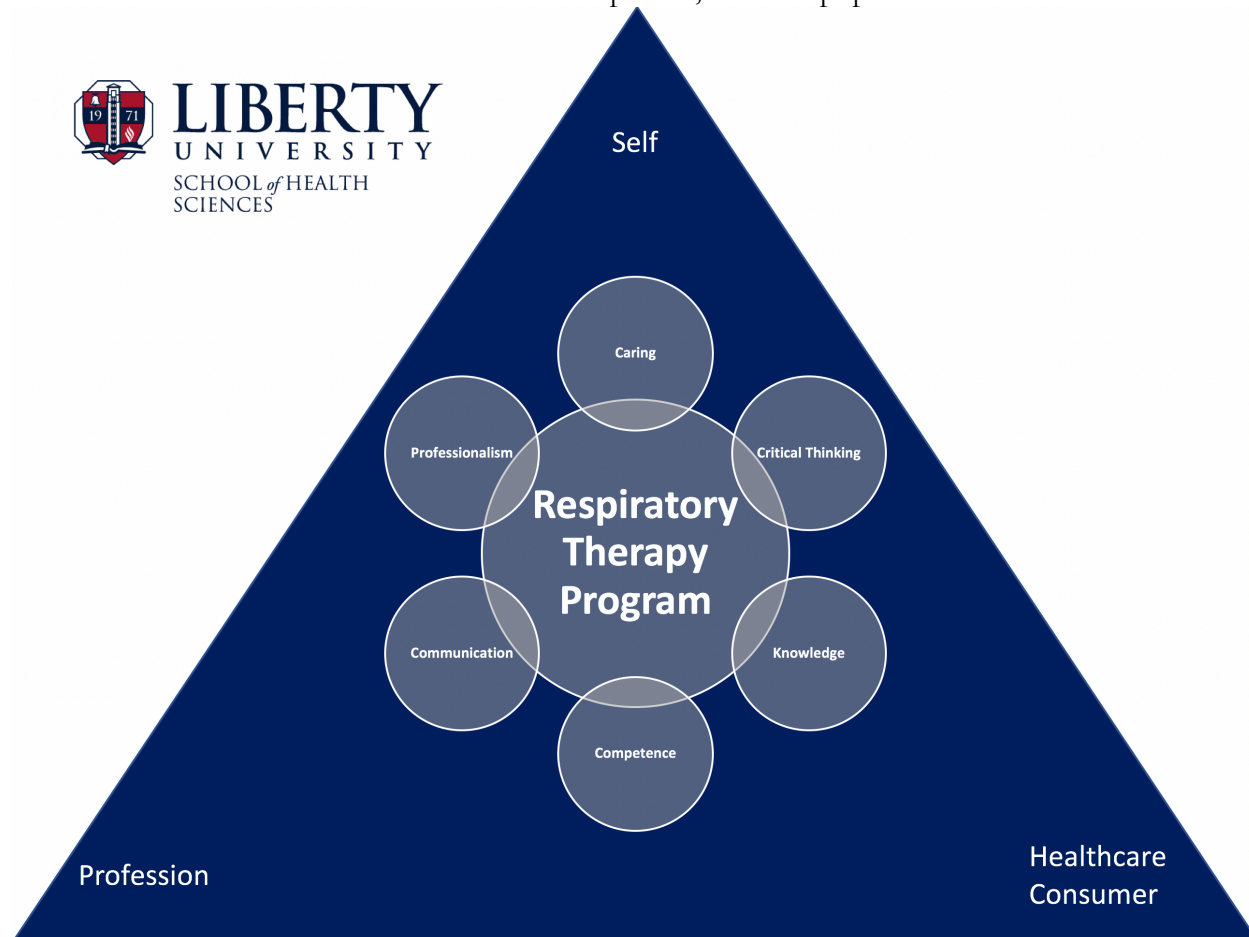
**Health Care Continuum:** Identifies the unique practice areas of health promotion, restoration of health, and rehabilitation. Health promotion consists of respiratory therapy interventions designed to support the vitality of individuals, families, and communities. Primarily, respiratory therapists are involved in strengthening and promoting active strategies to assist others in attaining and maintaining personal, social, cultural and environmental well-being. Restoration of health involves activities designed to recognize early signs and symptoms of impaired well-being and remove causative factors. Interventions are focused on the treatment of disorders and prevention of complications. Rehabilitation is focused on promoting optimal function of individuals, families and communities despite disability or dysfunction.



### *CURRICULUM CONCEPTUAL MODEL & FRAMEWORK*

Six concepts are integrated into the respiratory therapy curriculum. These concepts are essential to the art and science of respiratory therapy to guide practice through the perspectives of self, healthcare consumers and the profession.

Note: A “Healthcare Consumer” is defined as a patient, client or population.



#### **Caring**

- Self: Promote personal relationship with God, health, and wellness (including financial wellness)
- Healthcare Consumer: Emphasizes the interpersonal supportive relationship while practicing holistic respiratory care
- Profession: Invest and commit to the advancement of the profession of respiratory therapy

#### **Critical thinking**

- Self: Utilizes intelligent faith, logical, analytical, intuitive and creative thinking
- Healthcare Consumer: Utilizes critical thinking to make sound clinical decisions
- Profession: Act as an advocate and change agent

#### **Knowledge**

- Self: Understand God-given talents, attributes, values, and beliefs
- Healthcare Consumer: Recognize experiences, needs, and responses in a varying of states of health
- Profession: Understand theories, research, issues, trends, and forces that shape the practice of respiratory therapy

### **Competence**

- Self: Develop and maintain the cognitive, interpersonal, and psychomotor skills need for safe, effective respiratory care
- Healthcare Consumer: Demonstrate professional standards of practice using evidence-based practice to deliver safe and effective respiratory care
- Profession: Understand and abide by legal and ethical aspects of practice set forth by professional standards and policy

### **Communication**

- Self: Promote self-awareness to enhance more meaningful interactions
- Healthcare Consumer: Share and exchange information in collaboration with the healthcare consumer
- Profession: Communicate appropriately with colleagues and stakeholders

### **Professionalism**

- Self: Develop professional attributes and values through biblical teachings, ongoing self-assessment, self-determinations, and life-long learning
- Consumer: Advocate for healthcare consumers
- Profession: Shape and influence the profession and healthcare through active involvement in healthcare policy

## **RESPIRATORY THERAPY COMPETENCIES**

### *ROLE AS AN ASSOCIATE DEGREE RESPIRATORY THERAPIST GRADUATE:*

**Demonstrate cognitive competence** through the use of creative/critical thinking in solving clinical problems and making clinical decisions. Is able to consider alternatives while utilizing knowledge gained from reading basic research reports, journals and attending workshops to elevate personal respiratory therapy practice.

**Demonstrate technical competence** through the skillful use of complex equipment and procedures to provide care for acutely ill patients.

**Demonstrate interpersonal competence** through the use of therapeutic communication skills and caring behaviors to provide respiratory therapy care to complex, difficult patient problems and/or situations.

**Demonstrate ethical and legal competencies** by being self-motivated in ensuring ethical/legal

practice and by teaching and/or evaluating ethical/legal standards to other respiratory therapy personnel. Works to resolve ethical problems encountered in practice.

Note: The RT Program's Entry to Practice (Pathway 1) will demonstrate the above competencies prior to graduation. Those coming into the RT Program with their RRT and associated degree (RRT to BSRT - Pathway 2) will have met the above competencies. Both pathways will need to demonstrate the below competencies.

#### *ROLE AS A BACCALAUREATE RESPIRATORY THERAPIST GRADUATE:*

**Demonstrate Personal Management Skills** by utilizing principles of time management when planning and setting priorities for respiratory therapy care for patients, and by ensuring continuity of care within the employing institution. Uses constructive criticism and suggestions for improving respiratory therapy practice.

**Demonstrate Responsibility and Accountability** by delegating care to other workers commensurate with their educational preparation/ability, by being accountable for their actions, and by reporting concerns regarding quality of care to the appropriate person.

**Demonstrate People-Management Skills** by evaluation of other workers, including their personal and professional actions and abilities, and by encouraging/promoting excellence in coworkers.

#### *ROLE AS A MANAGER OF CARE:*

**Demonstrate personal management skills** by planning and by utilizing time appropriately and by acting efficiently and in a goal directed manner. With guidance as needed, establishes priorities for managing patient care.

**Demonstrate responsibility and accountability** to the workplace by meeting schedules and shift assignments, by promoting cost containment, by awareness of potential safety and/or legal problems, and by reporting or intervening to alleviate problems when possible. Works as a member of the health care team by helping others to provide care when necessary and by actions which promote the goal of the health care setting rather than only personal goals.

#### *PROFESSIONAL ROLE DEVELOPMENT:*

- ⇒ Value professional respiratory therapy as a career and values one's own practice.
- ⇒ Understand and function within the role of the respiratory care practitioner in various healthcare settings.
- ⇒ Participate in research programs when possible and actively promote the use of research in respiratory therapy care.
- ⇒ Serve as a role model regarding health to patients, families, communities, and peers.
- ⇒ Understand values and promote the concept of the professional role of respiratory therapy.

- ⇒ Understand and comply with the Scope of Practice as outlined in the Respiratory Therapist Practice Act of licensing state.
- ⇒ Adhere to the American Association for Respiratory Care (AARC) Respiratory Therapy Code of Ethics.
- ⇒ Understand and function within the role of the licensed respiratory care practitioner in various healthcare settings.
- ⇒ Assume responsibility for personal improvement by identifying strengths and weaknesses and seek education and/or help as needed.
- ⇒ Assume responsibility for professional growth and improvement by identifying educational opportunities and consideration of career mobility.
- ⇒ Understand and support the purpose and the goals of professional organizations.
- ⇒ Work to promote respiratory therapy and health care through political, economic, and societal activities.

## PROGRAM GOALS AND OUTCOMES

The **GOALS** of the Respiratory Therapy Program are:

Upon successful completion of the B.S. in Respiratory Therapy program, the student will be able to:

1. Comprehend, apply, and evaluate clinical information relevant to their roles as a registered respiratory therapist (cognitive domain).
2. Perform the technical skills necessary to fulfill their role as a registered respiratory therapist (psychomotor domain).
3. Demonstrate professional behavior consistent with clinical rotation site expectations as a registered respiratory therapist (affective domain).
4. Utilize critical thinking/problem solving skills to develop the best patient treatment for those suffering from cardiopulmonary disease.
5. Integrate the biblical worldview into all aspects of respiratory therapy.

The expected **OUTCOMES** of the Respiratory Therapy Program are that at least 90% of graduates (3-year average):

Entry to Practice

- On-time graduation
- Earn the credential of Registered Respiratory Therapist (RRT) within one year of graduation
- Provide positive responses (defined as a rating of 3 or higher on a 5-point Likert scale) on New Graduate Satisfaction Surveys
- Obtain a post-graduation respiratory therapy related position
- Receive positive responses (defined as a rating of 3 or higher on a 5-point Likert scale) on Employer Satisfaction Surveys

## TERMINOLOGY

**RESPIRATORY THERAPIST (RT)**– Allied healthcare professional who render service or treatment, under the direction of or in collaboration with a physician, in accordance with education, training and state's statutes, rules and regulations. As a part of the healthcare team, services provided

by RTs include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. RTs primarily care for patients with deficiencies and abnormalities of the cardiopulmonary system. Areas of respiratory care include basic care (oxygen, aerosol, and chest physiotherapy), critical care (ventilator management and physiologic monitoring), perinatal and pediatric respiratory care, cardiopulmonary diagnostics, pulmonary laboratory, skilled nursing facilities, restorative, subacute, home care, and pulmonary rehabilitation. The respiratory therapist may often see a diverse group of patients ranging from the newborn and pediatric patients to adults and the elderly. Disease states or conditions often requiring respiratory care include asthma, emphysema, chronic obstructive lung disease, pneumonia, cystic fibrosis, infant respiratory distress, and conditions brought on by shock, trauma or post-operative surgical complications. Respiratory therapists are also involved in many specialty areas in the hospital such as newborn, labor and delivery, neonatal and pediatric intensive care units, pulmonary function laboratory, sleep laboratory, adult intensive care units, extracorporeal membrane oxygenation (ECMO), and ECG testing laboratories. Therapists may also be employed in physicians' offices, clinics, extended care facilities, or working in home care.

*RESPIRATORY THERAPY PROGRAM DIRECTOR (PD)* – The RT program director at Liberty University is responsible for the day-to-day operation, coordination, supervision, and evaluation of all aspects of the RT program. The program director reports to the Department of Allied Health Professions department chair.

*DIRECTOR OF CLINICAL EDUCATION (DCE)* – The DCE is responsible for the administration and management of the clinical education and clinical experience components of the professional RT program. The DCE acts as the Clinical Instructor Educator and reports directly to the RT program director.

