

LOUISIANA STATE UNIVERSITY EUNICE

**Division of Health Sciences, Business Technology, Public Health and Safety
Respiratory Care Program**



LSUE
EUNICE

RESPIRATORY CARE STUDENT HANDBOOK 2025-2026

Respiratory Care Program Publication
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LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

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PREFACE

The purpose of the Respiratory Care Clinical Handbook is to provide guidelines that will assist the student toward successful completion of the program. We, your faculty, will do everything we can to help you by providing learning materials and experiences. However, you must take responsibility in the program by meeting assigned due dates, attending classes, and respecting the policies and procedures of the University and the Respiratory Care Program.

This Respiratory Care Student Handbook was developed as one means of assisting you. It can be used together with the University Catalog, Orientation Manual, and any Clinical Handouts. You are expected to be familiar with these publications. If, at any time, you need clarification of any policies or procedures of the University or the Program, please contact the Program Director.

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GENERAL REGULATIONS

I, _____, have read the LSUE Respiratory Care Student Handbook, and have agreed to abide by **ALL** policies set forth by both the University, and the Respiratory Care Program. I understand that failure to follow these guidelines may result in termination and/or disciplinary action from the program upon review. The regulations in the LSUE Respiratory Care Clinical Handbook are based upon present conditions and are **SUBJECT TO CHANGE**. The Program **RESERVES THE RIGHT** to modify any statement.

_____/_____
Signature of Director Date

_____/_____
Signature of Student Date

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MASTER PLAN

The Master Plan reflects the program's purpose, values, goals, and student learning outcomes based on the Mission and the educational values of the University and Division. The plan reflects compliance with the Standards for an Accredited Educational Program in Respiratory Care. The Master Plan is maintained and kept in the office of the Program Director.

MISSION

The Associate of Science in Respiratory Care provides a well-rounded education based on high standards, principles, and values. The Respiratory Care Program promotes leadership, professionalism, critical thinking skills and continued education while stimulating intellectual inquiry and creativity of students to their highest potential. Our mission includes preparing graduates to enter the workforce as registry-eligible therapists with the ability to be productive health care professionals in a culturally diverse society by contributing to their profession and dedicating themselves to life-long learning.

VISION

The Associate of Science in Respiratory Care is committed to preparing students who are accountable and knowledgeable members of the Respiratory Care profession in an enhanced learning community and who partner with other health care professionals in planning and delivering high quality health care. The focus of program faculty and respiratory care students is to meet the future health care needs in southwest and central Louisiana.

PROGRAM GOALS

1. To prepare graduates to enter the workforce as registry-eligible therapists who meet employer expectations with respect to their knowledge, skills, and behavior.
2. To provide students with the highest quality education through didactic, laboratory, and clinical instruction with emphasis on the psychomotor, affective, and cognitive learning domains.
3. To provide employers highly knowledgeable, registry-eligible respiratory therapists who are able to adapt well in the working environment and prove themselves dependable, ethical, and competent.

Reviewed summer 2025

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EQUAL OPPORTUNITY STATEMENT

Louisiana State University Eunice adheres to the principle of equal education, employment, and promotion opportunity without regard to race, creed, color, national origin, sex, age, handicap, veteran's status, sexual orientation, or gender identity. The University is dedicated to the philosophy of providing opportunity for full participation and representation in all segments of its operation to every individual who possesses the required training and experience.

The University will provide equal opportunity for all qualified and will promote the realization of equal opportunity through positive, continuing training programs in all applicable departments. This policy of equal opportunity applies to everyone and is regulated by the requirements of the University's Affirmative Action Plan; Louisiana Executive Order 13, dated 24 September 1965; and 11375, dated 13 October 1967, as amended; Title VI, Civil Rights Act of 1964; the Equal Employment Opportunity Act of 1972; and Title IX of the Higher Education Act of 1972. The University has designated an individual to coordinate the campus' nondiscrimination efforts to comply with regulations implementing Title VI, VII, IX, and Section 504. Inquiries regarding nondiscrimination policies and practices may be directed to the Special Assistant to the Chancellor for Affirmative Action-Equal Employment Opportunity / Title IX Coordinator, LSU Eunice, P.O. Box 1129, Eunice, LA 70535, (337) 550-1202.

Reviewed summer 2025

CERTIFICATION/LICENSURE REQUIREMENTS

Students completing the program are eligible to take the Therapist Multiple Choice (TMC) Examination for Respiratory Therapists administered by the National Board for Respiratory Care (NBRC). Once the student has successfully passed the TMC at the higher-cut score you are now eligible to take the Clinical Simulation Examination (CSE) to become a fully Registered Respiratory Therapist. Graduates who achieve the lower-cut score will receive the Certified Respiratory Therapist (CRT) credential; however, the graduate must repeat the TMC until the higher-cut score is achieved to progress to the CSE. Additional NBRC guidelines will be discussed prior to graduation as these are subject to change. Applications for this examination may be obtained from the Program Director during the last semester of enrollment or directly from NBRC. NBRC has contracted with PSI Testing Center for the administration of a computerized version of the TMC & CSE. The testing sites for the NBRC examinations are in Shreveport and New Orleans. Scores are available to candidates immediately after completion of the examinations. The Registry Examination System was developed to objectively measure essential knowledge, skills, and abilities required of advanced respiratory therapists and to set uniform standards for measuring such knowledge.

It is the student's responsibility to complete the application process, including fees, as required by NBRC and the testing agency.

Program faculty will assist students in the process of acquiring a Respiratory Care license during their last semester of enrollment. **It is the student's responsibility to complete the application process, including paying the required fees, in a timely manner so that they will be employed upon graduation.** Graduates will be asked to authorize NBRC to release their TMC and CSE scores to the LSBME to facilitate issuance of license.

Revised summer 2025

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POLICY REGARDING COMMUNICABLE DISEASES

Respiratory Therapists provide services to patients who are ill. It is important that techniques to limit the spread of infection be practiced by all involved in patient care. Universal precautions must be applied while providing care to all patients. Additionally, specific policies outlined during orientation at clinical affiliates must be followed. Students who develop a communicable disease during the clinical year must report such an illness to the Director of Clinical Education and the Clinical Instructor. The student must provide the Director of Clinical Education or the Program Director with physician-recommended time restrictions from school. Physician clearance after an infection is necessary before students will be permitted to return to the clinical setting. An illness requiring an extended absence and prevents the student from achieving course objectives may require the student to request an "I" grade, withdraw, or resign from the University. The student must initiate the appropriate process following University guidelines. The student should keep the Program Director apprised of their desire to re-enter the program in the case of withdrawal or resignation.

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). The state of Louisiana has listed those diseases, which are reportable as communicable diseases. Please refer to this link for a full list of communicable diseases, go to the following link: <http://publichealth.lacounty.gov/ACD/>

The program provides students with enrolled information regarding the possibility of occupational exposure to communicable diseases, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) and COVID-19. Students receive instruction on the OSHA guidelines for blood borne pathogens and infection control prior to the first fall semester. All students will be instructed to perform Universal/Standard Precautions in accordance with the current Centers for Disease Control and Prevention (CDC) guidelines. In addition, students are expected to adhere to the policies of the clinical affiliates including all required immunizations. Specific vaccinations will be discussed during hospital orientation. Students must report communicable illnesses/infections to the Program Director and Clinical Coordinator.

Students understand that the use of universal precautions is essential to protect themselves, significant others, family members, patients, and other health care workers from communicable diseases. Students understand that respiratory care involves the study and care of people throughout the life span and that these people may be at any point along the wellness/illness spectrum. By participating in caregiving activities, students understand that they may be exposed to communicable diseases.

Communicable diseases vary in their virulence, duration, mode of infection, and affects. To fully protect students, patients, and clinical staff, the student should do the following:

- Clinical students should wear surgical masks when interacting with patients or follow the guidance of the clinical preceptor. Clinic-provided masks can be worn for 7 days, unless torn or visibly soiled. Cloth masks should be laundered daily for campus use only.
- Each day, prior to your clinical assignment, check your temperature must be less than 100.4 to attend clinical. If you have fever, cough, shortness of breath and any **two** of the following: Headache, chills, repeated shaking with chills, muscle pain, sore throat, and new loss of taste or smell, **do NOT go to clinic**. You should follow the normal call-in procedure.

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- Students suspecting exposure or contraction of any of the diseases (conditions) listed as a reportable disease by the State of Louisiana and the CDC must see a physician immediately.
- Students diagnosed with any diseases (conditions) stated above and as determined by their physician to be of short duration which may be transferred by air or contact, may **not** attend class and/or clinical, depending on physician's recommendations.
- Students diagnosed with communicable diseases that are of relatively long duration may **not** attend class and/or clinical, depending on physician's recommendations, and must present a written diagnosis to program officials. The student may be able to continue with proper counsel from the infection control nurse and /or the department of the Clinical Education Setting.
- Students may return to clinical assignments once three (3) days (72 hours) have passed since recovery is defined as:
 - a) Resolution of fever without the use of fever-reducing medications
 - b) Improvement in respiratory symptoms (cough, shortness of breath
 - c) At least ten (10) days have passed since symptoms first appeared.

After returning to clinical, the student should:

- Always wear surgical facemask while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Be restricted from contact with severely immuno-compromised patients (e.g., transplant, hematology oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.

PPE- Video on how to don and doff

PPE <https://utmb.ensemblevideo.com/hapi/v1/contents/permalinks/Nk9n7Q6H/view>

The student's confidentiality will be protected.

Failure to comply with this notification policy will result in disciplinary action as determined by the program faculty.

Reviewed summer 2025

MEDICAL INSURANCE POLICY

Students enrolled in clinical respiratory care courses are covered **ONLY** for third party liability claims while they are engaged in the performance of assigned clinical duties as part of their educational requirements, without receiving remuneration from any business or institution to which they are assigned.