*PROGRAM MEDICAL DIRECTOR* – The program medical director advises the RT program director in the education of RT Students. He/she is strictly involved in the RT student's education, frequently interacting with the students through guest lecturing and/or supervising clinical rotations.

*RESPIRATORY THERAPY FACULTY* – The RT faculty members are employed by the Department of Allied Health Professions, within the School of Health Sciences and teach within the RT program. The faculty assist the program director in the day-to-day operation of the program.

*Core faculty* – Administrative or teaching faculty fully devoted to the RT program who have full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. Core full-time faculty report to and are evaluated and assigned responsibilities exclusively by the administrator (department chair or dean) of the academic unit in which the program is housed. At minimum, this must include the Program Director, Director of Clinical Education, and Medical Director.

*Associated faculty* – An individual who instructs within the RT program. This associated position may also include individual(s) with a split appointment between the program and another institutional entity (e.g., RT or another program either within or outside of the

department in which the RT program is housed). These faculty members are evaluated and assigned responsibilities by two different supervisors.

*Adjunct faculty* – An individual contracted to provide course instruction on a full-course or partial-course basis, but whose primary employment is elsewhere inside or outside the institution.

*RESPIRATORY THERAPY STUDENTS (RTS)* – A student currently enrolled in courses while matriculating through a Commission on Accreditation for Respiratory Care (CoARC) accredited professional RT education program.

*CONSULTING MEDICAL SPECIALISTS* – LU's RT program utilizes other consulting medical specialists for the education of RTS. The medical specialists will be utilized in the education of RTS to guest lecture in and through procedural observations.

*DEPARTMENT CHAIR* – The department chair of LU's Department of Allied Health Professions directly oversees the development and evaluation of the RT program. The department chair also evaluates the RT program director as well as all other RT program faculty. Dr. James Schoffstall is the current Department Chair for Allied Health Professions.

*PRECEPTOR* – A licensed professional who teaches and evaluates students in a clinical setting.

*THE EDUCATOR* – A facilitator who promotes, directs and evaluates learning and the learner. The educator must be knowledgeable and competent in the practice of respiratory therapy and must be caring and committed to the goals of the learner and the curriculum.

*THE LEARNER* – A consumer of information but is responsible for his/her own learning, both in quality and quantity. As a consumer, the learner shares, evaluates and applies information as is appropriate. The learner, by seeking admission into the Liberty University RT program, accepts the responsibility of understanding and meeting curriculum goals and expectations. It is the responsibility of the learner to seek help when academic goals are not met.

*THE PRACTICE OF RESPIRATORY THERAPY* – Dynamic, multi-faceted and flexible in order to be responsive to the needs of patients: it is therefore subject to reform and change when appropriate.

*COGNITIVE COMPETENCE* – Involves a sound base of theoretical knowledge, including research-based knowledge, and the ability to apply that knowledge to clinical practice. Cognitive competence guides judgments or evaluations and utilizes creative critical thinking, especially when confronting more complex problems. Creative critical thinking is higher-ordered thinking characterized by openness of inquiry, ability to ask pertinent questions, production of new ideas, flexible problem solving, examination of underlying assumptions, and the ability to present diverse perspectives.

*TECHNICAL COMPETENCE* – Demonstrated by the ability to use equipment and supplies with



confidence and skill, thus meeting patient needs with minimal distress. It also includes the ability to adapt procedures and equipment to meet patient needs in diverse situations and care settings. Technical competence requires study, practice, and clinical experience to perform often complex tasks proficiently.

*INTERPERSONAL COMPETENCE* – The ability to apply concepts of communication and therapeutic interaction in building and maintaining relationships with patients, families, and other members of the health care team. Interpersonal competence promotes the significance of each individual, including his or her strengths and abilities, to achieve established goals. Interpersonal competence is dependent upon caring.

*ETHICAL AND LEGAL COMPETENCE* – A framework of conduct which guides the practice of respiratory therapy. Ethical and legal competence revolves around ethical and moral behaviors, both professional and personal, which promote the interest of patients, families, and communities. Please read the American Association for Respiratory Care document *AARC Statement of Ethics and Professional Conduct* by clicking [here](#). Ethical and legal competence adheres to established professional codes of ethical behavior and promotes advocacy for patients. Legal competence includes behaviors that promote adherence to established standards, awareness of potential liability, and actions that reduce the risk of litigation.

*MANAGER OF CARE* – Pertains to responsibility and accountability to the patient and work environment through sound Christian work principles and ethics. Personal management is demonstrated through attendance, work within job description, performance of assigned responsibilities, effective use of time, management of conflict, team work, and commitment to the vision and values of the health care organization. People management includes delegation, evaluation, conflict resolution, and collaboration with other members of the health care team as respected and reliable colleagues to assure achievement of patient goals. Organization and direction of respiratory therapy care involves implementation of strategies to assure the highest quality of patient care and a safe workplace. This involves incorporating current patient care research findings, established standards of practice, institutional policies and procedures, scope of practice of the health care team, and workplace laws and rules into the patient care environment.

*PROFESSIONAL ROLE DEVELOPMENT* – Encompasses preparation in the discipline and identification of the unique roles of the different levels of undergraduate respiratory therapy practice. Professional role development is demonstrated through commitment to the vision and values of the profession of respiratory therapy. Central to professional role development is an understanding of leadership, power, the process of empowerment, and issues integral to being a member of the discipline of respiratory therapy. As RTS and new health care professionals engaged in the performance of cardiopulmonary care, respiratory therapists must strive to maintain the highest personal and professional standards. In addition to upholding the code of ethics, the RTS/respiratory therapist will serve as a leader and advocate of public health, disease prevention, and health promotion. The RTS/respiratory therapist should participate in activities leading to

awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system. The RTS/respiratory therapist should support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs. The RTS/respiratory therapist will support, if not conduct research to improve health and prevent disease. The RTS/respiratory therapist will provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public. The RTS/respiratory therapist should serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from the home and work environment. The RTS/respiratory therapist will strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet the health needs of the public.

## NONDISCRIMINATION POLICY

Consistent with Liberty University's non-discrimination policy, the RT program does not engage in unlawful discrimination or harassment because of race, color, ancestry, religion, age, sex, national origin, pregnancy or childbirth, disability or military veteran status in its educational programs and activities. Liberty University, including the RT program, maintains its Christian mission and reserves its right to discriminate on the basis of religion to the extent that applicable law respects its right to act in furtherance of its religious objectives. The RT program requires compliance with the Essential Functions & Professional Expectations (see pp. 21-22 of the Handbook) to be qualified for its programs; however, qualified students have the opportunity to request accommodations and any decisions based on failure to meet its standards can be appealed. The following persons have been designated to coordinate Liberty University's compliance with certain anti-discrimination laws: Coordinator of LU Online Disability Accommodation Support at (434) 592-5417 or [luoodas@liberty.edu](mailto:luoodas@liberty.edu); Director of Disability Accommodation Support (Residential) at (434) 582-2159 or [odas@liberty.edu](mailto:odas@liberty.edu); Executive Director of Title IX at (434) 592-4999 or [TitleIX@liberty.edu](mailto:TitleIX@liberty.edu).

## FACULTY

Brian K. Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, RPFT, AE-C, FAARC  
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TBA

Assistant Professor

Christian H. Butcher, MD  
Program Medical Director  
Centra Medical Group - Intensivist  
Lynchburg General Hospital

## **FACULTY EXPECTATIONS**

*ACADEMIC INTEGRITY & COMPETENCY:* Students are expected to master each major subject in the curriculum.

*ATTENDANCE:* Students are expected to attend all respiratory therapy classes, laboratories, and clinical sessions. Penalties apply to unexcused absences.

*CLINICAL COMPETENCE:* Students are expected to demonstrate the knowledge, skills, and attributes of the advanced respiratory care professional.

*COMMITMENT:* Students are expected to dedicate the time and energy necessary to successfully complete all academic assignments and projects, to learn what is required to become a competent respiratory therapist, and to achieve the goals of the program.

*COURSE GRADES:* Grading performance constitutes a complex and difficult process. While human beings cannot be easily characterized, they can be judged on the basis of their achievements. Grades reflect both effort and achievement, not effort alone. These descriptions attempt to explain why different students obtain different results. Students are expected to earn a grade of C or better in all courses required for graduation.

- **DESCRIPTION OF AN OUTSTANDING RT STUDENT**
  - Attendance: Outstanding students have virtually perfect attendance in all classes, clinicals, laboratories, and seminars.
  - Preparation: Outstanding students are prepared for class; they always read the assignment and self-evaluate understanding. If they do not understand the content, they look for alternative methods of learning.
  - Focus: An outstanding student's attention to detail is such that they may add enrichment to the class beyond the teacher expectation.
  - Curiosity: Outstanding students show interest in the class and in the subject. They look up or dig out what they don't understand. They often ask interesting questions or make thoughtful comments.
  - Retention: Outstanding students have retentive minds. They are able to connect past learning with the present. They bring a background with them to class.

- Attitude: Outstanding students have a winning attitudes. They have both the determination and self-discipline necessary for success. They show initiative. They do things that they have not been told to do.
  - Talent: Outstanding students have something special. It may be exceptional intelligence and insight. It may be unusual creativity, organizational skills, commitment - or a combination thereof. These gifts are evident to the teacher and usually to the other students as well.
  - Results: Outstanding students make high grades on tests - usually the highest in the class. Their work is a pleasure to grade.
- DESCRIPTION OF AN ABOVE-AVERAGE STUDENT
    - Attendance: Above-average students are rarely absent from class. They are committed to the class and try to arrange their schedule to accommodate its demands.
    - Preparation: Above-average students are prepared for class. They have read the assigned material, generally being able to contribute to the class activity.
    - Curiosity: Above-average students show interest in the class and the subject. They are willing to participate in the classroom discussion and to ask questions for clarification.
    - Retention: Above-average students, with encouragement, can connect past learning with present learning. With probing, they are willing to share and explore similarities between their personal background and the topics of discussion in the classroom.
    - Attitude: Above-average students have a positive attitude. They are willing to try new ideas and concepts.
    - They have enough self-discipline to follow through with assigned material and generally succeed.
    - Talent: Above-average students are usually talented. They may possess intelligence and insight or may be creative with organizational skills and commitment. Some may even possess tremendous ability, but do not, or have not, emerged as a leader among the group.
    - Results: Above-average students make high to moderately high grades on tests. Their assigned work is completed on time and is consistently neat. The work demonstrates a careful thought process and occasionally reveals creativity.

*ETHICAL CONCERN:* Students are expected to consider foremost the well-being and safety of their patients, to obey all pertinent laws and regulations, and to abide by the university's code of conduct the Liberty Way.

**EXTERNAL WORK EXPECTATIONS:** At all levels the RT program is an intensive program. In addition to requiring in-class, in-lab, and clinical time, the individual study time commitment is extensive. Students who work outside of the school day are encouraged to keep the number of hours within the limits of good health, allowing adequate time for rest, recreation, study, and extracurricular activities. It is strongly recommended that students in the BSRT Pathway 1 not commit to more external work than 24 hours per week. Pathway 2 individuals often work full-time

but are expected to balance their school workload appropriately. External work detracts from individual study time and may impact the student's success in the program and licensure exams. The respiratory therapy program will not excuse students from class or clinical experience due to employment schedules, including on-call. Students are expected to meet their obligations to the course of study. Absences and tardiness due to employment are not acceptable and will be subject to faculty review.

The respiratory therapy program will not sanction students working a full shift immediately preceding a program clinical shift. A student should have a minimum of 12 hours off-duty time prior to attending a program clinical. For the safety of the patients, students arriving at the clinical site impaired in any way (fatigue, illness, drugs, alcohol, etc.) will be asked to leave the clinical setting. Students arriving at any clinical experience being impaired by fatigue, drugs, alcohol, or other medications will not be allowed to practice in the clinical setting and disciplinary action will occur.

*LABORATORY COMPETENCY:* Students are expected to rehearse and satisfactorily demonstrate the skills necessary for competent and safe clinical practice in pre-clinical laboratory simulations.

*PROFESSIONAL DEMEANOR:* Students are expected to project a professional image as outlined in the LU Student Handbook including: appearance, confidence, respect and courtesy, self-control, initiative, dependability and reliability, honesty, punctuality, and responsibility.

*STUDY EXPECTATIONS:* Respiratory therapy faculty have set a minimum study expectation of 2 to 4 hours of study per week for each credit hour enrolled. This means that for a 4 credit class, students are expected to spend a minimum of 8 hours and a maximum of 16 hours studying outside the classroom per week.

*WRITTEN WORK EXPECTATIONS:* Statements regarding university policy for maintaining academic ethics and honesty can be found in the Liberty Way. Activities that are prohibited include: cheating, plagiarism, collusion, and falsification.

Plagiarism is the failure to give attribution to the words, ideas or information of others on papers, projects or any assignment prepared for a course. It includes, but is not limited to:

- Omitting quotation marks or other conventional markings around material quoted from any source;
- paraphrasing, summarizing, or quoting a passage from a source without referencing the source;
- purchasing or acquiring material of any kind and representing it as one's own work; and
- replicating another person's work and submitting it as one's own work.

While conducting library research for assignments and papers it is important to identify all sources of information. It is important when taking notes to avoid copying verbatim sentences from sources unless you use quotes and cite the source according to Respiratory Care Journal (RC) format as LU respiratory therapy requires. Read reference material and paraphrase the content, in your own words, into your notes. This practice will help you to avoid indirect copying of your reference material. Use the RC guideline by clicking [here](#) to assist in formatting and referencing your paper. All formal



papers are to be typed and written in RC format. Quality work is an expectation. Requirements for written work are determined and distributed by individual faculty. If you need further assistance LU's Writing Center is an excellent resource.

## **ESSENTIAL FUNCTIONS & PROFESSIONAL EXPECTATIONS**

Any student who cannot meet each of the Essential Functions with or without accommodation cannot be enrolled in the Respiratory Therapy education program.

- Students who believe they may require accommodation(s) in order to meet these requirements must have their need for accommodation validated through the LU Office of Disability Accommodation Support (ODAS). LU ODAS works jointly with students and the Respiratory Therapy Program Leadership to explore accommodation options. For more information, please visit their website [here](#) or you can email their office at [odas@liberty.edu](mailto:odas@liberty.edu).
- Accommodation(s) may not be possible in some cases, and it may not be possible to provide some accommodations on short notice.
- Students are responsible for informing their instructors about needs for accommodation for courses or clinical rotations. Accommodation requests must be made in a timely fashion in order to permit adequate time to arrange the accommodation.

The Essential Functions for the Respiratory Therapy Program are the skills and competencies required of a respiratory therapist student who is expected to:

- Assess patients' need for respiratory therapy by interviewing patients, performing limited physical examinations, reviewing existing clinical data, and recommending the collection of additional pertinent data;
- Perform cardiopulmonary diagnostic procedures, calculate test results, determine reliability, perform quality control, and evaluate implications of test results;
- Evaluate all clinical data to determine the appropriateness of the prescribed respiratory care, to participate in the development of the respiratory care plan, and to provide care using clinical patient care protocols;
- Select, assemble, and check for proper function, operation, and cleanliness of all equipment used in providing respiratory care;
- Be responsible for the transportation, set-up, calibration, maintenance, and quality assurance of respiratory care and pulmonary function testing equipment;
- Initiate and conduct therapeutic procedures, evaluate treatment efficacy, and modify prescribed therapeutic procedures to achieve one or more specific objectives in acute care, intensive care & life support, continuing care, and rehabilitation settings;
- Act as an assistant to the physician with special procedures such as bronchoscopy, invasive cardiovascular monitoring, insertion of chest tubes, etc.;
- Demonstrate professional attributes of a member of the health care team including appropriate levels of confidence, cooperation, empathy, independence, initiative, judgment, maturity, organizational skills, ethics, and dependability;



- Respect and obey all pertinent laws and regulations and abide by the Code of Ethics (see code of ethics section);
- Maintain confidentiality and accuracy of patient records and communicate relevant information to other members of the health care team;
- Project a professional and healthful image, including appearance, courtesy, respect, self-control, honesty, punctuality, and responsibility.

Some of the activities required of students in respiratory therapy include performing chest compressions during cardiopulmonary resuscitation, squeezing a bag while securing a face mask, identifying labels on medication vials, recognizing monitor alarms, recognizing the color of alarms, obtaining arterial blood using a syringe and needle, using computer keyboards, communicating by telephone, travel between patients' rooms, and, in emergency situations, therapists must respond and react quickly under stress.

## **ACCREDITATION**

Liberty University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, bachelor's, master's, specialist, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call (404) 679-4500 for questions about the accreditation of Liberty University.

The Liberty University Respiratory Therapy Program is in the process of seeking CoARC accreditation. However, Liberty University can provide no assurance that accreditation will be granted by CoARC.

Commission on Accreditation for Respiratory Care  
1248 Harwood Road  
Bedford, Texas 76021-4244  
(817) 283-2835

## **ADMISSION REQUIREMENTS & PROCEDURES**

### **BSRT ENTRY TO PRACTICE**

The Respiratory Therapy Major is designed for students who wish to pursue a career in Respiratory Therapy. The bachelor's degree-prepared respiratory therapist is a practitioner able to perform patient assessment, develop and monitor respiratory care plans, administer protocols, carry out disease management and rehabilitation, provide patient and family education, and serve as a physician extender to the pulmonologist, anesthesiologist, intensivist, pediatricians, etc. The bachelor's degree prepared respiratory therapist will perform basic and critical respiratory care therapeutic and diagnostic procedures in the hospital, home, and alternate care sites. The bachelor's

degree respiratory care program also provides a foundation for professional leadership in clinical practice and clinical specialization. Program graduates are eligible to sit for the national board exams for certification as an entry-level respiratory therapist, to become registered as an advanced-level respiratory therapist, and to take specialty examinations in perinatal/pediatrics and pulmonary function technology.

The RT Program is nationally accredited by the Commission on Accreditation of Respiratory Care (CoARC). Graduates of the program are thus eligible to apply to sit for the National Board for Respiratory Care (NBRC) Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) credentialing exams. The CoARC and NBRC, along with each individual state's licensing board, are the agencies for establishing and maintaining standards in the field of Respiratory Therapy.

### SELECTION PROCESS (Entry to Practice)

The Respiratory Therapy program at LU is both competitive and selective. Thus, not every student who applies will be accepted into the RT Program. Students interested in majoring in Respiratory Therapy at LU will go through two application processes following the pre-professional phase of the program. Initial acceptance will occur following the freshman spring semester, while the full acceptance will occur after the sophomore fall semester. When students transfer to LU or change their major, their initial acceptance will be determined by the program director; while full acceptance is determined by the RT Program Admission Committee.

### PHASES OF THE RT PROGRAM (Entry to Practice)

- *Pre-professional (freshman year):* Students interested in becoming part of the RT Program at Liberty University should initially enroll in BIOL 203, 213, and 214, along with available General Studies curriculum requirements. The second semester, students should enroll in BIOL 215 & 216 and PSYC 101 along with available General Studies curriculum requirements.
- *Initial Acceptance (summer after freshman year):* Applications for initial admission must be submitted by April 15 of the freshman year. The criteria for initial status are outlined in the sections below.
- *Full Acceptance (between sophomore fall & spring semesters):* Applications for full admission must be submitted by November 15 of the sophomore year. Full acceptance will be based upon the criteria outlined in the sections below.

### APPLICATION REQUIREMENTS (Entry to Practice)

#### INITIAL APPLICATION/REQUIREMENTS:

1. Students must meet the following criteria and provide the following information:

- Candidates must be in good academic standing with the University and have a minimum cumulative GPA of 2.0 on a 4.0 scale
  - Complete the provisional application form, including personal statement and experience
  - Provide a copy of all collegiate transcripts; unofficial transcripts are accepted from LU
  - Submit a medical history form signed by a physician; the form shall include an endorsement by the physician stating that the student is physically able to meet the requirements of the program (See Essential Functions and Professional Expectations)
  - Meet the Essential Functions for admission into the program
  - Copy of vaccination records, which must include up-to-date, for Rubella, Tetanus, Mumps, Polio, Chicken Pox, and HBV vaccinations
2. All documents are due by April 15 to the RT Program Director
  3. Initial acceptance will only occur after final grades for the Freshman spring semester have been confirmed by the Registrar's office

**It is the student's responsibility to make sure the required documents and information are in the hands of the RT Program Director by the application deadline.**

#### *FULL APPLICATION/REQUIREMENTS:*

Students will apply for full acceptance into LU's RT Program during the semester after their initial acceptance. The application deadline will be November 15 of their sophomore year. Students must meet and submit documentation for the following criteria and provide the following information to the RT Program to be considered for acceptance:

1. Anticipated final grade for each of the following courses: BIOL 203, 213, 214, 215, 216 & PSYC 101 along with any General Studies courses completed
  - **Full acceptance will only occur after final grades have been confirmed by the registrar's office**
2. Cumulative GPA of 2.5 or higher on a 4.0 scale
3. Verification of AHA Professional Rescuer/BLS CPR (certification must remain current while in RT Program)
4. Completed background check through LU approved background check
5. Successfully complete a personal interview with focused on knowledge of the respiratory therapy field, academic goals, career goals and communication skills
6. Verification of the student's ability to meet technical standards
  - Copy of vaccination records, which must include Rubella, Tetanus, Mumps, Polio, Chicken Pox, Tuberculosis, and HBV vaccination
7. Verification of HIPAA and/or FERPA training
8. Verification of OSHA/Bloodborne Pathogens Training (annual requirement)
9. Read & signed confidentiality statement (annual requirement)
10. Read & signed RT Program Handbook (annual requirement)

**It is the student's responsibility to make sure the required documents and information are in the hands of the RT Program by the application deadline.**

## ACCEPTANCE CRITERIA (Entry to Practice)

### *INITIAL ACCEPTANCE CRITERIA:*

Initial acceptance is based on the student's GPA. Students with a cumulative GPA lower than 2.0 will not be initially accepted, while those students with a 2.0 GPA or higher will be allowed to continue the application process. Students not admitted will be notified by the RT Program director and advised by the Department of Allied Health Professions advisor or designee.

Due to the competitive nature of the program, initial acceptance **does not** guarantee full acceptance into the program. Additionally, initially-accepted students must meet the Program Retention Standards to remain in the program.



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### FULL ACCEPTANCE CRITERIA:

The following criteria/rubric will be utilized to select the top 30 students annually:

Criteria	Grade Earned			Score
Pre-Professional	A	B	C	
BIOL 203 Final Grade	3	2	1	
BIOL 213 Final Grade	3	2	1	
BIOL 214 Final Grade	3	2	1	
ENGL 101 Final Grade	3	2	1	
INQR 101 Final Grade	3	2	1	
Initial Coursework	A	B	C	
BIOL 215 Final Grade	5	3	1	
BIOL 216 Final Grade	5	3	1	
MATH 201 Final Grade	5	3	1	
PSYC 101 Final Grade	5	3	1	
RLGN 105 Final Grade	5	3	1	
COMS 101 Final Grade	5	3	1	
	4.0-3.5	3.0-3.49	2.75-2.99	
Overall GPA	5	3	1	
	Excellent	Good	Acceptable	
Interview	15	10	5	
TOTAL SCORE				/65

At this point, the student may be admitted to the program. Formal declaration of the major, however, cannot occur until ALL university Foundational Courses and INFT requirements have been met.

**Accreditation standards limit to the number of students that can be fully accepted for each academic year. The number of students accepted each year is determined by the number of seats available. As such, not all students meeting the above minimum requirements may be accepted. *If this is the case, total score will be utilized in determining final acceptance.***

### RRT TO BSRT POST-LICENSURE

The degree advancement RRT to BSRT Post-Licensure program is designed for Registered Respiratory Therapists who have completed an associate degree in respiratory therapy and wish to complete a Bachelor of Science in Respiratory Therapy degree. The RRT to BSRT Post-Licensure pathway is nationally accredited as a degree advancement (DA) program by the Commission on Accreditation of Respiratory Care (CoARC).

### ADMISSION (RRT TO BSRT)

The RRT to BSRT pathway follows the general admission process of Liberty University Online Admissions.

### *APPLICATION REQUIREMENTS (RRT TO BSRT)*

All applicants must complete the University application and provide:

- Proof of having graduated from a CoARC-accredited associate degree program in respiratory therapy;
- Official transcripts demonstrating an overall GPA of 2.0 or higher and no grade lower than a C for any respiratory-related class from their associate's degree;
- Documentation of having earned the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC); and
- A current license or credential to practice respiratory care with in their state of residency, US military, or Veterans Administration.

### *ACCEPTANCE (RRT TO BSRT)*

Acceptance is based on the student's acceptance to the University, GPA, and satisfaction of the application requirements. Students with a cumulative GPA lower than 2.0 or those who are not able to successfully satisfy the University or RRT-BSRT application requirements will not be accepted. Students not admitted will be notified by the RT Program Director and advised by the Allied Health Professions Department Professional Advisor.