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NO COVERAGE IS PROVIDED BY THE UNIVERSITY OR CLINICAL AGENCY FOR STUDENTS IF THEY ARE PERSONALLY INJURED. The office of Risk Management, Division of Administration, State of Louisiana, advises students *to carry adequate health and accident insurance while they are enrolled in clinical courses.*

Students are **not covered** by the State's Workers Compensation Policy since they are not employees or volunteers performing a service for the state. If a student's injury is due to the university, college or school's negligence, coverage would be provided by the State of Louisiana Commercial General Liability (CGL) policy. (Appendix N)

Reviewed summer 2025

WAIVER AND RELEASE OF MEDICAL LIABILITY

I hereby agree and acknowledge that my participation in the Clinical experience may involve a risk of injury or illness, including COVID19. I hereby indemnify and hold harmless LSUE from all claims, suits, liability, judgments, and costs, arising from and/or related to any personal injuries, damage to personal property and the results therefrom, ensuing from my participation in the Clinical experience.

I further agree to indemnify and hold LSUE harmless for any injury or medical problem I may acquire, including a diagnosis of COVID19, during my participation in the Clinical Experience. I agree to pay my own medical costs related to any injuries or illnesses that I incur during my participation in the Clinical Experience. I further agree that LSUE shall not be responsible for payment of needed medical services. (Appendix Q)

Reviewed summer 2025

CONSENT FOR RELEASE OF INFORMATION POLICY

I, _____, agree to allow Louisiana State University Eunice and the Division of Health Sciences and Business Technology to release my health information and/or criminal background investigation to clinical agencies, as requested. I understand this information is confidential, will be always kept secure, and is shared with faculty only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses. (Appendix R)

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BACKGROUND CHECK POLICY

The clinical education settings in which students of the Health Science Programs attend require a state background check through Pre-Check upon entering their facilities. The data collected will be forwarded to the Program Director/Director of Clinical Education who will then provide the appropriate clinical agencies with this confidential information. Only the clinical education settings will have access to this information upon request. Payment of the background check for the respiratory students will be conducted upon entry into the program. The federal background checks conducted by the licensing agencies (i.e., LSBME) will be performed at the completion of the program.

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Any criminal conviction which is found during the background investigation, that may deem a student unsuitable for clinical rotations, will be considered on a case-by-case basis. Additional information regarding the conviction may be required to make an informed decision.

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IMMUNIZATION CAMPUS POLICY

In compliance with state law, LSU Eunice has adopted an immunization policy to protect students, faculty, and staff from outbreaks of measles, mumps, rubella, tetanus, and diphtheria for all students born after 1956 and meningitis for all first-time freshmen and those students living on campus. Students will not be allowed to complete registration or to attend scheduled classes unless they have furnished proof that they have satisfied this additional immunization requirement. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the immunization policy. Clinical facilities also require immunizations which will be uploaded to Pre-check. An immunization waiver will be given upon request.

Reviewed summer 2025

SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY

According to LSUE PS No. 41, LSUE will maintain a drug-free campus environment. As stated in the campus catalog, both the workforce and students shall remain drug-free and free of other substance abuse. The illegal use, possession, dispensation, manufacture, or sale of controlled substances and alcohol abuse by students while on campus (or clinical education setting) is prohibited. Students who are convicted of violating the policy will be subject to disciplinary action within 30 days, including suspension or expulsion from the University. Anyone found to have violated the policy is also subject to referral to civil authorities as appropriate. The University will assist employees and students seeking rehabilitation by providing names, addresses, and telephone numbers of substance abuse facilities. Alcohol and drug awareness programs will also be presented. For the complete policy, inquire in the Office of Student Affairs.

The clinical education sites reserve the right to request a drug test on any student at any time during his or her clinical experience.

All students **must** adhere to the **LSUE Substance Abuse & Drug-Free Campus Policy (Appendix E).**

The document must be signed and returned to the Program Director's office.

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STUDENT SUBSTANCE ABUSE POLICY

Purpose

The intent of the Substance Abuse Policy is to ensure a safe environment for students, faculty, and the people who encounter students and faculty during scheduled learning experiences. It is also a requirement of many affiliating clinical agencies.

Schedule of Drug Testing

LSUE Health Sciences, Business Technology, Public Protection and Safety Respiratory Care Program require all students in the program to submit to drug testing under any or all the following circumstances:

- Acceptance into one of the healthcare programs
- Random
- For cause

Acceptance

Drug screening is required for all students entering any of the healthcare programs. Screening will be conducted prior to admission and the student is responsible for the expense incurred for the drug testing. Any student with a positive drug screen will be dropped from the program.

Random Testing

Random drug screening may occur for students enrolled in clinical courses at any time during the semester. The student is responsible for the expense incurred for the drug testing.

For Cause

Students who have been selected into any of the healthcare programs may be subject to drug testing if suspected of being under the influence of alcohol and/or drugs (including drugs prescribed for the student).

Suspicion is based on:

1. Observable behavior and/or physical symptoms.
2. A pattern of abnormal or erratic behavior.
3. Evidence of drug tampering or misappropriation.
4. Post-accident/incident when accompanied by individualized suspicion that the observed individual may be under the influence of alcohol and/or drugs.
5. A report on drug use provided by reliable and credible sources.
6. Arrest or conviction or a drug-related offense.
7. Being identified as the subject of a criminal investigation regarding drugs.

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Testing for cause is based on:

1. The faculty member will make an observation and have another faculty member or clinical site personnel confirm the suspicious behavior/physical symptom.
2. The student will be asked to leave the area and go with the faculty member and a witness to discuss the situation in a location ensuring privacy and confidentiality. The discussion will be documented, and the decision to take the drug test will be made after conferring with the Dean of the LSUE Health Sciences, Business Technology, Public Protection and Safety Division and Program Director.
3. The student will be suspended from all clinical activities until the case has been reviewed and a course of action has been determined by the Dean of the LSUE Health Sciences, Business Technology, Public Protection and Safety Division and Program Director.
4. If the lab test is negative for substances, the student will be allowed to return to class and clinical activities without penalty. Arrangements to make up the missed work must be initiated by the student on the first day back to class or clinical rotation.
5. If the lab test is positive for substances, the student is in violation of the LSUE Division of Health Sciences, Business Technology, Public Protection and Safety Substance Abuse Policy.
6. Confidentiality will be maintained.

Facility

The LSUE Division Health Sciences, Business Technology, Public Protection and Safety will use an approved lab as a drug screening agency for the collection and testing of all specimens. Students will be notified of the agency being used to perform drug screens.

Sample Collection

All specimen collections will be performed in accordance with applicable federal and state regulations and guidelines to ensure the integrity of the specimens and the privacy of the donors. Once the student is required to submit a sample, the student must visit the Pre-Check website and choose a collection facility. This process must be completed within 24 hours. The results will be sent to the student's Pre-Check account to which the program faculty will have access.

Diluted Samples

A negative diluted urine sample will need to be retested. If the sample returns as a negative diluted sample again, it will be considered negative drug screen.

If a positive diluted sample is detected, it will be a positive drug screen.

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Substances

Drug testing shall be conducted for the presence of amphetamines, barbiturates, cocaine, marijuana, methadone, methaqualone, meperidine, tramadol, oxycodone, benzodiazepine, opiates, phencyclidine, propoxyphene, and alcohol. LSUE Division of Health Sciences, Business Technology, Public Protection and Safety reserves the right to test its students for the presence of any other illegal drug or controlled substance when there is reasonable suspicion.

LSUE Division of Health Sciences, Business Technology, Public Protection and Safety shall have the authority to change the panel of tests without notice to include other illegal substances as suggested by local and national reports or circumstances.

Drug Screen Procedure

- Students will pay the cost of all drug screens.
- Students will be notified by the Program in advance of the date and time for the initial screening.
- Students shall provide photo proof of identification upon arriving at the specimen collection site.
- The laboratory will report the results to the Medical Review Officer.
- Positive results will be reported to the student in question, Program Director, and the Dean of the LSUE Health Sciences, Business Technology, Public Protection and Safety Division. Refer to LSUE PS No. 41.

Incomplete Drug Screen/Results

Any student who does not complete the drug screening procedure during the prescribed time will be dropped from the course roll. All school policies affecting progression in the clinical programs will apply.

If drug screening results are not received by LSUE, a student must produce a receipt that the drug screen was done according to the school policy. The Dean of LSUE Health Sciences, Business Technology, Public Protection and Safety will contact the testing agency for the results and the school policy will be followed when results are received. All school policies affecting progression in the clinical program will apply to this situation.

Refusal of Drug Screening

Refusal to submit to a drug screening in any category (application, random, for cause) is grounds for permanent dismissal from the clinical program.

Altering of Urine Sample

Attempting to tamper with, contaminate, or switch a sample will result in the student not being allowed to meet course objectives for clinical practicums; therefore, progression in the clinical program will not be permitted.

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Positive Results

Positive drug screens shall be verified by a Medical Review Officer. If the test is positive for the use of medication that has been prescribed for the student, the student may be allowed to make up missed clinical time.

Procedure

- The drug screening office will contact any student with a positive result for further evaluation.
- If after this evaluation, the results of the screening are deemed to be positive, the office will contact the Program Director and Dean of LSUE Health Sciences, Business Technology, Public Protection and Safety.
- The Program Director and Dean will meet with the student in question.
- The student will be required to withdraw from the clinical program.
 - The student may reapply for selection the following year. However, he or she will be required to answer “Yes” to item number “7” regarding disciplinary action during your professional training on the Oath of Affirmation form of the Louisiana State Board of Medical Examiner’s (LSBME) Application and “Yes” to item number “6” if the incident occurred within the clinical setting.
 - Upon the Louisiana State Board of Medical Examiner’s request, all documentation will be submitted.
 - The LSBME will approve whether the graduate is issued a license to practice.