**Accreditation standards limit to the number of students that can be fully accepted for each academic year. The number of students accepted each year is determined by the number of seats available. As such, not all students meeting the above minimum requirements may be accepted.**

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## UPON ACCEPTANCE INTO LU'S RESPIRATORY THERAPY PROGRAM

### STUDENT EXPENSES AND FEES

In addition to normal university tuition and fees, students enrolled in the RT Program will incur the following additional expenses. The following are cost estimates:

Program and Related Cost	Junior Year	Senior Year
Uniforms / Clinical Clothing	\$80	\$25
TB skin test	\$50	\$50
Health Exam	\$60	Only if student's health status changes
CPR	\$50	\$0
Background check	\$60	\$0
OSHA/Bloodborne Pathogen Training	\$20	\$16
HIPAA Training	\$25	
Equipment / Instruments	\$80	
AARC Student Membership	\$25	\$25
NBRC Board Exam		\$390 (after graduation)
TMC SAE Exam Prep		\$50
CS SAE Exam Prep		\$75
Vaccinations/Immunizations	\$150	\$25
Travel for clinical training	\$252 (600 miles)	\$546 (1,300 miles)
Neonatal Resuscitation Program		\$100-150 (optional)
Pediatric Advanced Life Support		\$132 (optional)
Adult Cardiovascular Life Support		\$132 (optional)
Trajecsys Clinical Software (good for 2 years)	\$150	
Total	\$1,002	\$1,197

### ANNUAL REQUIREMENTS

Students will be expected to complete the following tasks annually:

- Maintain CPR/AED certification (every two years)
- OSHA/Bloodborne Pathogen Training
- Keep immunizations updated; complete a TB screen
- Read & sign the Essential Functions and Professional Expectations Verification Form
- Read & sign the Confidentiality Form
- Complete the Personal Contact Information Form
- Read & sign RT Handbook
- Completion of Christian/Community Service (CSER) requirements
- Update information on Trajecsys

## PROGRAM REQUIREMENTS

1. Each student must be enrolled in the RT Program a minimum of 4 semesters.
2. Each student must maintain a current CPR certification.
3. Each student must pass a physical examination as part of their provisional application
4. Each student must successfully complete an annual OSHA/Bloodborne Pathogen training and gain certification. The certificate needs to be provided annually to the DCE.
5. Each student must maintain a 2.0 GPA while fully accepted in the program.
6. Student must successfully progress through all required clinical education rotations.
7. The number of clinical hours a student must complete is dependent upon the student's year in the program.
8. Each student must complete the Respiratory Therapy major requirements to receive the designated degree.
9. Each student must pass ("C" or better) all clinical experience and didactic RESP courses.
10. Seniors are expected to participate in all university required Assessment Day activities during their senior year.
11. Each student is required to take the NBRC TMC and CSE examinations to gain the RRT credential following graduation. Students cannot practice in the profession of Respiratory Therapy without passing the at least the TMC Exam and becoming licensed/credentialed in the State in which they practice.
12. It is requirement that students join and actively participate in the American Association for Respiratory Care (AARC) as resources from this organization will be utilized throughout the program.

## RESPIRATORY THERAPY MAJOR

The respiratory therapy major has two pathways. The entry to practice or Pathway 1 prepares students to become a registered respiratory therapist. To become eligible to sit for the NBRC exam, the students within this major must complete all of the coursework within the pre-professional and professional areas and graduate from the CoARC approved RT Program.

The RRT to BSRT or Pathway 2 prepares students to advance their degree to the baccalaureate level. The baccalaureate degree in RT prepares those RRT with additional skills and knowledge to be able to take on additional roles and responsibilities with the Respiratory Therapy workforce. Additionally, Pathway 2 provides a baseline of education upon which the student can build to subspecialize for career goals (e.g. management, leadership, education, research, and advance practice).

## RESPIRATORY THERAPY COURSE DESCRIPTIONS

(For official course descriptions, please refer to the current University Catalog.)

### RESP 300 Respiratory Health & Disease – 3 credits

The study of normal pulmonary mechanisms, manifestations and treatment of respiratory disease, their clinical course with specific focus on the basis for respiratory therapeutics.

RESP 302 Respiratory Care Equipment & Techniques – 4 credits (3 hours didactic/1-hour lab)  
Study and clinical application of respiratory care equipment utilized in the hospital setting.

RESP 304 Introduction to Respiratory Care – 3 credits  
An orientation to the profession, consideration of professional ethics, introduction to basic cardiopulmonary assessment and life support techniques, infection control, medical records, hospital environment, and role of the respiratory therapist.

RESP 306 Pulmonary Function and Testing – 4 credits (3 hours didactic/1-hour lab)  
Study of methods, instrumentation, standards and clinical applications of pulmonary function testing, monitoring, and blood gas analysis with emphasis on quality assurance.

RESP 308 Artificial Ventilation – 3 credits  
Study of various mechanical ventilators and device interfaces (artificial airways and masks), with a major emphasis placed on all aspects of the management of the patient-ventilator system.

RESP 310 Clinical Observation - 4 credits  
Clinical observation of respiratory therapy in a variety of environments.

RESP 320 Neonatal Respiratory Care – 2 credits  
Theories, procedures and equipment applicable to the delivery of respiratory therapy in neonatal care.

RESP 321 Pediatric Respiratory Care – 2 credits  
Theories, procedures and equipment applicable to the delivery of respiratory therapy in pediatric care (outside of the neonatal period).

RESP 322 Respiratory Care for Special Populations – 3 credits  
Theories, procedures and equipment applicable to the delivery of respiratory therapy to special populations such as home care, sleep, community health, rehabilitation and long-term care.

RESP 324 Respiratory Pharmacology – 3 credits  
Introduces the physiologic and pharmacologic basis of cardiopulmonary medications. Preparation, calculation of dosages, mixtures and general principles of pharmacology will be covered followed by an in-depth discussion of bronchoactive drugs, and drug groups related to the cardiopulmonary system such as neuromuscular blocking agents, central nervous system depressants, cardiovascular agents and diuretics.

RESP 400 Critical Respiratory Care – 3 credits  
Provides instruction on all phases of adult critical care inclusive of mechanical ventilation monitoring, support, weaning and liberation from. Additionally, a study of invasive and non-invasive cardiopulmonary monitoring commonly seen in the ICU.

RESP 402 Clinical Experience I – 4 credits

Clinical observations and achievement of competencies related to respiratory care procedures in general and surgical acute care units.

RESP 404 Guided Study in Respiratory Care – 4 credits

Guided study of topics or pursuits of individual experiences in respiratory therapy.

RESP 406 Advanced Ventilatory Support – 3 credits

Advance ventilatory support inclusive of advanced modes (NAVA, APRV, PAV, ASV, etc.), high frequency ventilation, extracorporeal CO<sub>2</sub> removal and extracorporeal membrane oxygenation.

RESP 408 Pulmonary Disease Management – 3 credits

Study of etiology, pathophysiology, diagnosis, treatment and prognosis of common pulmonary disease and conditions. Topics include post critical care managements of acute respiratory distress syndrome, obstructive and restrictive pulmonary diseases, neoplastic disease of the lung, disordered breathing, cardiac and cardiovascular disorders, neurologic and neuromuscular disorders and the associated disease management techniques shown to improve quality of life through education of patient (self-management) and of other care providers (care continuity).

RESP 410 Seminar – 3 credits

Conferences, group discussion and presentation of selected topics.

RESP 412 Clinical Experiences II – 4 credits

Clinical observations and achievement of competencies related to respiratory care procedures in critical care, neonatal and pediatric areas.

RESP 420 Cardiopulmonary Physiology and Monitoring – 3 credits

Study of cardiopulmonary anatomy, physiology and monitoring of functionality. The study includes but not limited to ventilatory mechanics, gas transport, natural and chemical regulation of breathing, circulation, blood flow and pressure, cardiac output and the monitoring of each of these topics.

RESP 422 Current Issues in Respiratory Care – 3 credits

An analysis of current administrative, legal, regulatory, professional issues and current trends which influence the administration of respiratory therapy.

RESP 424 Teaching and Learning Respiratory Therapy – 3 credits

Principles and practice of teaching and learning in respiratory therapy. Various education roles and strategies of respiratory therapist in academic, community and clinical settings.

RESP 430 Fundamental of Respiratory Care Research – 3 credits

Survey of research problems, methods and designs utilized in respiratory care, with emphasis on data collection, analysis and presentation.

RESP 432 Respiratory Care Management and Leadership – 3 credits

Study of management principles and problems as they relate to respiratory care and the management of the department, hospital, service organization, and health care programs will be reviewed.

## RT PROGRAM DEGREE COURSE SEQUENCING

The following sequence is a recommended curricular plan for incoming freshmen (Entry to Practice) or who want to major in Respiratory Therapy, or those who have already earned their RRT and want to advance their degree (RRT to BSRT). If a student fails to take the courses in the correct sequence, it may prolong the student's graduation date. Transfer students who have their AS and RRT will only be required to take 7 of the respiratory therapy courses as the RRT credential demonstrates competency in the others. The sequence below is only a recommendation. Students must progress through the program's course sequence as defined in the official university status sheet and university catalog.

[BSRT Entry to Practice Sequencing](#)

[RRT to BSRT Sequencing](#)

## STANDARDS OF PERFORMANCE FOR RESPIRATORY CARE AND MAJOR FIELD RELATED COURSES

### Liberty University Attendance Policy

For the good of the Liberty University student body, a consistent attendance policy is needed so that all students in all majors will understand the expectations of faculty in all their courses. In general, regular and punctual attendance in all classes is expected of all students. At times, students will miss classes. These absences will be identified as either excused or unexcused and will be handled per the policy below.

#### *Excused Absences*

- Excused absences include all Liberty University sponsored events, to include athletic competition or other provost-approved event.
- Absences due to medical illness that are accompanied by a doctor's note will be excused.
- Absences due to family situations such as a death in the family or a severe medical condition will be excused
- Students will not be penalized for excused absences and will be permitted to make arrangements to complete missed work.

#### *Unexcused Absences*

- Non-clinical courses will permit one unexcused absence per semester.
- Any student who has more than 3 excused absences is not allowed any unexcused absences.
- Questions regarding unexcused absences must be resolved by the student with the faculty member within one week of the absence.

- Extraordinary circumstances regarding excessive absences will be addressed by the student with the faculty member, Program Director, and Department Chair as required.
- Penalties for each unexcused absence over the permitted number per semester will be as follows:
  - 52 points for clinical course classes
  - 105 points for non-clinical course classes
- Students who are late for class 10 minutes or less are considered tardy but present for the class. If a student misses in-class work due to tardiness, the faculty member may choose not to allow the student to make up this work. Three class tardies will be counted as one unexcused absence.
- Students who are more than 10 minutes late for class are considered absent.

All the attendance requirements stated herein will be enforced at the discretion of the course instructor.

#### Classroom Attendance

1. Students must attend their scheduled sections for each course as scheduled in ASIST. A student adjusting their scheduled classroom sections due to conflicts (i.e. clinical schedules, jobs, etc.) is not permitted.

#### Clinical Attendance

1. Clinical attendance is required.
2. Make-ups are required for each clinical absence in accordance with instructor's guidelines. Make-up assignments must be completed within one week of the clinical absence.
3. More than one absence per semester will result in faculty review/recommendation as to status in the clinical rotation.
4. The student is responsible for calling the clinical RT Supervisor prior to the beginning of the clinical session to report an absence.
5. A complete knowledge of patient history, respiratory pathophysiologic processes, medication administration, and respiratory care plans is required. Refer to specific course syllabi for assignment requirements for clinical days. Lack of such preparation, inappropriate attire (see dress policy) and/or tardy of 15 minutes or more will constitute an absence for that clinical day.
6. Clinical absence will be documented with the submission of a "Report of Absence" form.
7. If the absence is a result of being tardy or unprepared, it will be reported on the clinical probation form.

#### Inclement Weather Policy

The intent of the inclement weather policy is to help keep faculty, instructors and students safe when going to and from their clinical experiences.



In the event of inclement weather (ice or snow) during normal M-F eight-hour day shift clinical in the hospital with an instructor, clinical attendance or cancelation will typically correspond with the University's. If University classes are on a one to two-hour delay, Liberty's RTP clinical will also be on a one to two-hour delay. For a one-hour delay, day shift will report at 9:00 and for a two-hour delay, day shift will report at 10:00.

For a clinical that is not during normal M-F eight-hour day shift hours or with an assigned instructor, students will follow the specific guidance within that course syllabus.

Clinical experiences assigned for day shift within the LU RTP Lab will follow University's. In the case of a delay or closure of the LU campus, the lab clinical experience will be delayed or closed in concurrence with LU guidance.

### RTP Late Assignment Policy

#### Testing

- ≥10 min late
  - 10% penalty
  - Will remain in classroom for testing (not testing center)
  - Must finish within remaining testing timeframe
  - It is the student's responsibility to notify the professor and receive permission from the professor at least 24 hours prior to testing for other testing arrangements.
    - NOTE: Traffic, bus schedule, and parking difficulties is not an acceptable reason for arriving tardy. Plan accordingly. It is highly recommended that you plan on arriving ~ 15 minutes early for testing.
- Quizzes: Late quizzes will receive a zero as outlined in the attendance policy.

#### Late classroom assignments

- RESP 300 level courses:
  - No late assignments will be accepted and will receive a grade of zero unless reasons meet the criteria outlined in the attendance policy.
- RESP 400 level classes:
- Late submissions for each assignment will result in a 10% deduction per day from the total points for the assignment. After 5 days, a grade of zero will be given for the assignment. For papers, presentations, etc. -- It is the student's responsibility to ensure that the correct document is turned in and is in a format compliant with assignment instructions (i.e. Word versus PDF). If not, please see the late submission policy above.
  - *ALL CLASSROOM ASSIGNMENTS ARE DUE SATURDAY AT 2359.*

#### Late Clinical assignments

- All clinical/lab assignments must be submitted/completed in order to clinically pass the course. Clinical assignments include assignments related to all clinical experiences and lab/simulation preparation. Clinical and lab assignments are designed to ensure patient safety, delivery of quality care, and improved client outcomes.

- Late submissions for each clinical/lab/simulation assignment will result in a 10% deduction per day from the total points for the assignment. After 5 days, a grade of zero will be given for the assignment
  - THE ASSIGNMENT MUST STILL BE TURNED IN IN ORDER TO CLINICALLY PASS THE COURSE PER ABOVE
- *ALL CLINICAL PREPARATION WORK IS DUE BEFORE THE SCHEDULED START OF THE ASSIGNED CLINICAL.*
- *Clinical late policy/ absence*
  - 10% deduction of that day's assigned clinical work grade
  - Missed clinicals due to illness require a provider's (MD, DO, NP, PA) note

900 - 1000 = A  
 800 - 899 = B  
 700 - 799 = C  
 600 - 699 = D  
 below 600 = F

Unless otherwise described in a given course syllabus, the minimum satisfactory grade for course credit is a letter grade of "C" and all stipulated segments of a course must be passed by this standard. Students must demonstrate proficiency in all clinical skills presented in order to pass clinical courses. For all clinical courses, the final exam must be passed at the designated cut score AND a grade of "C" or better must be maintained in order to successfully complete each clinical course to continue in the program.

**Students must earn a minimum of a "C" grade in all Respiratory Therapy courses.** If a "C" is not obtained in a course, the student will be placed on probation until that course can be repeated.

#### DRESS CODE POLICY

You are entering the respiratory therapy profession. As a healthcare professional, there are distinct differences from non-professions, including expectations of dress. The manner in which you dress reflects the pride you have in yourself, your school, and your profession. The manner in which you dress also reflects the importance of the experience and is an indication of your self-discipline, not only in dress, but in other areas. The purpose of this policy is to set a guideline for providing a safe and comfortable environment in which the patients, the public, and other members of the health care team are ensured professional and competent respiratory care will be provided. Most importantly our desire at Liberty University Respiratory Therapy Program is to honor the Lord in everything we do, including our outward appearance.

The Liberty University School of Health Sciences has a long-standing tradition of excellence in education. To continue this tradition and prepare our future respiratory therapy graduates, it is necessary to maintain a professional environment. A student may be excluded from class or clinical site if the student's appearance is offensive, presents a distraction, or is not in keeping with this policy. Students are responsible for all teaching/learning experiences missed.

The faculty, clinical instructor, preceptor, or mentor of any RT student will enforce this policy as deemed appropriate. This policy is intended for all classroom experiences. An appropriate and respectful appearance should be maintained to ensure that all students have the best possible learning environment.

### ***Classroom Dress Code Policy***

Dress and grooming will not disrupt the teaching/learning process or cause undue attention to an individual student. The determination of disruption is left to the faculty's discretion.

The following are **not allowed** in the classroom:

- Sports bras, strapless tops or dresses, camisole tops with spaghetti straps, see-through blouses or shirts, or short skirts. If a student chooses to wear a midriff top, halter top, sports bra, camisole with spaghetti straps, or a sundress or tank top (male or female), the student must wear a shirt or jacket over it. Skirt length should be modest and professional.
- Pajamas, shorts, sleep wear and inappropriate exercise clothes (i.e. bicycle shorts, Under Armour®, spandex, sweat pants, leggings). Student athletes may wear required uniforms, covered by official team outerwear, on approved sporting event days.
- Attire that displays language and/or images which are derogatory, profane, sexually explicit, abusive, or which “promote” drugs or alcohol.
- Clothing which allows undergarments to be visually observed: No sagging pants. No undergarments (i.e. bralettes) should be visible at any time.
- Hats and other head coverings. Headgear considered a part of religious/cultural dress or in cases of medical need (e.g. chemotherapy) are allowed with prior notification of program director.

The following are **expected** in the classroom:

- Appropriate footwear made for outside wear. This would include sandals, shoes, boots, or otherwise appropriate footwear.
- It is assumed that students will practice personal cleanliness and proper hygiene. No excessive odors, i.e., tobacco, body sprays, or colognes.

### ***Clinical Dress Code Policy***

**Uniforms:** Professional appearance is an important factor in the effective delivery of healthcare. Two uniforms are required; the uniform to be worn during community activities consists of khaki slacks and a navy-blue polo shirt. During hospital clinicals the blue Liberty University RT scrub style uniform will be worn. When representing the Liberty University RT Program in the community during independent clinicals or when getting patient assignments students will wear the khaki pants and navy-blue polo shirt with name tag. While in uniform at the hospital, the following guidelines will be followed:

#### ***Female***

**Hair:** Hair should be styled in a manner that will maintain asepsis in client care, and permit students to work without violating aseptic principles. Hair should be a natural color, arranged and secured to present a neat appearance that it is off the collar of the uniform and away from the face. Loose multiple braids, oversized bows, flowers, oversized headbands and clips are not acceptable. Small headbands ( $\leq 1$  inch) are acceptable.

**Fingernails and Perfume:** Short fingernails (1/4 inch or less) are required to insure client safety. Artificial nails are forbidden. Clear or flesh-toned nail polish that is not chipped will be accepted. The use of perfumes / colognes is not allowed as it could cause a reaction to our sensitive pulmonary clients and maybe offensive to others who are ill or convalescing.

**Uniform:** Regulation LU uniform with approved name tag or khaki slacks and navy-blue shirt. If wearing a dress, the hemline must be below the knee. Uniforms must be modest, not tight fitting. Proper undergarments must be worn. T-shirts or camisoles, if worn under the uniform top, may be short or long sleeved and must be white with no printing.

**Name Tags:** Name tags are to be worn on uniforms and lab coats at all times (Centra name tags while in the hospital or LU name tags during community clinicals).

**Lab Coat:** Laboratory coat (white lab coat) with LU nametag will be worn in the simulation lab in at specified times. Professional appearance requires that the lab coat be neatly pressed.

**Shoes: Hospital and Community** – clean, comfortable, sensible yet professional looking shoes (no neon bright, lighted, or otherwise distracting). Shoes with open toes are forbidden. White, open back, ‘clog’ type shoes with closed toes are allowed.

**Jewelry:** Wedding rings or engagement rings may be worn with the uniform (one per hand). Neither LU nor the agency assumes responsibility if a ring or setting is lost, and the student waives any claims against the University arising from the loss of any jewelry. One pair of pierced earrings is allowed if they are very small (one stud per ear lobe). Other body piercings are not allowed. Professional association pins may be worn with the uniforms. No other jewelry is permitted with uniform. Plastic plugs may be worn in other piercings during clinical experiences. These should be flesh toned and inconspicuous.

**Tattoos:** Must be covered during clinical experience.

*Male*

**Hair:** Hair should be styled in a manner that will maintain asepsis in client care, and permit students to work without violating aseptic principles. Hairstyles such as Mohawks, buns and ponytails are not acceptable. Hair should be a natural color and arranged in a manner to present a neat appearance that is off of the face and neck. Beards, mustaches and side burns must be clean and neatly trimmed. Male students are not allowed to wear headbands or accouterments in their hair while wearing the University uniform.

**Fingernails and Cologne:** Short fingernails are required to insure client safety. The use of perfumes / colognes is not allowed as it could cause a reaction to our sensitive pulmonary clients and maybe offensive to others who are ill or convalescing.

**Uniform:** Hospital – Regulation uniform and school patch. Regulation uniform is to be worn in its entirety. Scrub top is not to be worn without the regulation scrub pants or with substitute pieces of clothing.

**Community:** Khaki slacks and navy-blue polo shirt.

**Name tags:** Same as female.

**Lab Coat:** Same as female.

**Shoes:** Same as female.

**Jewelry:** Wedding rings may be worn with the uniform. Neither LU nor the agency assumes responsibility if a ring or setting is lost. Professional Association pins may be worn with the uniform. No other jewelry is permitted with the uniform. Plastic plugs may be worn in other piercings during clinical experiences. These should be flesh toned and inconspicuous.

**Tattoos:** Must be covered during clinical experience

**NOTE:**

***\*\*\*\*Students MUST wear either an LU uniform or navy polo shirt and khaki pants with a hospital specific name tag when reviewing charts to prepare for clinical. Hospital policy does not permit jeans or sandals while students are in the hospital.***

***\*\*\*\*Students may not leave the clinical area wearing hospital provided scrubs. Any removal of hospital scrubs from the hospital is considered stealing.***

## CLINICAL FINAL EXAMINATIONS

All students are required to pass the clinical final examination after completing the clinical courses (RESP 310, 402, 412) to continue in the program. In the event a student fails the clinical final examination, the student is allowed to make ONE additional attempt to pass. In the event the student passes the clinical final exam on the second attempt the student will continue in the program. The grade earned on the first attempt will be used to calculate the final clinical grade. In the event the student does NOT pass the clinical final exam on the second attempt the student will be placed in remediation. The student will be given a third attempt to pass the final by the end of the next quarter. In the event the student does not pass on the third attempt, the student will earn an "F" in the clinical course and may be suspended or released from the program.

## COMPREHENSIVE END-OF-PROGRAM COMPETENCY ASSESSMENT EXAMINATION

Before graduating the student will complete a series of comprehensive end-of-program examination assessments NBRC secure Therapist Multiple Choice (TMC SAE). The TMC examination will be taken at the end of the first semester of the senior year as a part of RESP 402 Clinical Experience I. The NBRC's Clinical Simulation (CS) SAE will be given at the beginning of the spring semester of the senior year as part of RESP 412, Clinical Experience II. A passing score is required to successfully complete RC 402 and RC 412, as well as meet graduation and program completion requirements (see Graduation Requirements). Students who do not successfully complete the comprehensive self-assessment examinations will receive an Incomplete ("I") for RESP 402 and/or RESP 412. Those students receiving an "I" will be required to attend remediation over the following semester. Those failing the examination after multiple attempts or failing to attend remediation may be subject to dismissal from the program. Those students may reapply to the program (see Procedures for Readmission).

## RETENTION STANDARDS

Once admitted to the program, the student must demonstrate and maintain satisfactory academic and clinical progress as defined below:

- **Overall GPA:** Respiratory Therapy students must maintain a minimum cumulative GPA of 2.5. Students falling below a 2.5 GPA will be placed on probation for one semester. If, after one semester of probation, the GPA remains below a 2.5, or falls below a 2.5 in any subsequent semester, the student will be permanently suspended from the program.
- **GPA in Major:** Students must achieve a minimum grade of "C" in all designated classes (right side of DCP). The student, with permission of the Program Director, may repeat one RESP course in which the student failed to achieve the minimum grade of "C". A second failure to receive a grade of "C" or better in any RESP course will result in suspension from the program.
  - Students who receive a grade of "D" in the major foundational courses requirements will be allowed to continue enrollment for one additional semester until they can



earn a “C” or higher. Students who receive a grade of “F” in any foundation course will be allowed to re-enter the program in the appropriate sequencing upon completion of this requirement.

- Under extenuating circumstances, and with approval of the Program Director, students will be allowed to continue in the program (under probation status) if they fail to meet one specific section of the GPA requirement. Issues will be considered on an individual basis and must constitute mitigating circumstances beyond the control of the student or program.
- **Course sequencing:** Students must complete each clinical and academic course in the order prescribed.
- **Codes of Conduct:** Satisfactory citizenship and behavior must be demonstrated according to the University’s and the Program’s codes of conduct as outlined in the *Liberty Way* and in the *Respiratory Therapy Program Handbook*.
  - Students suspended from the University will be suspended from the program and must reapply for readmission to the program
  - The Respiratory Therapy faculty reserve the right to dismiss from the major, any student who exhibits unprofessional or unethical behavior as outlined in the *Program Handbook*.
- **Guidelines for Appeal:** Students may appeal decisions concerning their status in the RT Program. In order to do so, the student must submit a written appeal to the Program Director within one week of the notification in question. The documentation must include a detailed justification for the appeal. Upon receipt of the appeal, the RT Program faculty will meet to review the matter. The student will be advised in writing as to the outcome of that discussion within two weeks.