Readmission

The student may apply for re-admission to a program. Admission will be based on current admission requirements and space availability. Any subsequent positive result will constitute grounds for permanent dismissal from the program.

Request a Re-Test

If a test result is positive, the student may request a re-test of the original urine sample. A student who desires to have the original sample re-tested must report to the designated drug screening agency within 72 hours following notification of a positive drug test result. The student will be responsible for all costs of the re-test. If the re-test is negative the student will be reinstated.

Confidentiality

All testing information, interviews, reports, statements, and test results specifically related to the individual are confidential. All drug test results will be sent from the lab to the Respiratory Care Program Director. Records will be maintained in a safe, locked cabinet.

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POLICY ON ETHICS AND CONFIDENTIALITY

All LSU Eunice Division of Health Sciences, Business Technology, Public Protection and Safety students share the responsibility of observing a Code of Ethics. This Code of Ethics requires truthfulness, honesty, and integrity in all patient care activities performed by the student.

Information regarding patients is highly privileged and confidential. Information about patients should never be discussed casually or released to anyone. People inquiring whether someone is a patient should be informed that you cannot release such information. **Students, faculty, and staff are prohibited from releasing patient information by Federal mandate.** Breach of confidentiality will result in a recommendation of dismissal from the Respiratory Care Program to the LSU Eunice Committee on Student Conduct.

LSU Eunice Health Sciences, Business Technology, Public Protection and Safety students must maintain a professional relationship with patients. Associating with or fraternizing (including exchanging phone numbers and addresses) with patients while they are in your care is unprofessional and strictly prohibited.

I have read the Policy on Ethics and Confidentiality and agree to abide by this policy. Failure to comply will result in a recommendation for dismissal from the Respiratory Care Program.

STUDENT SIGNATURE/DATE

STUDENT'S PRINTED NAME

FACULTY SIGNATURE/DATE

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CODE OF STUDENT CONDUCT

LSU Eunice encourages responsible decision making, promotes academic integrity, and safeguards the health and safety of all members of the University community. To accomplish these objectives, the University enforces standards of conduct for its students. Students who violate these standards can be denied membership in the LSU Eunice community through imposition of disciplinary sanctions. The LSU Eunice Code of Student Conduct can be found on the Student Affairs website www.lsue.edu/studentaffairs.

Student Rights

Specifically, students have the right to participate in all aspects of campus life free from illegal discrimination based on race, color, religion, sex, national origin, age, disability, marital status, or veteran status. They also have the right to be informed of LSUE's regulations, rules, and policies. In addition, they have the right to file grievances if they feel that a university action has adversely and unfairly affected them. In such an instance, students are assured of a fair hearing through an established appeals procedure. Those accused of violating the Code of Student Conduct have the right to substantive and procedural due process. All students have the right to use reasonable and lawful means to advocate changes in university regulations, rules, and policies. Using established procedures, they have the right to form organizations and to take part in the activities of recognized student organizations. Students have the right to know the grading system used in each class, and, at the student's request, faculty members should provide them with a review of all graded material, including final examinations, which contribute to the course grade, as well as a review of the method by which the grade was determined. Under FERPA, students have the right of privacy in all official records except for directory information, which can be kept in confidence if a student requests. Please see the following link for the Student Bill of Rights established 2022.

<https://www.lsue.edu/studentaffairs/documents/Bill%20of%20Rights.pdf>

Student Responsibilities

In addition to obeying federal, state, and local laws and observing the rules stated in the LSUE Code of Student Conduct, students have the responsibility of respecting the rights and freedoms of others to ensure an environment that furthers the educational purpose of an institution of higher learning. Participants in student organizations are responsible for extending equal opportunities to all students in membership and organizational activities and must abide by all policies established for the governance of such organizations. Students are responsible for obeying all University regulations and policies governing the use of property and facilities to preserve and protect LSU Eunice's physical resources. Finally, students are responsible for taking full advantage of the opportunities for learning available to them at LSU Eunice by attending class and participating in other aspects of campus life. The University reserves the right to establish limits on the time, place, and circumstances in which constitutional and university guaranteed freedoms and rights may be exercised by students and their guests in the University setting.

Reviewed summer 2025

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FAMILY EDUCATIONAL RIGHTS AND PRICACY ACT OF 1974

Louisiana State University at Eunice students should note that the application of the privacy rights as defined by Family Educational Rights and Privacy Act extend to all students enrolled, regardless of site or methodology of instruction. This includes all students enrolled in distance education technology.

What is FERPA?

The Family Educational Rights and Privacy Act of 1974 (also known as the Buckley Amendment) is a federal law that helps protect the privacy of student education records. The Act provides students with the right to inspect and review education records, the right to seek to amend those records, and the right to limit disclosure of information from the records. The intent of the legislation is to protect the rights of students and to ensure the privacy and accuracy of education records. The Act applies to all institutions that are recipients of federal aid administered by the Secretary of Education.

When do my FERPA Rights Begin?

The student's FERPA rights begin when the student is enrolled; that is, when classes are scheduled, fees are paid, and classes have begun.

FERPA: Family Educational Rights and Privacy Act of 1974

FERPA governs and protects students' rights to their individual educational records. The primary rights protected under FERPA are as follows.

1. The right to inspect and review the student's education records within 45 days of the day LSU Eunice receives a request for access. Students should submit to the Registrar's Office, dean, vice chancellor, or other appropriate officials, a written request that identifies the record(s) they wish to inspect. The LSU Eunice official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by LSU Eunice official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
2. The right to request the amendment of the student's education record that the student believes is inaccurate or misleading. Students may ask LSU Eunice to amend a record that they believe is inaccurate or misleading. The student should write the campus official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If LSU Eunice decides not to amend the record as requested by the student, LSU Eunice will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by LSU Eunice in an administrative, supervisory, academic, research, or support staff position (including law enforcement personnel and health staff); a person or company with whom LSU

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Eunice has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Regents; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, LSU Eunice discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by LSU Eunice to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is

Family Policy Compliance Office
U.S. Department of Education 600 Independence Ave., SW,
Washington, DC 20202-4605.

What are “Education Records?”

With certain exceptions, education records are records which directly related to a student and are maintained by the University or a party acting for the University. A student has the right to access these records.

Education records include any records in whatever medium (handwritten, print, magnetic tape, film, diskette, etc.) that are in the possession of any school official. This includes transcripts or other records obtained from a school at which a student was previously enrolled.

What is not included in an education record?

- Sole possession records or private notes held by school officials that are not accessible or released to other personnel.
- Law enforcement or campus security records that are solely for law enforcement purposes and maintained solely by the law enforcement unit.
- Records relating to individuals who are employed by the institution (unless contingent upon attendance).
- Records relating to treatment provided by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional and disclosed only to individuals providing treatment; and
- Records of an institution that contain information about an individual obtained only after that person is no longer a student at that institution, i.e., alumni records.
- Financial information submitted by parents.
- Education records containing information about more than one student; however, in such cases the institution must permit access to that part of the record which pertains only to the inquiring student.

What is Directory Information?

Directory information is information contained in an educational record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. LSU Eunice has established the

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following as directory information and it may be released to those requesting it, unless the student specifically requests otherwise by submitting written notification to the Office of the Registrar.

- Student's name, local address, and telephone number
- Student's home address
- Student's e-mail address
- Student's major field of study/classification
- Student's participation in officially recognized activities and sports; weight and height of members of athletic teams
- Dates of student's attendance
- Degrees, awards, and honors received by the student
- The most recent previous educational institution attended by the student

LSU Eunice will not disclose any other information without written consent from the student, with some exceptions as provided by FERPA.

Students have the right to refuse the disclosure of personally identifiable information as directory information subject to other overriding provisions of law. To withhold directory information, students must fill out the [non-disclosure form](#) in the Office of the Registrar in the Geaux Center Acadian Building Room 117.

If a student has chosen to restrict the release of directory information, NO information can be released without further written permission of the student. Should someone inquire about an individual who has restricted the release of his/her directory information, the appropriate faculty/staff response is, "I am sorry, I do not have any information on any such person."

Students should note that written, dated, and signed consent must generally be obtained from students for the release of information from education records, specifying what is to be released, the reasons for release, and name of the party or class of parties to whom the record are to be released, with a copy of the record sent to the student if he or she desires. However, as of January 3, 2012, the U.S. Department of Education's FERPA regulations expand the circumstances under which education records and personally identifiable information (PII) contained in such records — including the Social Security Number, grades, or other private information — may be accessed without the student's consent. First, the U.S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or state and local education authorities ("Federal and State Authorities") may allow access to the records and PII without the student's consent to any third party designated by a Federal or State Authority to evaluate a federal- or state-supported education program. The evaluation may relate to any program that is "principally engaged in the provision of education," such as early childhood education and job training, as well as any program that is administered by an education agency or institution. Second, Federal and State Authorities may allow access to education records and PII without the student's consent to researchers performing certain types of studies, in certain cases even when the university objects to or does not request such research. Federal and State Authorities must obtain certain use-restriction and data security promises from the entities that they authorize to receive the PII, but the Authorities need not maintain direct control over such entities. In addition, in connection with Statewide Longitudinal Data Systems, State Authorities may collect, compile, permanently retain, and share without the student's consent PII from education records, and they may track a student's participation in education and other programs by linking such PII to other personal information about the student that they obtain

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from other Federal or State data sources, including workforce development, unemployment insurance, child welfare, juvenile justice, military service, and migrant student records systems.

For more information concerning the privacy rights of students, please refer to the official university policy statement, [PS-34: Privacy Rights](#) of Parents and Students. For any questions or to report any incident that you believe may be a violation of privacy rights at the University, please contact the [Office of the Registrar](#). (Appendix T)

Reviewed summer 2025

STUDENT RECRUITMENT POLICY

The Louisiana State University Eunice Respiratory program will recruit students using several different approaches. These approaches include:

- Career fairs at high schools
- Career fairs at universities
- LSUE Orientation
- Collaboration with other universities such as partnerships with Louisiana State University Alexandria, and University of Lafayette
- Development of Respiratory Care Program website (pending with the help of OIT)
- Social Media

Reviewed summer 2025

APPEALS POLICY

LSU Eunice provides students with well-established appeal procedures for questioning the validity of any regulation, rule, policy, requirement, or procedure as it applies to the individual student. The University recognizes that students have a right to due process procedures in matters related to student complaints in the didactic and clinical setting. This process is set forth in the University Policy Statement Number * (PS-8), “Appeal Procedures Available to Student” (Appendix D). This policy statement sets forth the procedures to be followed in filing an appeal, including timelines. The policy reinforces the students’ right to file an appeal without fear of reprisal and with protection of their confidentiality. All university and program policies are enforced in a non-discriminatory manner by the administration and faculty.

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INFORMAL GREIVANCE

Informal Grievance – Appeal Process:

If during a respiratory care course, the student and/or course faculty does not agree with or understand what has been alleged or documented by the other party, the following should occur:

1. Timeline – Within one (1) business day of event/incident but no later than three (3) business days of event/incident concerned; The student should first seek resolution by communicating directly with the person/faculty with whom the student has a concern/issue. As per PS No. 8, students must initiate appeal of a final grades within 20 business days after the beginning of the next regular semester.
2. Timeline – Within two (2) business days of communication with the person/faculty involved; If the student is unable to resolve the event/incident after communicating with the other person/faculty, the student and the person/faculty involved may meet with the Director of Clinical Education or Program Director to present and discuss documentation of the student's or faculty's concern in relation to course expectations.
3. Timeline – Within two (2) business days of communication with person/faculty involved, student and Course Coordinator; if discussions in this Informal Grievance Process are unsatisfactory, the student may submit a written account of the incident to the Interim Dean or Dean, utilizing the Grievance Process Document/Form.

Reviewed summer 2025

PROGRAM COMPLAINT RESOLUTION POLICY

Students may contact the Commission on Accreditation for Respiratory Care (CoARC) to file a complaint about the program. A plan of action is in place to handle such a situation. For more information, contact:

Commission on Accreditation for Respiratory Care

CoARC.com
(817) 283-2835

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SEXUAL HARASSMENT POLICY

Sexual harassment consists of unsolicited and unwelcome sexual behavior. It is coercive or offensive conduct in a non-reciprocal relationship. (The following is stated under “University Regulations” in the LSU Eunice catalog).

1. “Quid pro quo” sexual harassment consists of requests for sexual favors, either implied or explicit, when submission to such requests is made a condition of continued employment, advancement, improved grades, or participation in a university activity.
2. “Hostile environment” sexual harassment consists of unwelcome sexual advances, requests for sexual favors, sexual flirtation, graphic or degrading comments or gestures of a sexual nature, and the display of sexually offensive objects or pictures. Sexual harassment does not refer to occasional compliments of a socially acceptable nature; it refers to repeated behavior which is unwelcome and personally offensive.
3. “Sexual assault” consists of unwelcome physical contact of a sexual nature. It includes kissing, stroking, fondling, coerced sexual intercourse, and rape or attempted rape.

Sexual harassment can occur between members of the same sex as well as members of the opposite sex. It can occur between peers as well as between people who are in a supervisor/subordinate relationship. It can occur between any members of the LSU Eunice campus community, including faculty, staff, and students. An incident of sexual harassment can also occur between a member of the LSU Eunice community and a visitor, patron, client, or contractor working for LSU Eunice.

It is the policy of this institution that all members of the campus community should be able to enjoy a work and/or educational environment free from sexual harassment. Such conduct as described above--whether committed by supervisors, non-supervisors, faculty, staff personnel, students, visitors, contracted personnel, or others-is prohibited. All members of the University must be aware of sexual harassment, whether intended or inadvertent, and take a proactive stand against it.

Supervisors shall take a proactive role in preventing sexual harassment. They must understand the LSU Eunice policy and procedure on sexual harassment and enforce acceptable behavior among faculty, staff, and students; observe and be aware of potential sexual harassment behaviors in and out of the classroom; model appropriate behavior; and alert the Assistant to the Chancellor on Affirmative Action/Equal Opportunity (AA/EO) should an incident occur.

The AA/EO Officer shall promote awareness and sensitivity of sexual harassment issues across the campus. Should an incident occur, the AA/EO Officer shall take the appropriate steps to resolve the incident in an expeditious and impartial manner.

Any questions regarding either this policy or a specific fact situation should be addressed to the appropriate supervisor or personnel officer or to the AA/EO Officer, Science Building LSU Eunice, P.O. Box 1129, Eunice, Louisiana 70535; phone (337) 550-1222. This process is set forth in the University Policy Statement Number 30 (PS 30), “Sexual Harassment Policy (Appendix C).

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TECHNICAL PERFORMANCE STANDARDS

Respiratory is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Based on those requirements, a list of “Technical Standards” has been developed. Each standard has an example of an activity or activities that a potential student will be required to perform while enrolled in the respiratory program. These standards are a part of each Respiratory course and of a respiratory therapist’s professional role expectation.

PERFORMANCE	STANDARD	ESSENTIAL ACTIVITIES/TASK (NOT ALL INCLUSIVE)
Critical Thinking/Problem Solving	Critical thinking ability sufficient for safe clinical judgment	<ul style="list-style-type: none">• Identify cause-effect relationships in clinical situations.• Utilize patient assessment techniques to develop or alter respiratory procedures.• Interpret and carry out written and verbal communication often in stressful, chaotic situations.• Prioritize tasks and make appropriate decisions related to situations.• Apply information in classroom to clinical setting, adapting to patient’s needs.
Interpersonal abilities sufficient to appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds	Interpersonal Behavioral and Social Skills	<ul style="list-style-type: none">• Establish rapport and maintain professional boundaries in relationships with patients, families, and colleagues.• Willingness to resolve conflicts and to respond to feedback in a professional manner.• Function effectively under stress.• Adapt to changing environments (flexible schedules, emergency conditions, etc.)• Display compassion, professionalism, empathy, integrity, concern for others, interest, and motivation.• Perform procedures on patients in pain from trauma, disease, or under the influence of drugs/alcohol.
Communication	Communication abilities sufficient for interaction with others in verbal and written form	<ul style="list-style-type: none">• Effectively communicate in English with patients, families, and health care colleagues.• Explain respiratory procedures, initiate health-teaching, document and interpret respiratory technology actions and patient/client resources.• Demonstrate ability to communicate orally concerning patients.• Read the patient’s health record and/or physician orders.• Legibly write patient history and notes.

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		<ul style="list-style-type: none"> Document own actions and patient responses as indicated.
Mobility/Dexterity	Ability to sufficiently assist patients in moving and walking, maneuver in small spaces, and provide safe and effective patient care in a timely fashion	<ul style="list-style-type: none"> Assist all patients in proper positioning to perform respiratory care modalities. Be able to push, pull and lift 50 pounds independently. Push a stretcher, wheelchair, or other transportation devices without injury to self, patient, or others without assistance. Move respiratory equipment from one location to another, including corners, getting on and off elevators, and manipulating it in a patient's room unassisted. Administer CPR, chest compressions
Motor Skills	Fine and gross motor abilities sufficient to provide safe and effective care in a timely fashion	<ul style="list-style-type: none"> Manually move and position respiratory equipment ease Maintain sterile technique when performing various procedures. Perform various procedures requiring the use of hand and eye coordination. Properly utilize respiratory supplies Demonstrate method for properly setting respiratory equipment. Demonstrate endurance by standing for long periods (6-8 hours) of time and walking a distance of at least 3-5 miles.
Observational/ Interpretive Skills	Ability to complete assessment of physical health conditions, implementation of patient care and monitoring procedures; and to monitor issues related to environmental and patient safety	<ul style="list-style-type: none"> Observe patient responses; read orders; obtain data from computer screens; control panel buttons/patient monitors. Obtain data from radiographs for assessment and determination of tube placement. Detect environmental issues that are contributory to assessing and/or maintaining patient's health status.
Self-care	Ability to present professional appearance and implement measures to maintain own health	<ul style="list-style-type: none"> Implement universal precautions; follow established procedures for body hygiene.
Hearing	Auditory skills sufficient to monitor and assess patient's health needs	<ul style="list-style-type: none"> Detect and respond independently to monitor alarms, signs of patient's distress and/or a patient's communication of distress. Use the telephone to discuss the patient's status with the healthcare team and relay lab reports, etc., and answer questions from other clinicians.

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		<ul style="list-style-type: none">• Must be able to respond to audible paging systems independently.• Respond independently to questions and instructions from other health care providers; and in proximity as well as at a distance of 20 feet, with and without the presence of extraneous noises.• Respond to verbal communication from patients and/or clinicians while the person is wearing an oxygen or surgical face mask.
Visual	Visual ability sufficient for observation and assessment necessary in the operation of equipment and for safe patient care	<ul style="list-style-type: none">• Perceive and respond independently to warning signals from team members and/or patients of impending danger or emergency, i.e., a change in an individual's appearance, and/or physical communication of distress.• View controls, letters, numbers, etc., of varying sizes located on respiratory equipment and supplies independently.• View radiographic images on a computer screen and evaluate for recommendations necessary for patient care.
Tactile	Tactile ability sufficient for patient assessment	<ul style="list-style-type: none">• Perform palpitation and tactile assessment to assist with patient assessment and evaluate respiratory conditions.
Mental	Mental ability sufficient for patient care, assessment, and operation of equipment	<ul style="list-style-type: none">• Be able to visually concentrate and focus attention, thoughts, efforts, and behavior on patients and equipment for varying periods of time.• Be able to respond to patients' changing physical conditions independently.