## DISCIPLINARY ACTION AND GRIEVANCE POLICY

The RT Student at Liberty University are expected to follow the *Liberty Way* and the expectations/responsibilities discussed previously. In addition to these policies RT students must comply with all Respiratory Therapy major requirements and procedures. In order to maintain a professional atmosphere for learning, the following procedures have been developed for disciplinary action and grievances.

### DISCIPLINARY ACTION CRITERIA

- Repetitive clinical disciplinary problems
- Not following proper policies and procedures
- Not maintaining current CPR/AED certifications
- Not obtaining and completing all required documentation set forth by the RT Program
- Not meeting/exceeding the clinical rotation hours
- Not attending advising meetings
- Conduct unbecoming the RT professional code of ethics

## GENERAL DISCIPLINARY ACTION

- 1<sup>st</sup> disciplinary action (program director notification required)
  1. Verbal and written communication from the faculty/staff associated with/regarding the violation
  2. Written action plan to remediate and/or resolve the violation
  3. A specific period of time in which to complete the action plan
- 2<sup>nd</sup> disciplinary action
  1. Verbal and written communication from the Program Director regarding the violation
  2. Meeting with program director and associated faculty members, preceptors or others as deemed by the program director
  3. Student will write a contract for improvement in conjunction with the program director
  4. Further sanctions can be applied at the discretion of the Program Director
- 3<sup>rd</sup> disciplinary action
  1. Dismissal from the program

## CLINICAL ATTENDANCE SPECIFIC DISCIPLINARY ACTION

Clinical experience is vital to the success of the student. Professionals at our clinical sites work hard to ensure that the student obtains a wonderful clinical experience. Start and stop times are usually 6:45am to 3:15pm or 7:15pm. Your schedule will be published in Trajecsyst and within your syllabus for reference. If you cannot attend, please call the clinical site RT supervisor you were to attend at least 30 minutes prior to your expected time of arrival. Phone numbers are listed in this Handbook under Clinical Affiliates.

Out of respect to their hard work and the importance of the clinical rotation to the student's education we have developed the follow actions in case of absence.

*CLINICAL AFFILIATES:*

**\*\*will update these as we obtain agreements\*\***

<b>Centra Health Lynchburg General Hospital 1901 Tate Springs Road Lynchburg, VA 24501 RT Supervisor (434) 610-0952 Operator (434) 200-3000 and ask for RT Supervisor</b>	<b>Centra Health Virginia Baptist Hospital 3300 Rivermont Ave Lynchburg, VA 24503 RT Supervisor (434) 610-0952 Operator (434) 200-4000 and ask for RT Supervisor</b>
<b>Centra Health Bedford Memorial Hospital 1613 Oakwood St Bedford, VA 24523 RT Supervisor (540) 586-xxxx Operator (540) 586-2441</b>	<b>Centra Health Southside Community Hospital 800 Oak Street Farmville, VA 23901 RT Supervisor (434) 392-xxxx Operator (434) 392-8811</b>
<b>University of Virginia</b>	<b>Virginia Commonwealth University Medical Center 1250 E. Marshall Street Richmond, VA 23298 (804) 828-7906</b>
<b>Duke University Health System 2301 Erwin Road Durham, NC 27705 (919) 681-5689</b>	

**INCIDENTS IN THE CLINICAL AGENCY**

Any incident that affects patient or staff well-being, or the patient's prescribed care, will be reported to the clinical instructor immediately. A hospital incident report will then be completed following the policy of that institution. A duplicate of the hospital incident report, as well as a memorandum

of explanation from the clinical instructor, will be placed in the student's clinical file, and the department chair/program director or director of clinical education will be notified immediately. Incidents involving gross errors in judgment or practice on the part of the student will constitute grounds for dismissal from the program.

## ACADEMIC DISCIPLINARY ACTION

The Respiratory Therapy Program *Retention Standard* will serve as the standing policy by which all academic violations will be addressed.

## ADDITIONAL UNIVERSITY OPTIONS FOR STUDENT GRIEVANCE

The RT program recommends that all students review the current Liberty University policies associated with academic or policy grievances. These policies may be located through the Registrar's Office as well as the Office of Student Conduct.

## CLINICAL ROTATION POLICIES AND REGULATIONS

The following policies and regulations must be followed at all times in order to ensure a safe, efficient, and successful Respiratory Therapy program:

1. Respiratory Therapy Students (RTS) must meet with their Preceptor to complete the Clinical Rotation Orientation Form (through Trajecsys) and discuss individual goals of both parties. This is the opportunity for the RTS and preceptor to determine what skills the RTS will and will not perform within the clinical educational site.
2. Students can only perform clinical skills they have successfully completed in the didactic and laboratory environments.
3. It is the students' responsibility to notify the Preceptor of new skills they have successfully completed.
4. Students should utilize the clinical rotation experiences to practice the skills they have successfully completed in the didactic and laboratory settings

## RESPIRATORY THERAPY STUDENT RESPONSIBILITIES

The Respiratory Therapy profession is an allied healthcare profession devoted to the health and welfare of the patient suffering from cardiopulmonary disease(s) or conditions that create respiratory distress or failure. Responsibilities of the RTS will vary greatly from one clinical rotation to the next. Each clinical site will have different expectations for the RTS. It is the responsibility of the student and the Clinical Preceptor to identify these expectations. At the beginning of each clinical rotation, students will meet with their assigned Clinical Preceptor and discuss the Clinical Rotation Software. Although each site will have different duties, responsibilities, and policies, there are some general

responsibilities that each student should follow, they are:

1. Students enrolled in the Respiratory Therapy degree program are enrolled for the sole purpose of completing the degree requirements including their clinical education rotations with dedication and commitment at all times. Students are responsible for all aspects of their clinical learning; they are to be of Christian thought and action at all times while demonstrating honesty, integrity, loyalty, sincerity, professionalism, and respect for all individuals with whom they interact while representing the RT program and Liberty University.

**This is the expectation of all students enrolled in the program without exception.**

2. Each RTS should arrive at least 15 minutes prior to the scheduled start time for all of their clinical rotation experiences, unless otherwise indicated by the Preceptor.
3. Each RTS should dress professionally and appropriately according to the Preceptor's expectations. If the Preceptor does not have an established dress code, students are expected to wear Liberty University Respiratory Therapy scrubs and closed-toe shoes.
4. The RTS should carry out the techniques of the profession only with appropriate and specific direction of their Preceptor.
5. Each RTS should develop professional relationships with fellow clinicians, administrators, and patients.
6. Each RTS should adhere to and uphold the American Association for Respiratory Care (AARC) Code of Ethics and Professional Conduct and maintain professionalism at all times.
7. Each RTS should never veer from the expectations defined by Liberty University and the *Liberty Way*.

SCHOOL of HEALTH  
SCIENCES

## HIPAA AND PATIENT PRIVACY

As a student at Liberty University, you have a legal and ethical responsibility to safeguard the privacy of all patients as well as protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format - oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the program.

The laboratory component of some courses may use students as simulated patients. This is particularly true for the patient evaluation, medicine, and patient education components. Additionally, the sharing of personal experiences can be a rich resource in the development of student understanding, knowledge and appreciation of disease, healthcare, and the impact of disease on peoples' lives.

Conducting physical exams and taking medical histories places students in close contact with patients and leads to the sharing of personal information and physical findings. Similarly, students may use personal experiences in patient role-playing exercises.

All shared and personal medical information and physical examination findings are to be treated with utmost confidentiality, the same as for any patient contact. Failure to protect the confidentiality of any information related to the activities of this course may result in disciplinary action, up to and including dismissal from the program.

## PRECEPTOR RESPONSIBILITIES

The following are the responsibilities of Preceptors:

1. To outline all expectations, duties, and responsibilities of the RTS
2. To directly supervise RTS at all times
3. To assist the students in becoming competent respiratory therapist
4. To provide the student with opportunities to learn
5. To critique the RTS skills and provide constructive feedback
6. To evaluate the RTS fairly by identifying strengths and weaknesses
7. To verify the hours that the RTS spends at their clinical rotation
8. To assure that every student has a minimum of one day off from clinical rotations in every seven-day period

## CLASS AND CLINICAL HOURS

The program provides classroom study, laboratory study and observation, clinical experience, independent study, and seminars. Courses are arranged on a set schedule and sequence. Clinical classes in area hospitals meet from 6:45 a.m. until either 3:15 p.m. or 7:15 p.m., depending on the corresponding shift assignment, or as specified for specialty rotations. Students are expected to



provide their own transportation to clinical training sites. When necessary, the program reserves the right to adjust class schedules, times and program sequencing, to include the possibility of evening classes and clinicals, as well as clinical rotations outside of the Lynchburg area.

## Bloodborne Pathogens Exposure Control Plan

### *Scope and Application*

This Bloodborne Pathogens Exposure Control Plan (ECP) is designed to minimize the potential for occupational exposure to bloodborne pathogens and other potentially infectious materials (referred to as BBP and OPIM), and to provide direction for correctly responding to incidents that may occur in the workplace or in the clinical environment.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's or respiratory therapy student's clinical duties. Other Potentially Infectious Materials include:

- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood;
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and
- Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Liberty University is committed to providing a safe and healthful work/clinical environment for our entire staff and all RT students. Unprotected exposure to body fluids and OPIM presents the risk of infection from several bloodborne pathogens. Through proper employee/student training, recordkeeping, and engineering controls with adherence to clinical site policy/procedures, we minimize the possibility of infection.

### **Implementation**

The Safety Director is responsible for the implementation and annual review of this Exposure Control Plan (ECP).

### ***Procedure***

#### *1. Exposure Control Plan (ECP) and Training*

##### *1.1. Employee/student exposure determination:*

*1.1.1.* The following employees (including their job type and title) have potential occupational bloodborne pathogen exposure and are hence, included in the

ECP:

RTP Work Area	Job Title	Job Description

2. The Safety Officer is responsible for the implementation and annual review of:
  - 2.1. Exposure Control Plan (ECP). This will reflect changes in regulations and safety technology.
  - 2.2. This will include the selection and review of the use of Personal Protective Equipment (PPE).
  - 2.3. Review of engineering controls, e.g., sharps containers, labels, and disposal bags and procedures.
  - 2.4. Ensuring that required medical actions are to be performed and documented as needed.
  - 2.5. Maintaining employee health and medical records is a vital part of the ECP. All records will be housed at the Human Resource Office (HR).
3. The Safety Officer is responsible for training employees.
  - 3.1. Training will be provided to all potentially exposed employees and is free and available during work hours.
  - 3.2. Employees are encouraged to give feedback on training as well as any issues, risks, and controls and their effectiveness. All feedback will be documented by the Safety Officer and reported to HR leadership.
  - 3.3. Annual training: Employees and RT students enrolled in clinical courses that have potential occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. The training program covers, at a minimum, the following elements:
    - 3.3.1. OSHA bloodborne pathogen standard;
    - 3.3.2. The Organization ECP and how to obtain a copy;
    - 3.3.3. Methods for recognizing tasks that may involve exposure to blood and other body fluids and what constitutes an exposure incident;
    - 3.3.4. Use and limitations of engineering controls, work practices, and PPE;
    - 3.3.5. Proper PPE types, uses, locations, removal, handling, decontamination, and disposal;
    - 3.3.6. The basis for PPE selection;
    - 3.3.7. Bloodborne pathogens, such as, Malaria, Syphilis, Brucellosis, Hepatitis B and C, HIV, Severe Acute Respiratory Syndrome (SARS), and Staph (MRSA) will be communicated;
    - 3.3.8. Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits, and stating that the vaccine will be offered free of charge to applicable staff;
    - 3.3.9. Appropriate actions to take and persons to contact in an emergency involving blood or other body fluid will be conveyed;

- 3.3.10. Procedure to follow if a near miss of an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- 3.3.11. Post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- 3.3.12. Signs and labels and/or color coding used at this facility, and
- 3.3.13. Interactive question and answer session with the Safety Officer.