Reviewed summer 2025

OCCUPATIONAL SAFETY

Students and faculty should be aware of the occupational safety of the hospital and work environments including the need for protective precautions. This includes:

- High level of exposure – odors, fumes, vibrations
- Low level of exposure – heat, humidity, noise, wetness, cold, dust, sudden temperature changes, poor lighting.
- High to moderate levels of exposure – mechanical, radiation, body fluids, chemicals, slippery floors, infectious diseases, body tissues, electrical, blood sharp objects, aerosolized substances.
- Protective measures: High frequency of usage – latex gloves, goggles, face shield, resuscitation bag/resuscitation shield, gowns, masks.

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- Moderate frequency of usage – hoods, shoe covers, one-way valve masks.
- Exposure to waste anesthetic gases and drug exposures, disinfection chemicals and equipment.
- Possible physical injuries such as back pain/injury
- Potential risk for workplace violence

Reviewed Summer 2025

GENERAL POLICIES AND PROCEDURES

The following policies are applicable to students while in the professional component of the program. Failure to comply with these policies will result in disciplinary action.

PROFESSIONAL APPEARANCE POLICY

During clinical assignment, general appearance in uniform must be aesthetically pleasing, neat, clean, with uniform free from soil and wrinkles. When the student uniform is worn, you present not only yourself, but LSU Eunice in general. More specific uniform codes may be required at the discretion of the Director of Clinical Education and/or the clinical agency to which the student is assigned.

1. An **LSU Eunice patch** and the **name badge holder** must be purchased from the **LSU Eunice Bookstore**. The name badge (picture ID) will be supplied by the program. The patch should be sewn two finger-widths below the left shoulder seam of your uniform and lab coat.
2. Shoes must be either White Nurse Mates or plain **ALL WHITE** leather tennis shoes. **Clogs are not allowed.**
3. The uniforms used by the respiratory program are as follows:

	Item	Company	Number	Color
Uniform Top	Unisex V-Neck Tunic Or V-Neck Tunic	Cherokee	Unisex 4777 or 4700	Grape
Uniform Pants	Unisex Drawstring Pant or Pull-On Pant	Cherokee	Unisex 4100, 4001 Women 4112, 4101 Men 4000	Grape
Lab Coat/Females		Landau	8726, 3194, 3155	White

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Lab Coat/Males		Landau	3148, 3224	White
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*Note: To prevent fading, soak the uniform in salt water before washing.

*You must wear a plain white V-neck or crew neck t-shirt with a regular or $\frac{3}{4}$ length sleeve under your uniform top.

4. When ordering your uniform, please identify yourself as an LSU Eunice Respiratory Care Student. Uniforms may be purchased at the following locations (BUT NOT LIMITED TO):

Sun Sports 950 W. Laurel Ave. Eunice, LA (337) 457-1484	Tri-Parish Uniform Shop 947 Creswell Lane Opelousas, LA (337) 948-7812	Church Point Pharmacy 300 N. Main Church Point, LA (337) 684-5475
Scrubworx 1800 Kaliste Saloom Suite 300 Lafayette, LA (337) 983-2371	Lafayette Bargain Store 2015 W. University Ave. Lafayette, LA 70506 (337) 232-7789	Parkers 414 N. Broadway St. Jennings, LA (337) 824-5386

5. Surgical scrub attire should be worn only in appropriate areas of the hospital (ex: surgery, OR NICU). Scrubs are the property of the hospital and are not to be worn outside of the hospital.
6. Your uniform should be worn only on campus and in clinical areas, during clinical time. The uniform must be changed for street clothing when going shopping or for recreational activities). The following policies are applicable to students while in the professional component of the program. Failure to comply with these policies will result in disciplinary action.

OTHER CONSIDERATIONS

1. Hair
 - A. Hair should be neat, clean, and well groomed. If hair is worn longer than collar length (by either males or females) it **MUST BE PINNED UP**.
 - B. Extravagant hair color or styles are not permitted.
 - C. Odorous hair products are not permitted.
 - D. Beards and Mustaches must be neat and well groomed. Hair sprays, after shave and colognes are not permitted.
2. Hands and Nails

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Fingernails must be of a moderately short length, well groomed. **Chipped polish and bitten nails constitute an infection hazard.**

3. Jewelry

- A. No jewelry other than watches and wedding rings may be worn. Ornate wedding and engagement rings may constitute an infection control hazard due to their elaborate structure. Some ring settings are likely to tear through protective gloves. Students are advised not to wear ornate jewelry in clinical settings.
- B. Hair ornaments, necklaces, and pendants constitute safety hazards and may not be worn. Should one have pierced ears, only small ball and post earrings may be worn.
- C. Nose rings or other piercings are not permitted.
- D. A wristwatch with a second hand is necessary.

4. Personal Hygiene

- A. Students must practice good personal hygiene.
- B. Do not wear perfumes or aftershaves. Many patients with respiratory conditions are particularly sensitive to odors and their conditions may be aggravated by strong fragrance.

Revised summer 2025

CAMPUS DRESS POLICY

It is the student's responsibility to present themselves professionally both on campus and at clinical sites. The LSUE Respiratory Care program's campus dress policy is as follows:

- 1. The student **may** wear scrub uniforms on campus.
- 2. The student **may** wear scrub pants along with t-shirt on campus.
- 3. The student **may** wear jeans, a skirt, and dress pants with a proper shirt.
- 4. The student **may not** wear shorts, yoga pants, tank tops, any sheer clothing, or **any** clothing that will not allow them to do tasks that are required in the clinical or laboratory setting.

Revised summer 2025

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PROFESSIONAL CONDUCT POLICY

1. Students are expected to exhibit professional attitudes and behaviors. Clinical grades will reflect professional conduct and include ratings in the following areas:
 - A. Punctuality
 - B. Communication skills
 - C. Cooperation
 - D. Integrity
 - E. Problem solving/critical thinking skills.
 - F. Work attitude
 - G. Self-reliance/self-direction
 - H. Initiative
 - I. Accountability
2. Students will also always present themselves as professionals while on campus or in the clinical setting. The following behaviors are also expected:
 - A. Proper professional language is **always to be used**.
 - B. During clinical assignments, eating, drinking, etc. are limited to the lounge of each clinical facility.
 - C. LSUE is a **smoke free campus**. **Smoking, vaping, or tobacco use of any kind is not permitted** on campus or in clinical locations.
 - D. Having a cell phone in possession during clinical hours is at the discretion of the clinical instructor.
 - E. Students **must comply** with each hospital's parking policy.
 - F. Loud, boisterous, or immature behavior **will not be tolerated**.
 - G. Students are expected to attend the clinical sites at the instructor's discretion.
 - H. Students **are not allowed** to work in the capacity of a therapist and receive wages in the

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clinical affiliates, nor any other medical facility, before satisfying all the requirements for graduation. **A license is required to practice in the State of Louisiana.** Questions regarding this matter should be forwarded to the **Louisiana State Board of Medical Examiners (504) 568-6820.**

- I. Students are **not allowed** to enter isolation rooms or any area where particulate respirator masks are required (N95 masks) unless they are properly fitted with a respirator or N95 mask.
- J. **Incident/Accident Reports:** Students must complete a written description and report if an accident occurs involving a patient, a hospital employee, a visitor, or a student. **The Director of Clinical Education (DCE) should be informed immediately following the accident.**
- K. The DCE will then inform the Program Director of the incident/accident. The DCE will document the incident/accident in the student's records kept at LSU Eunice. The DCE will also properly complete the LSU Eunice visitor/client accident reporting form and submit it to the Office of Human Resources at LSU Eunice. (Appendix P)

Reviewed summer 2025

POLICIES PERTAINING TO ATTENDANCE, LATE WORK, MAKE-UP WORK, ETC.

The following policies will be enforced in addition to the requirements for class attendance as stated in the University catalog.

- 1. Students are responsible for attending all classes, whether clinical or lecture, regularly and punctually. Make-up examinations will be given only under approved circumstantial situations or at the instructor's discretion. Missed quizzes will be made up at the discretion of the course instructor. Excessive absences, whether excused or unexcused, will NOT be tolerated.
- 2. Regular attendance at clinical sessions provides students the opportunity to practice and develop necessary psychomotor and affective skills that define competence and are expected by employers. For these reasons, students are advised to take advantage of every learning opportunity by refraining from undue absence and/or tardiness. Students are responsible for the course material/clinical modes covered and announcements made on the days they are absent or late. They are therefore advised to take necessary steps to know the missing portions.
- 3. Tardiness in reporting to the clinical area often results in disruption of assignments for the day. Students anticipating late arrival at their assigned clinical site should call in advance to inform the instructor. The instructor must be informed within 15 minutes of the start of shift about any expected tardiness in clinical practice. Repeated tardiness during any semester will likely deprive the students of gainful clinical experience and consequentially will negatively impact the clinical evaluation and/or clinical course mid-term or final grade.
- 4. Students are expected to attend assigned clinical rotation as designated by the Director of Clinical Education. Clinical faculty do not guarantee rotation according to convenience.

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Students will be placed according to their educational need to promote the best learning opportunities. The clinical sites may be found on the program website.

5. More than two (2) excused absences in a regular semester and ALL UNEXCUSED absences will be considered excessive and make-up work will be required. This will be arranged at a clinical facility or in the LSU Eunice Respiratory Care Lab at the discretion of the instructor. **The instructor/DCE and Program Director must be informed within 15 minutes of the start of shift** about any expected absence. Excessive absences, whether excused or unexcused, will NOT be tolerated. **Repeated absences during any semester will negatively impact the clinical evaluation and/or clinical course mid-term or final grade.** This policy will be presented in detail in the clinical course syllabus. In the event a student is absent, they must turn in a completed Absentee Form. (Appendix M)

Reviewed summer 2025

PREGNANCY POLICY

A female student is given the option of whether to inform program officials of her pregnancy. If the student chooses to voluntarily inform officials of her pregnancy, it must be in writing. In the absence of this voluntary written disclosure, a student cannot be considered pregnant. However, due to the sensitivity of the unborn child to radiation, it is necessary to inform female applicants of the possible health risks involved because of occupational exposure during pregnancy. While most respiratory therapy departments are not close to radiology, the respiratory therapist and student will transport patients to radiology, as well as be in the intensive care unit for chest radiographs, CT, etc. The chances of occupational exposure are a possibility. The following shall be followed:

1. Pregnant students are encouraged to notify the Program Director and Director of Clinical Education as soon as pregnancy is suspected/determined so that appropriate radiation safety measures can be implemented. As soon as pregnancy is determined, a physician's statement verifying the pregnancy along with the declared pregnancy form will be submitted by the student. This statement must include a medical release, which allows the student to continue the program without interruption. If, for medical or personal reasons, the student is unable to complete the clinical assignments, she may initiate a request for authorization of an "I" (incomplete) or "W" (withdrawal) grade through the Office of Academic Affairs. The student must subsequently remove the "I" grade following the regulations in the University catalog. However, impediments to completing course requirements in any of the clinical practicums may be attributable to the lack of clinical space for the student to complete such requirements of removing an "I" grade from the student's records. Should the student choose to withdraw from a clinical course, the "W" guidelines in the University catalog must be met. Please refer to the catalog for further information regarding the incompleteness of the Respiratory Care Program.
2. Once informed of the pregnancy, the PD/DCE will review all appropriate and applicable principles of proper radiation safety with the student.
3. In the event the transport of a patient is required to radiology, the student is allowed to assist the transport of the patient. However, once the transport has arrived the student is not allowed to

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stay in the immediate area and must hand over patient care to the respiratory therapist/preceptor.

4. If pregnancy occurs during the first semester of the program and the student is unable to fulfill the required clinical objectives, the student may withdraw from the program, if so desired. As in all withdrawal scenarios, the student will be subject to reapplication to the Respiratory Care program.
5. The student may decide to attempt to continue in the Respiratory Care program, but will be required to either make up, or bank missed clinical time from maternity leave.

Reviewed summer 2025

OUTSIDE EMPLOYMENT POLICY

Outside employment is not encouraged because of the rigorous program structure. It is recognized that employment is necessary for some, but educational schedules and requirements **MUST NOT** be compromised because of this employment. Louisiana State Board of Medical Examiners (LSBME) states that a person must be licensed to perform the duties of a respiratory therapist other than during the clinical phase of a respiratory care program. This includes all modalities of respiratory therapy. The student will be working under the license of the respiratory therapist that they are assigned to during the clinical phase of the program and not allowed to be compensated while in clinical.

Reviewed summer 2025

PROGRAM/STUDENT RECORDS POLICY

Each clinical instructor shall maintain a record of student attendance, performance evaluations/grades, and anecdotal records through Trajecsyst. In addition, each student shall maintain required clinical documents through Trajecsyst to keep a record of the student's clinical work, attendance, clinical competencies, and clinical evaluations. It shall be the student's responsibility to assure that he/she has been evaluated and signed off on all the clinical competencies each clinical semester. Falsification of any portion of these records could result in termination from the program.

A written record of any consultations between clinical instructors, the Director of Clinical Education, or Program Director pertaining to student related issues such as clinical progress, attendance, tardiness, and all disciplinary problems shall be maintained on a Student Remediation/Counseling Form. These reports will list the names of those present, the date and time of the meeting, and the problems discussed. Recommendations will be made and signed by all present, including faculty and the students.

The Respiratory Care Program will maintain all student records in a secure area located in the Program Director's office and the laboratory storage area. These files contain admission documents, application, degree plan and transcripts, etc. These documents may be reviewed by making arrangements with the Program Director. All didactic/clinical course work will be kept for 5 years.

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Faculty are also required to maintain students' privacy in accordance with the Family Education Rights to Privacy Act (FERPA). The Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, helps protect the privacy of student records. The Act provides for the right to inspect and review education records, the right to seek to amend those records and to limit disclosure of information from the records. The Act applies to all institutions that are the recipients of federal funding.

Only students or entities that the student has given written consent can receive information about the student's grade or progress. Please refer to FERPA information on the LSUE website.

<https://www.lsue.edu/registrar/ferpa.php>

Reviewed summer 2025

SOCIAL MEDIA POLICY

Social networking websites and applications (apps) provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner that does not embarrass the students, the Division of Health Sciences, Business Technology, Public Protection and Safety and LSUE. It is also important to ensure patient information is not made publicly available. Everyone is expected to be respectful of the views and opinions of others in the program and the University. This rule extends to interactions through forums, email, phone conversations, texting, social media, and all other methods of communication. No foul or inappropriate language will be tolerated.

Students are expected to check emails daily for announcements and other program information. All correspondence with program faculty must be through use of your LSUE email account. You are expected to use correct English and grammar when writing papers, sending emails, posting to forums, and all other forms of communication.

Posts to social media sites regarding LSUE, its programs, affiliates, faculty, and/or students should be carefully considered. While you are free to post in your own personal accounts, the content of your posts may negatively impact the University and/or its constituents and may warrant disciplinary action. Inappropriate electronic content (comments, pictures, etc.) that does not reflect the professional behavior expected of professional students may warrant disciplinary action from the program and/or University.

The Respiratory Care Program has adopted the following guidelines to assist students in safely using these sites.

Personal Privacy

1. We recommend setting your profiles on social networking sites so that only those individuals whom you have provided access to may see your personal information.

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2. We recommend evaluating photos of yourself that are posted to these sites and “un-tagging” photos that depict you in what may be construed as compromising situations.
3. Be sure you are aware of the security and privacy options available to you at any sites where you post personal information. Keep in mind that privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with “Friends Only” access.

Protection of Patient Information

1. Comments made on social networking sites should be considered the same as if they were made in a public place in the hospital.
2. HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
3. Remember that simply removing the name of a patient does not make them anonymous. Family members or friends of that patient or of other patients you are caring for may be able to determine whom you are referring based on the context.

Professionalism

1. Use of these sites can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
2. Statements made under your profile are attributable to you and are treated as if you verbally made that statement in a public place.
3. We recommend using discretion when choosing to log onto a social networking site at school. Keep in mind that the use of these sites during lectures and clinical assignments is prohibited.
4. Keep in mind that photographs and statements made are potentially viewable by future employers.
5. Students may be subject to disciplinary actions within the College for comments that are either unprofessional or violate patient privacy.
6. Keep in mind that you are representing LSUE, the Division of Health Sciences, Business Technology, Public Protection and Safety when you log on to a site and make a comment or post a photograph.

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Respiratory Care Program

**LSUE RESPIRATORY CARE SELECTION
COMMITTEE POLICY**

1. Committee Membership: The committee members will consist of all Respiratory Care Program faculty, Affirmative Action, and Equal Opportunity (AAEO) officer, Dean of the Health Science, Business Technology, Public Protection and Safety, and Program Directors from all LSUE Allied Health programs.
2. Selection Procedure: The LSUE Respiratory Care Program Application can be obtained at T104 A from the Health Science Administrative Assistant during the spring semester. Once the application packet is completed with all required information and documents, the student will return the application by June 1st.
3. Once all summer grades are submitted, the Administrative Assistant generates a list of applicants only labeled by their composite score. The criteria for how students are ranked is as follows:
 - Each student must have completed all pre-requisites with a C or better. (39 hours)
 - Students must have a minimum of a 2.0 overall GPA.
 - Students must complete the Entrance Examination.
 - Attend a Respiratory Care orientation.
4. The Respiratory Care program is budgeted to select 15 students each fall semester. Two students will also be voted as first and second alternate in case a selected student elects to forfeit their position in the program. To ensure non-discrimination, documents used for selection are anonymous and do not include student identification. The committee will be presented with a list of applicants labeled only by their composite score. In addition to the list of applicants, the criteria for how students are ranked will be provided to the selection committee. The benchmarks for ranking students for selection are as follows:
 - GPA 70%
 - Entrance Exam score 25%
 - Previous Healthcare degree earned 5%
5. In the event during the selection process, if two applicants are competing for the last slot, the Selection Committee then reviews individual transcripts and the student who achieved a higher science course GPA will be proven to be the stronger candidate.
6. Following the Selection Committee meeting, the Administrative Assistant will notify all applicants of their selection status via email.

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Respiratory Care Program

ADVISORY COMMITTEE DUTIES AND RESPONSIBILITIES

The LSUE Respiratory Program Advisory Committee is a group of people that are chosen from the communities of interest to offer advice to educators regarding the program. Committee members advise and support the LSUE Respiratory Program at scheduled meetings and participate in program issues throughout the year.

Specific functions of LSUE Advisory Committee

- Bridge the gap between the program and community.
- Encourage up-to-date and relevant education.
- Determine the need for a particular level of program in the community.
- Facilitate necessary acquisition of equipment, textbooks and related library and audio-video materials.
- Review curriculum.
- Obtain qualified faculty.
- Job placements of graduates.
- Market the program.
- Review changes to program goals, outcomes, and instructional effectiveness.
- Review substantive changes.
- Promote community service by Respiratory Care students.
- Ensure availability of appropriate clinical resources.
- Accreditation process.

Reviewed Summer 2025

ADVISORY COMMITTEE CHAIR DUTIES AND RESPONSIBILITIES

The LSUE Respiratory Program Advisory Committee Chair is elected by a majority of the advisory committee members. The chair is not a member of LSUE University but is a member from the communities of interest. The Committee Chair provides coordination advice and support for the program by assisting with the following.

Specific functions of LSUE Advisory Committee Chair:

- Conduct advisory committee meetings at least annually.
- Conduct special advisory meetings as necessary.
- Appoint sub-committees, Ad Hoc committees, or task force for special projects.
- Act as a liaison to community organizations interested in supporting LSUE Program.
- Ensure proper documentation of advisory committee meeting minutes.
- Development of meeting agenda.