#### 4. *Post Exposure Follow Up*

- 4.1. Ensure initial first aid treatment and response is fully executed by first:
  - 4.1.1. Protect yourself or anyone else involved in an exposure response.
  - 4.1.2. Clean the wound by washing injuries with soap.
  - 4.1.3. Flush and irrigate with water any splashes to the nose, mouth, skin or other mucous membranes. Caustics and bleach are not recommended.
  - 4.1.4. Irrigate eyes with clean water, sterile irrigants, or saline solution. Note- There is no scientific evidence that indicates antiseptics or wound squeezing reduces risk of bloodborne pathogen transmission.
  - 4.1.5. Secure necessary medical attention appropriate to the incident immediately.
  - 4.1.6. Make a prompt report of the incident to your preceptor / manager.
  - 4.1.7. All near misses as well as incidents are to be reported in writing to the Safety Officer.
- 4.2. Post exposure follow up will be conducted by the Safety Officer immediately following an incident to determine:
  - 4.2.1. Engineering controls in use at the time and their effectiveness: type and brand of device being used.
  - 4.2.2. Work practices being followed at the time and their effectiveness.
  - 4.2.3. Protective equipment and clothing being used at the time and their effectiveness.
  - 4.2.4. Location of the incident.
  - 4.2.5. Procedure(s) being performed.
  - 4.2.6. Level of the exposed-student/employee's training.
  - 4.2.7. Effectiveness of Safety Observations conducted through the Behavior Based Safety applications.
- 4.3. The Medical Review Officer will conduct a medical evaluation immediately following initial first aid:
  - 4.3.1. Document the routes of exposure and how the exposure occurred.
  - 4.3.2. Identify and document the source-individual (unless identification is infeasible or prohibited by law).
  - 4.3.3. After obtaining consent, arrange to have the source-individual tested to determine HIV, HCV, SARS, and HBV infectivity. Document that the source-individual's test results were conveyed to the employee's health care provider.
  - 4.3.4. If the source-individual is already known to be HIV, HCV, SARS, or HBV positive, new testing need not be performed.
  - 4.3.5. Assure that the exposed-employee is provided with the source-individual's test results and with information about applicable disclosure laws regarding the identity and infectious status of the source-individual.

- 4.3.6. After obtaining consent, immediately send exposed-employee for blood collection and test blood for HBV and HIV serological status.
- 4.3.7. If the exposed-employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed-employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- 4.4. The Safety Officer will provide to the testing facility the needed information relating to the incident and the individuals involved.
5. *Record keeping requires both training and medical records are maintained:*
- 5.1. Training records are maintained by the Human Resources Office for each employee:
- 5.1.1. Training documentation requirements:
- 5.1.2. Training session dates.
- 5.1.3. Training subject.
- 5.1.4. Training instructor name and qualifications.
- 5.1.5. Names of all employee attendees.
- 5.1.6. All records of training and in-services are to be retained in the Training Track application of the Risk Management Center.
- 5.2. Training records will be available to employees, from the Safety Officer, upon request and within 15 working days. RT student clinical training records will become part of the student file, available upon request and within 15 working days.
- 5.3. Medical records are maintained by the Human Resources Office for each employee:
- 5.3.1. Records are kept confidential.
- 5.3.2. Records are maintained for at least the duration of employment plus 30 years.
- 5.3.3. Training records are available to employees, from the Safety Officer, upon request and within 15 working days.
- 5.4. Sharp's injury log requirements:
- 5.4.1. All exposure incidents will be evaluated to determine if they trigger OSHA's recordkeeping requirements and if so the incident and recordable is to be loaded to the Incident Track application of the Risk Management Center.
- 5.4.2. All percutaneous injuries from contaminated sharps will be recorded in the Sharps Injury Log. Records will include at least:
- 5.4.2.1. Date of the injury.
- 5.4.2.2. Type and brand of the device involved (syringe, suture needle).
- 5.4.2.3. RTP work area where the incident occurred.
- 5.4.2.4. Explanation of how the incident occurred.
- 5.4.3. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered:
- 5.4.3.1. If a copy of the report is requested, it will have all personal identifiers removed.

6. *Universal Precautions*

- 6.1. This is an approach to infection control.
- 6.2. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.
- 6.3. All staff are to observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM).
  - 6.3.1. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
  - 6.3.2. Treat all blood and other potentially infectious materials with appropriate precautions such as use of impermeable gloves, masks, and gowns if blood or OPIM exposure is anticipated.
  - 6.3.3. Use specified engineering and work practice controls to limit exposure.

7. The Center for Disease Control (CDC) recommends Standard Precautions for the care of all patients, regardless of their diagnosis or presumed infection status.

7.1. Standard Precautions apply to:

7.1.1. Blood

7.1.2. All body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood

7.1.3. Non-intact skin

7.1.4. Mucous membranes

7.2. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

7.3. Standard precautions include the use of:

7.3.1. Hand washing

7.3.2. Appropriate personal protective equipment whenever touching or exposure to patients' body fluids is anticipated, such as: gloves, gowns, masks

7.4. Transmission-Based Precautions (i.e., Airborne Precautions, Droplet Precautions, and Contact Precautions), are recommended to provide additional precautions beyond Standard Precautions to interrupt transmission of pathogens in hospitals.

7.4.1. Transmission-based precautions can be used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces.

7.4.2. These precautions should be used in addition to standard precautions:

7.4.2.1. Airborne Precautions used for infections spread in small particles in the air such as chicken pox.

7.4.2.2. Droplet Precautions used for infections spread in large droplets by coughing, talking, or sneezing such as influenza.

7.4.2.3. Contact Precautions used for infections spread by skin to skin contact or contact with other surfaces such as herpes simplex virus.

- 7.4.2.4. Airborne Precautions, Droplet Precautions, and Contact Precautions may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

7.5. Needle sticks and Other Sharps Injuries:

- 7.5.1. Incidents involving sharps occur most often in medical facilities and with medical provider personnel, (e.g., nurses, RTs and CNA's).
- 7.5.2. Injuries are due to unsafe needles, sharps, sharps containers that allow hands or fingers to enter the container, and their unsafe handling.
- 7.5.3. Potential health hazards include exposure to blood borne pathogens.
- 7.5.4. Work practice controls for reducing exposure potential are in place based on the following exposures and include:
- 7.5.4.1. Exposure: Contact with fluids during first aid treatment
- 7.5.4.2. Control: Latex gloves, safety glasses with side shields, or goggles, CPR mask
- 7.5.4.3. Exposure: Handling sharps, blades, needles, etc
- 7.5.4.4. Control:
- 7.5.4.4.1. Only dispose of sharps in mailbox style (or other design that prevents hands or fingers from entering receptacle) **immediately** after use.
- 7.5.4.4.2. Never use your fingers to push into a container.
- 7.5.4.4.3. Never push on bags or other non-sharps designated container.
- 7.5.4.4.4. Use only self-capping needles.
- 7.5.4.4.5. Don't break contaminated sharps.
- 7.5.4.4.6. **NEVER** Recap, remove or bend needles and sharps unless this is specifically required procedurally!
- 7.5.5. Exposure: CPR and stomach contents
- 7.5.5.1. Control: CPR mask
- 7.5.6. Exposure: Body fluid spills
- 7.5.6.1. Control: Cleanup using latex gloves and approved disinfectant.
- 7.5.6.2. Control: Engineering controls for reducing exposure potential are in place based on the following exposures and include:
- 7.5.7. Exposure: Contaminated sharps, blades, needles
- 7.5.7.1. Control: Provide approved sharps disposal containers as noted above.
- 7.5.7.2. Control: Keep containers close and accessible to areas where needles or sharps are found and used.

7.6. Container requirements for regulated waste:

- 7.6.1. Will be leak proof, closeable, and puncture resistant.
- 7.6.2. Will not contain loose sharps!
- 7.6.3. Disposable items such as gauze, towels, cotton products, gloves, and masks will be placed in appropriate waste containers.
- 7.6.4. Will not be overfilled and will be stored upright.
- 7.6.5. Will be handled only by ECP trained and authorized staff.



7.7. Labeling and signage:

- 7.7.1. Bio-hazardous waste container will be red in color.
- 7.7.2. Are labeled with the biohazard symbol:
- 7.7.3. Will have fluorescent orange label lettering.
- 7.7.4. Individual containers do not have to be labeled if they are in a larger, properly labeled, container for shipping.



7.8. Housekeeping to ensure prevention of exposure to bloodborne pathogens;

- 7.8.1. Use spray/wipe/spray technique on all touch and splash surfaces. An EPA registered surface disinfectant will be provided to apply to the surfaces to be cleaned.
- 7.8.2. A second coat will be applied to these same surfaces and allowed to remain in a moist state for the recommended time as per product instructions.
- 7.8.3. Although the areas should remain moist, they should not be dripping wet.

8. *Personal Protective Equipment (PPE)*

8.1. Availability to employees:

- 8.1.1. All equipment is provided at no cost to employees.
- 8.1.2. PPE supplies are provided by the applicable RTP work area.
- 8.1.3. PPE training is provided by the applicable RTP work area.
- 8.1.4. All PPE to be worn shall be based on a Hazard Assessment done for the tasks and exposures present. The Job Hazard Analysis application in the Risk Management Center can be used for creating these documents. The following information is to be captured, used in training staff and clinical RT students and its use evaluated using the Safety Observation application in the Risk Management Center.

RTP Work Area	Job Title/Type	Exposure	PPE Equipment

8.2. Types PPE available to employees:

- 8.2.1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 8.2.2. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations.
- 8.2.3. The type and characteristics will depend upon the task and degree of exposure anticipated.
- 8.2.4. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

8.3. Handling precautions:

- 8.3.1. Wash hands with antiseptic soap immediately after removing gloves or other PPE.
- 8.3.2. Wear gloves specified on your hazard assessment when there is any potential for hand contact with body fluids or OPIM and when handling or touching contaminated items. Replace gloves if torn, punctured, or contaminated.
- 8.3.3. Wear appropriate face and eye protection, gowns, aprons, lab coats, clinic jackets, or similar outer garments specified on your hazard assessment when splashes, sprays, spatters, or droplets of body fluids pose a hazard to the eyes, nose, or mouth.
- 8.3.4. Remove PPE after it becomes contaminated and before leaving the work area and dispose of ONLY in properly labeled and designated containers.
- 8.3.5. Remove any garment contaminated by body fluids in such a way as to avoid contact with the outer surfaces.

8.4. Maintenance and care of equipment:

- 8.4.1. Used PPE will be disposed of ONLY in properly labeled and designated containers.
- 8.4.2. PPE will be disposed of in designated containers for cleaning or disposition.
- 8.4.3. Never clean and reuse contaminated disposable gloves.
- 8.4.4. PPE to be reused will be cleaned after every use.
- 8.4.5. Cleaning will be recorded on the organization's preventive maintenance schedule.

- 8.5. Latex allergies can result from sensitivity to latex gloves. Alternate materials are available and must be worn by clinical RT students both in the labs and in acute and community settings. The applicable RTP work area will provide appropriate gloves for the given risk specified on your hazard assessment.

ADDITIONAL RESOURCES

Student Handbook for Liberty University online please click [here](#). This is the handbook that RRT to BSRT pathway student will reference.

## TRAJECSYS

Trajecsyst is software tool we will use to track your clinical experience.

Please click [here](#) for the tutorial on Trajecsyst.

Please click [here](#) to register for your account.



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## Addendums

### Addendum A – Handbook Acknowledgement

#### RESPIRATORY THERAPY PROGRAM HANDBOOK ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge receipt of the Liberty University RTS Handbook. I have received and read the handbook and understand its contents fully. I understand that I am expected to follow the rules and regulations of the Liberty University Respiratory Therapy Education Program outlined in this document. If I don't uphold the expectations, rules, and responsibilities outlined in this handbook, I understand it will jeopardize my status in Liberty University's Respiratory Therapy Education Program.

**Please sign and return this page to the Director of Clinical Education.**

Signature

Date



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## Addendum B – Exposure Release and Waiver

### BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN RELEASE AND WAIVER

- A. Contact by Liberty University  
By enrolling in the RT program, students provide their consent to be contacted by Liberty University by telephone and email regarding the RT program and other programs and services offered by Liberty University.
- B. Release of Confidential Information  
Student hereby authorizes Liberty University to release information about him or her to his or her clinical study site, and student waives any right of confidentiality afforded him or her by the Family Education Rights and privacy Act regarding such information.
- C. Indemnity  
Student hereby releases, waives his or her right to recover against, and agrees to indemnify, defend, and hold harmless Liberty University, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and insurers (hereinafter jointly referred to as the “Indemnitee”) from and for any and all claims or causes of action for any losses, damages, property damage, property loss or theft, costs, expenses (including attorney’s fees and opinion witness fees ), complaints, personal injury, death or other loss arising from or relating in any way to student’s participation in practicum study, including, without limitation, his or her travel to, from and during the practicum study, and wrongful acts of others that are harmful to student.
- D. Waiver  
Student hereby waives any and all claims that may arise against Liberty University, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and insurers as a result of or in any way related to student’s participation in the RT program, including, without limitation, students travel to, from and during the clinical study, and wrongful acts of others that are harmful to student, including but not limited to claims alleging negligence, gross negligence, and/or willful and wanton bad acts.
- E. Covenant Not to Sue  
Student promises and agrees that he or she will not sue Liberty University, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents, servants, and insurers for any damages, losses, claims, causes of action, suits, demands, costs, complaints, including those resulting from my illness, injury, and /or death, released and waived in the two preceding paragraphs. The undersigned student further agrees that Liberty University may plead this agreement as a full and complete defense to any suit brought in violation of this promise.
- F. Agreements Not Limited by Actions of Liberty University  
The agreements and obligations under the three preceding paragraphs shall not be limited or reduced in any way because any of the losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss, including those resulting from the undersigned’s illness, injury, and/or death, arise or result, in whole or in part, from the negligence of, or breach of any express or implied warranty or duty by Liberty University, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents, servants, and insurers.