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Respiratory Care Program

LSUE RESPIRATORY CARE ADVISORY COMMITTEE
STUDENT REPRESENTATIVE

One to two students will be selected by the program director to serve on the advisory committee. This committee meets every spring to discuss pertinent information regarding the program outcomes, new information with agencies related to our field of study, and any concerns that affect our mission.

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PROGRAM RECORDS POLICY

1. A complete record of each student will be maintained either through Pre-Check or in the Program Director's office and/or the Director of Clinical Education's office. These files will contain:
 - A. Application records (to the program) including transcripts.
 - B. Entry physical exam, immunization records, proof of current CPR, drug-screen results, background check clearance and signed orientation policies.
 - C. Counseling notes (if applicable).
2. Other records kept in a secured (locked) area of the Respiratory Care Laboratory or on Trajecsys contain:
 - A. Clinical evaluations, simulations, competencies, case study reports, critical care reports, and attendance records.
 - B. All regular exams, quizzes, assignments, and final exams.

Reviewed summer 2025

RESPIRATORY CARE AWARDS

At the Respiratory Care Pinning Ceremony, students in the graduating class are honored with the following awards:

1. Distinguished Student Award: this award is voted on by the class and given to a student that was a true mentor, someone who displayed professionalism and illustrated how important standards are as a student. This student demonstrated qualities that were noble, self-sacrificing, and compassionate. This student also provided motivation and extended a positive attitude.
2. Outstanding Student Award: this award is voted on by the faculty for superior achievement and academic excellence in Respiratory Care Education.
3. Spirit Award: this award recognizes scholarly achievement, service, and character of a student(s). Individuals' achievements are recognized by having their name entered into a permanent "Roll of Excellence".
4. Student of the Year Award: this award recognizes outstanding character, compassion, and dedication
5. President's Award: this award recognizes outstanding leadership. All students are eligible.

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LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program RESPIRATORY CARE CLUB

The LSU Eunice Respiratory Care Club is a student organization on campus. Membership is open to all LSU Eunice Respiratory Care majors. The yearly dues are \$10.00. The organization is involved in community-health projects, fundraisers, and provides support and guidance to respiratory care students. (Appendix J)

Reviewed summer 2025

EXPENSE

Students enrolled in Respiratory Care have regular expenses such as tuition and fees. In addition, students enrolled in clinical respiratory care courses must purchase uniforms, appropriate medical supplies, and incur travel costs to clinical sites and to professional meetings. Students are expected to join the American Association for Respiratory Care in the initial fall semester of the clinical year. In addition to these expenses, students must purchase textbooks each semester. The final semester will involve additional costs related to graduation, licensure, and certification.

The following list provides an idea of these related expenses. Textbook costs are estimates and reflect only the cost of required textbooks. All fees are subject to change.

Semester	Books	Uniforms	Supplies	Dues	Total
1 st Fall	\$895.00	\$180.00 (3 sets 60 each)	Stethoscope (\$50-100) Patches \$15 (5 each) Lab Jacket \$35 (Optional) Watch \$25 – 50 (with second hand) Pre-Check \$110-125 Trajecsyst \$150	RC Club \$10 AARC \$25	\$1585.00 +Tuition
Spring	\$100.50		Graduate Composite Photo \$40- 60	LSRC Registration \$65	\$225.50 + Tuition
Summer	Textbook \$290.00 Review Book \$375.00				\$665.00 + Tuition
2 nd Fall	Textbooks \$235.00		Diploma Fee \$25.00 Cap/Gown/Tassel \$56.00 Respiratory Care Pin \$35.00- \$200.00 Graduation Fee \$45.00	Licensure Fee \$125.00. NBRC exam Fees – TMC new \$190.00, repeat \$150.00, CSE \$200.00	\$1126.00 + Tuition

*Subject to change

LOUISIANA RESIDENT COST OF OBTAINING A RESPIRATORY CARE DEGREE *

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Expense Categories	Four Semesters
Tuition and Fees	\$8,741.00**
Books and Supplies	\$1,912.00
Tools	\$405.00
Other Cost	\$800.00
Transportation	\$***
<hr/>	
TOTAL: \$11,831.00**	

Based on Louisiana resident fees

*Cost assumes living with parents (if not, add \$8,920 for room and board).

**Clinical phase only, does not include the cost of prerequisites.

***Transportation costs depend on clinical site and are not estimated.

Other costs include:

Uniforms

Stethoscope

Lab Jacket

Patches

Watch

American Association for Respiratory Care Student Membership

Respiratory Care Club dues

Basic Life Support Certification

Physical Examination

Pre-Check (background check, drug screen)

Trajecsys software

Louisiana Society for Respiratory Care Convention Registration fee

Graduate Composite photo

Diploma fee

Cap/Gown/Tassel fee

Graduation fee

Respiratory Care Pin

Tools include:

National Board for Respiratory Care Examination fee (TMC)

Louisiana Board of Medical Examiners Licensure fee

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Respiratory Care Program

DIRECT/INDIRECT SUPERVISION POLICY

The Respiratory Care Program is designed with the concept of learning over time. The respiratory care student must demonstrate didactic, laboratory, and clinical proficiency each semester to successfully progress in the program. The chief objective of the program is to ensure upon successful completion of the respiratory care program the student can function as an entry-level registered respiratory therapist.

In the last semester of the respiratory care program, the final clinical course is Conference and Clinical Experience IV (RC 2024). The clinical rotations are mainly in Neonatal Intensive Care and Pediatric Intensive Care. Due to the intensity and instructional requirements, the respiratory care program is limited to rotating a maximum of two students at a time in these areas. While rotating in the neonatal and pediatric intensive care area, the student will be under direct supervision by a qualified, credentialed respiratory therapist.

When the respiratory care student is not assigned to the neonatal and pediatric intensive care specialty areas, he/she will be required to rotate through previously rotated clinical areas such as adult intensive care, medical-surgical patient care, cardiac and pulmonary diagnostics. To successfully complete RC 2024, the respiratory care student must be able to competently perform in this area of patient care while under indirect supervision. Although, the respiratory care student is indirectly supervised in adult patient care there is a qualified respiratory therapist, serving as clinical preceptor, and will be “immediately available” for consultation, direction, or supervision regarding the practice or performance of respiratory care.

The clinical faculty will conduct monthly clinical evaluations on each student. Also, the clinical faculty will have regular dialogue with assigned preceptors to ensure students are progressing favorably. Any concerns regarding student progress will be addressed by the program faculty. The Director of Clinical Education and/or clinical instructor will discuss thoroughly any variances that occurred to have a sound understanding of the problem the student is having. From the discussion with the clinical preceptor, the Director of Clinical Education and/or clinical instructor will meet with the Program Director to discuss the problem and develop a plan of action to be followed. The Program Director and Director of Clinical Education will then meet and inform the student of the problem and the plan of action to correct the problem(s). A remediation form will be completed by the Program Director and the Director of Clinical Education and signed by both the program faculty and student. (Appendix H)

At the conclusion of the RC 2024 clinical course, the respiratory care student is required to complete an evaluation of his/her clinical site on a Clinical Facility Evaluation Form Appendix L). This form allows the student to rate the preceptor’s clinical instruction and clinical facility on a Likert scale of 1 to 4; poor (1) to excellent (4), respectively. This evaluation form also provides the student with an area to make comments and suggestions regarding the instructor/preceptor and instruction received during the clinical rotation.

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Division of Health Sciences, Business Technology, Public Health and Safety

Respiratory Care Program

FACULTY/PRECEPTOR BEHAVIOR EXPECTATIONS OF THE STUDENT DURING INDIRECT SUPERVISION POLICY

1. The student must report to clinical affiliate dressed appropriately and professionally (LSU Eunice Respiratory Care Program uniform).
2. The student is required to report on time to their assigned clinical affiliate and prepare for his/her clinical rotation. The student will remain with the assigned clinical instructor/ preceptor until the end of the shift.
3. The student is to perform under the supervision of his/her clinical preceptor and guidance of the Director of Clinical education. He/she should assume increasing responsibility as conferred with the preceptor. The student should demonstrate the ability to move from a dependent to a more independent role as the clinical experience progresses.
4. The student is responsible for collaborating with the Director of Clinical Education and his/her clinical preceptor in planning learning experiences.
5. The student is required to be an active learner, pursuing learning opportunities and taking initiative in achieving educational goals.
6. The student is responsible for completing all documentation appropriate for the role and the setting.
7. The student must be able to demonstrate proper written and verbal communication and collaborate appropriately with his/her clinical preceptor, patients, families, physicians, peers, and other health care providers.
8. The student is required to adhere to hospital and departmental policies and procedures of his or her assigned clinical rotation.
9. The student is accountable for his/her actions. He/she is expected to promptly report to his/her clinical preceptor any errors, mistakes or variances and is expected to take prompt, appropriate actions if errors, mistakes, or variances occur.
10. The student is held responsible for his/her practice decisions and is required to always exhibit professional behavior.
11. The student is required to follow all infection control policies and safety policies specific to the hospital/agency he/she is assigned.
12. In case of an emergency and the student is unable to attend his/her clinical rotation, he/she must adhere to the Respiratory Care Program attendance policy as stated in the Student Clinical Handbook.