***THIS DOCUMENT MUST BE SIGNED EACH YEAR THROUGH THE ON-LINE FORMS.***

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Addendum C – Illnesses

### *Hepatitis B Virus*

- A. Defined: Inflammation of the liver that can lead to liver damage and death.
  - 1. It is more transmissible than HIV.
  - 2. Infection risk is 6% to 30% for a needle-stick.
  - 3. 50% of infected people don't know they have it.
  - 4. The virus can survive for 1 week in dried blood.
- B. Our organization will provide the vaccination for employees that are exposed to blood.
  - 1. The Safety Officer/ Director of Clinical Education will provide training to employees on hepatitis B vaccinations that addresses:
    - a) Methods of administration and availability.
    - b) Safety: Hepatitis B vaccine and HBIG are considered safe.
    - c) Benefits: Hepatitis B vaccine and HBIG can prevent bloodborne virus infection following occupational exposure.
    - d) Efficacy: Hepatitis B vaccine and HBIG are approved by the FDA.
    - e) Timing following exposure - Preferably within 24 hours, but not later than 7 days.
  - 2. The hepatitis B vaccination series is available to all exposed employees at no cost to them after initial employee training and within ten days of initial assignment.  
Vaccination is encouraged unless:
    - a) Documentation exists showing the employee has previously received the series.
    - b) Antibody testing reveals that the employee is immune.
    - c) Medical evaluation shows that vaccination is contra-indicated.
  - 3. Employees may decline the vaccination.
    - a) The declining employee will sign a copy of the Declination form.
    - b) Completed Declination forms are kept by the Human Resource Department.
  - 4. Written report will be provided to the employee.
    - a) Within fifteen days following the completion of the medical evaluation a copy of the health care professional's written report will be provided.
    - b) The report will be limited to two situations.
      - If the employee requires the hepatitis vaccine.
      - If the vaccine was administered.
  - 5. Post vaccination:
    - a) Workers should be tested 1 to 2 months following the vaccine series to ensure that sufficient immunity to HBV is provided.

### *Hepatitis C Virus (HCV)*

- A. Hepatitis C is the most chronic bloodborne infection in the U.S.
  - 1. Needle sticks are the most common cause of infection.
  - 2. Infection rate is 1.8% from needle-stick occurrences.
  - 3. Typically, there are no symptoms.
  - 4. Chronic infection can develop, which could lead to liver disease.
  - 5. There is no vaccination for HCV.



- B. The organization will offer employees a medical evaluation if they are involved in an incident where there was an exposure. A 'Bloodborne Pathogen Exposure Incident Report' form is required after an exposure, followed by a confidential medical evaluation.

*Human Immunodeficiency Virus (HIV)*

- A. HIV has been reported to occur from skin contact and splashes in the mucous membranes. But the most common cause is from needle sticks and cuts.
  - 1. Infection rate is 0.3%, or 1 in 3000 cases.
- B. Check with the organization about providing post-exposure prophylaxis for HIV to employees who were involved in an exposure incident.
  - 1. Be aware that prescription drugs may reduce side effects but still have side effects.
  - 2. A confidential medical evaluation is required after an exposure.
  - 3. Treatment should begin as soon as possible, preferable within hours.
  - 4. The worker should discuss treatment risks and side effects with their physician.
  - 5. These drugs are FDA approved for treatment of existing infection only.



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## Addendum D – Essential Function and Professional

### ESSENTIAL FUNCTIONS & PROFESSIONAL EXPECTATIONS

The Respiratory Therapy Educational Program at Liberty University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals in need of respiratory care. The essential functions and professional expectations set forth by the Respiratory Therapy Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level respiratory therapist, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Respiratory Care). All students admitted to the Respiratory Therapy Educational Program must meet the following abilities and expectations with or without reasonable accommodation. For more information on accommodation, contact the Coordinator of LU Online Disability Accommodation Support at (434) 592-5417 or [luoodas@liberty.edu](mailto:luoodas@liberty.edu) or the Director of Disability Accommodation Support (Residential) at (434) 582-2159 or [odas@liberty.edu](mailto:odas@liberty.edu).

Compliance with the program's technical standards does not guarantee a student's eligibility for the NBRC Board exam.

The Essential Functions for the Respiratory Therapy Program are the skills and competencies required of a respiratory therapist student who is expected to:

- Assess patients' need for respiratory therapy by interviewing patients, performing limited physical examinations, reviewing existing clinical data and recommending the collection of additional pertinent data;
- Perform cardiopulmonary diagnostic procedures, calculate test results, determine reliability, perform quality control, and evaluate implications of test results;
- Evaluate all clinical data to determine the appropriateness of the prescribed respiratory care, to participate in the development of the respiratory care plan, and to provide care using clinical patient care protocols;
- Select, assemble, and check for proper function, operation, and cleanliness of all equipment used in providing respiratory care;
- Be responsible for the transportation, set-up, calibration, maintenance, and quality assurance of respiratory care and pulmonary function testing equipment;
- Initiate and conduct therapeutic procedures, evaluate treatment efficacy, and modify prescribed therapeutic procedures to achieve one or more specific objectives in acute care, intensive care & life support, continuing care, and rehabilitation settings.
- Act as an assistant to the physician with special procedures such as bronchoscopy, invasive cardiovascular monitoring, insertion of chest tubes, etc.
- Demonstrate professional attributes of a member of the health care team including appropriate levels of confidence, cooperation, empathy, independence, initiative, judgment, maturity, organizational skills, ethics, and dependability;
- Respect and obey all pertinent laws and regulations and abide by the Code of Ethics (see code of ethics section of this handbook);
- Maintain confidentiality and accuracy of patient records and communicate relevant information to other members of the health care team;

- Project a professional and healthful image, including: appearance, courtesy, respect, self-control, honesty, punctuality, and responsibility.

Some of the activities required of students in respiratory therapy include:

- performing chest compressions during cardiopulmonary resuscitation, squeezing a bag while securing a face mask, identifying labels on medication vials, recognizing monitor alarms, recognizing the color of alarms, obtaining arterial blood using a syringe and needle, using computer keyboards, communicating by telephone, travel between patients' rooms, and in emergency situations, therapists must respond and react quickly under stress.

Candidates for selection to the respiratory therapy educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

Liberty University's Office of Disability Academic Support will evaluate a student who states he or she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he or she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation. This includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

---

Signature of Applicant

---

Date

Alternative statement for students requesting accommodations:

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact Liberty University's Office of Disability Academic Support to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

---

Signature of Applicant

---

Date

Addendum E – Confidentiality Agreement  
**RTS CONFIDENTIALITY AGREEMENT**

Confidentiality about medical or personal information gained concerning a patient during a visit for health care is of highest priority. It is critical that all RTS who provide healthcare services honor and support this commitment to strict confidentiality. Failure to do so may result in legal litigation and serious discipline, including possible elimination of all activity associated with the Liberty University Respiratory Therapy Education Program.

Medical/personal information is defined to include the patient's name, treatment(s), diagnosis or other health conditions, treatment and any academic or personal information gained during association through the Liberty University or any other affiliated clinical site. Revealing any portion of the patient's health record, revealing or discussing any material pertaining to the patient whether medical or personal, will be construed a breach of confidentiality.

Any information gained about a patient, including knowledge of medical treatment, must not be shared with anyone outside of the supervising medical team. Furthermore, individuals should not acknowledge they know any privileged information unless the patient initiates that conversation. In addition, personal information regarding a patient should not be shared with a third party under any circumstances. This is to protect the patient from unwanted intrusion. If the RTS has any question about what is confidential, it should be assumed that information is protected until cleared by the supervising Preceptor.

Agreement to Abide by Health Insurance Portability and Accountability Act (HIPAA) Policy  
The HIPAA policy creates national standards to protect individuals' medical records and health information. As a student you will have access to privileged and confidential information. As a learning experience, students share verbal and written reports. Students must assure that all use of the patient's name, or other identifiers is avoided. Only the minimum necessary amount of information should be disclosed. Students must inform patients that their information may be used for educational purposes. Students will abide by the established HIPAA policies and procedures in their clinical facilities.

By signing this agreement, I, the RTS, acknowledge that I have read this agreement and will protect the confidentiality of every patient and follow their clinical sites HIPAA policy. I also understand that violation of confidentiality is grounds for immediate dismissal.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_

**LU Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_

Addendum F – Informed Consent for Treatment by Fellow Students and/or Faculty Release Form

**INFORMED CONSENT FOR TREATMENT BY FELLOW STUDENTS AND/OR  
FACULTY RELEASE FORM**

I understand that the training of a respiratory therapist requires practicing of physical assessments and treatment modalities. Such practice may require a fellow students to perform such assessments or treatment modalities on me, and I consent to have these activities performed on my person. Liberty University, nor employees of the University, shall be responsible for any accident or injury that may occur, whether caused by their negligence or otherwise. I release the Liberty University from any liability that might arise out of any injuries that I might incur as a result of my participating as a subject for the practice of physical assessments and treatment modalities.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_



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Addendum G – CoARC Accreditation Form

**COARC ACCREDITATION FORM**

I understand that completing CoARC accreditation forms are mandatory DURING and AFTER program attendance/graduation. These forms are needed to maintain accreditation. The Respiratory Therapy Program reserves the right to place a hold on your academic account for non-completion of forms. You will need to have updated phone and email address on file to be contacted for completion.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_



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Addendum H – NBRC RRT Credential

**NBRC RRT CREDENTIAL**

I understand that completing the NBRC's RRT credential is mandatory after graduation. Students will sit and pass the NBRC's RRT credential BEFORE July 1 of the graduation year. The Respiratory Therapy Program Faculty cannot provide a satisfactory reference for employment until credential is confirmed.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_



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Addendum I – Background Check Agreement

BACKGROUND CHECK AGREEMENT

I, (please print) \_\_\_\_\_ verify that my background check will be clear of any Felony Convictions. I understand that if my background check shows any Felony Convictions I will be dismissed from the program and I will forfeit my tuition. I also understand that I will not be issued a clinical grade until my unopened formal background check has been received and verified by the Respiratory Therapy Program Director of Clinical Education.

**LU RTP RTS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**(Printed Name):** \_\_\_\_\_



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Addendum J – RTP Faculty/Staff Directory 2019-2020

**RTP FACULTY/STAFF DIRECTORY 2019-2020**

Name	Title	Email
Dr. James Schoffstall	Chair, Allied Health Professions	<a href="mailto:jeschoffstall@liberty.edu">jeschoffstall@liberty.edu</a>
Dr. Brian K. Walsh	Program Director	<a href="mailto:bkwalsh@liberty.edu">bkwalsh@liberty.edu</a>
John W. Lindsey	Director of Clinical Education	<a href="mailto:jwlindsey1@liberty.edu">jwlindsey1@liberty.edu</a>
Dr. Christian Butcher	Medical Director	<a href="mailto:Christian.Butcher@Centrahealth.com">Christian.Butcher@Centrahealth.com</a>
Robert Vega	Adjunct Professor	<a href="mailto:rvega@liberty.edu">rvega@liberty.edu</a>
Ginger Coles	Adjunct Professor	<a href="mailto:gcoles@liberty.edu">gcoles@liberty.edu</a>
James Hulse	Adjunct Professor	<a href="mailto:jhulse1@liberty.edu">jhulse1@liberty.edu</a>
Melissa Rivera	Adjunct Professor	<a href="mailto:mrivera36@liberty.edu">mrivera36@liberty.edu</a>
Celeste Ketel	Adjunct Professor	<a href="mailto:cmketels@liberty.edu">cmketels@liberty.edu</a>
Deryl Gulliford	Adjunct Professor	<a href="mailto:dgulliford1@liberty.edu">dgulliford1@liberty.edu</a>
Daniel Gochenour	Adjunct Professor	<a href="mailto:dugochenour@liberty.edu">dugochenour@liberty.edu</a>
Zachary Britt	Adjunct Professor	<a href="mailto:zibritt@liberty.edu">zibritt@liberty.edu</a>
Diane Oldfather	Adjunct Professor	<a href="mailto:doldfather@liberty.edu">doldfather@liberty.edu</a>
David Barton	Adjunct Professor	<a href="mailto:dmbarton2@liberty.edu">dmbarton2@liberty.edu</a>

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