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Respiratory Care Program

STUDENT CLINICAL OBJECTIVES (INDIRECT SUPERVISION)

1. Exhibits confidence and critical thinking ability in role performance within a supportive environment.
 - A. Demonstrates the ability to make informed, correct, and accurate decisions in caring for patients.
 - B. Demonstrates flexibility by accepting varied clinical assignments when available.
 - C. Implement interventions in a safe, timely and appropriate manner according to published standards of care, departmental policies/protocols/procedures.
 - D. Performs in the role of a respiratory care practitioner as directed by the clinical preceptor with minimal supervision.
 - E. At all times, applies the principles of altruism, respect and civility to patients, families, respiratory personnel, peers, clinical preceptors, and other health care providers.
 - F. Integrates knowledge base from didactics in various clinical situations.
2. Demonstrates proficiency in use of the respiratory process for patients with complex health care needs in a variety of settings.
 - A. Performs a thorough and accurate patient assessment that includes all variables pertinent to the patient's condition.
 - B. Uses assessment findings to plan, implement and evaluate care on assigned patients.
3. Demonstrates ability to collaborate with other health care professionals in managing quality, cost-effective care for patients with complex health care needs.
 - A. Ask clinical preceptors or health care professionals pertinent appropriate questions when managing care for assigned patients.
 - B. Collaborates with clinical preceptor and other health care professionals to manage patient care according to agency standards of practice.
 - C. Uses effective interpersonal relationship skills to collaborate with peers, clinical preceptors, physicians, and all health care professionals.
4. Develops leadership abilities appropriate for the role.
 - A. Reports changes in the patient's status in a timely manner.
 - B. Provides safe quality care according to standards of care and departmental policies/protocols/procedures.
 - C. Follows agency guidelines regarding documentation, protocols, and policies and procedures.
5. Secures clinical preceptor's signature on respiratory care notes or documentation as needed at the end of the shift each clinical day.
 - A. Demonstrates ability to communicate with other health care professionals in managing quality, cost-effective care for patients with complex health care needs.
 - B. Provides accurate, concise, and complete report of outcomes of care to the preceptor at the change of shift.
 - C. Maintains patient privacy/confidentiality according to LSU Eunice Division of Health Sciences and Business Technology and HIPPA policies.

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program DISCIPLINARY ACTION POLICY

The faculty reserves the right to evaluate infractions of behavior that could result in a written warning. Subsequent infractions would result in a referral to the Dean of Student Affairs. Further infractions, following referral to Dean of Student Affairs, could result in dismissal from the program.

Level 1: Level 1 infractions would result in a written warning that will remain the student's official program file:

1. Unprofessional language and/or conversation at the clinical education setting. (Ex. Talking about faculty, preceptors, technologists, gossiping, bullying, disrespect, making others uncomfortable or creating a hostile environment).
2. Failure to comply with "Standard (Universal) Precautions."
3. Failure to report communicable illness/infection to the PD, DCE, CI and/or obtain physician clearance to re-enter the clinical setting.
4. Failure to comply with any part of the Professional Appearance Policy.
5. Failure to sign in/out on Trajecsys.
6. Failure to allow geolocation in Trajecsys.
7. Failure to complete any daily clinical duties.
8. Use of cell phone without discretion of faculty member/preceptor.

Level 2: Level 2 written infraction will result in a visit to Dean of Student Affairs:

1. Any repeat of level 1 infraction
2. Displaying unprofessional behavior upon which the student conducts herself or himself in an inappropriate manner, is unresponsive to patient needs, or is unsupportive towards colleagues and associates in providing quality patient care.
3. Failure to notify the Program director/Director of Clinical Education/Clinical Instructor directly by phone/email or in person of tardiness or absence as stated in the attendance requirements in this Handbook. The student is also responsible for notifying the clinical location, and to report their absence on Trajecsys.
4. Improper handling of equipment.
5. Insubordination.
6. Performing a procedure on the wrong patient.
7. Failure to report any incidents at any clinical site to the Director of Clinical Education/ Clinical Instructor on the day it occurred.

Level 3: Level 3 Infraction will result in 1 week suspension and subsequent letter grade decrease or dismissal from the program. Level 3 Infractions consist of:

1. Repeated Level 1 or Level 2 Infractions
2. Leaving the clinical education setting without the Clinical Instructor/DCE permission.
3. Improper clinical practice as identified by the Clinical Instructor/DCE.
4. Falsification of ANY program documents or misleading information regarding a competency evaluation.

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5. Incorrect recording of time in/out in Trajecsyst. (Falsifying time for time exceptions or clocking in from an unapproved geolocation ex. hwy, roads, home, etc.)
6. Theft.
7. Failure to comply with clinical affiliates policies and procedures, LSU Eunice Ethics and
8. Confidentiality Policy and/or un-ethical behavior

Reviewed summer 2025

VOLUNTARY STUDENT WITHDRAWAL POLICY

A student who decides to withdraw from the program must submit a letter of withdrawal to the Program Director immediately. Failure to do so will result in termination of enrollment for reasons of non-compliance with program policies. This will seriously jeopardize a terminated student's eligibility, based on student's approved circumstances, to re-enroll in the program for a future class. Any student who has withdrawn from the program and desires to re-apply, please refer to the re-entry policy.

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DISMISSAL POLICY

The LSU Eunice Respiratory Care Program carries the responsibility for administering health care with a commitment to protect the patient from injury or harm. It is the responsibility of the respiratory care faculty to provide safe and appropriate professional health care to all patients. The student may be dismissed from his or her clinical duties if in the professional judgment of the respiratory care faculty that the patient's emotional and/or physical well-being is, or may be, jeopardized by the student's incompetence and/or negligence.

The respiratory faculty must document the dismissal on the student's monthly evaluation form. Documentation must clearly and thoroughly state the reason for the students' dismissal from their clinical duties.

Students may be dismissed from a respiratory course and/or the respiratory program for any of the following reasons:

1. A deliberate attempt to cover up any error or negligent performance during clinical experiences.
2. Documented repetitive performance of unsafe behaviors during clinical experiences.
3. Performance of unethical or illegal behaviors during clinical experiences. (See Program Student Handbook for details regarding unethical behavior)
4. Breach of patient or agency confidentiality by inappropriate management of information in any form.
5. Cheating or plagiarism. (See LSU Eunice Code of Student Conduct located in Student Handbook).

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6. Violations of the LSU Eunice Code of Student Conduct.
7. Failure to follow the guidelines of the Program's Professional Conduct Policy.
8. Failure to agree and abide by the Program's Ethics and Confidentiality Policy.
9. Any dismissal of a student from a clinical facility may result in dismissal from the Respiratory Care Program upon further review.
10. A positive report on any random or scheduled drug screen.
11. Committing a breach in the Respiratory Care program policy on the conduct of social media usage.
12. Earning a grade of "D", "F", "NC", or "W" in a Respiratory Care course.

If a student wishes to challenge the dismissal from the program, the "due process" appeal option would be to follow LSU Eunice PS. No 8. (Appeals Procedure Available to Students)

Reviewed Summer 2025

RETENTION/PROGRESSION POLICY

Acceptance into the LSU Eunice Respiratory Care Program entitles the student to progress through the Respiratory Care curriculum along with the class to which he or she is admitted. For a student to be retained and progress in the curriculum, a student must:

1. Maintain an LSU and an overall GPA of 2.0 or higher.
2. Complete all RC courses with a grade of "C" or better. The grading scale for each RC course can be found in the course syllabus.
3. Maintain current CPR certification (CPR for Health Care Providers) and annual TB testing.
4. Maintain health/immunization requirements.

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POLICY ON REQUIREMENTS FOR RE-ENTRY

A student whose enrollment is interrupted either voluntarily or by compulsion, or who fails to earn a grade of “C” in a required respiratory care course may be considered for re-entry into the Respiratory Care Program provided that the student is in good academic standing as defined in the “University Regulations” section of the Catalog. However, in no circumstances will a student be considered for readmission when the student has earned more than one “D”, “F”, or “W” in required respiratory care courses. However, under certain unforeseen circumstances, if the student withdrew from the program, the Health Sciences, Business & Technology, and Public Protection and Safety Selection Committee may review an application for re-entry.

Students wishing to re-enter the LSU Eunice Respiratory Care Program must make a written application to the Division of Health Sciences, Business Technology, Public Protection and Safety by June 1st for re-entry in the first fall clinical semester and November 1st for the spring semester. No application will be considered for the summer semester or the last clinical semester. All re-entry students will begin in the first fall semester and must follow the respiratory care curriculum. A student will be considered for re-entry only when there is clear evidence of his or her potential to complete the requirements of the respiratory care curriculum. In reviewing such applications, special scrutiny will be given to (1) availability into the program, (2) overall grade-point average, (3) successful passing of a respiratory care cognitive and psychomotor aptitude assessment, (4) grades earned in the behavioral, biological, and physical sciences, (5) repeating the previous clinical course (s), (6) All Pre-Check information must be current. The overall financial and personnel resources available to the Respiratory Care Program will also be a consideration in readmission decisions.

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REMEDIATION POLICY

Classroom:

Evaluation of the didactic portion of the courses includes written assignments, scholarly papers, quizzes (written/oral), unit examinations, and comprehensive final examinations. These methods of evaluation assure progression of the student’s cognitive and critical thinking ability. If the student scores less than 80% on any examination, then the student will have a remediation session.

If it is established that a student is having difficulty with didactic course work, the faculty will immediately notify the Program Director to discuss their concerns with regards to the student. Then a meeting will be scheduled with the Program Director, faculty, and students to discuss the potential problems and solutions. During this meeting, the Program Director and faculty will determine the best method of one-on-one remediation to meet the needs of the students. A record of this meeting will be signed by the students, Program Director, and Director of Clinical Education. In the event the student requires accommodation services, the student will be directed to the office of disability services. Please refer to the Services for Individuals with Disabilities Policy. (Appendix F)

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Laboratory/Clinical:

The psychomotor /skills objectives of laboratory courses are evaluated by instructor modeling, skills practice with faculty feedback, and formal practical examinations. Appropriate progress in laboratory courses requires successful completion of all instructor proficiencies designated to that course. The evaluation of laboratory proficiencies also reinforces cognitive and critical thinking. Informal evaluations will be ongoing, while formal evaluations will be completed monthly with your final evaluation and midterm evaluation averaged as clinical test grade.

Psychomotor skills are first demonstrated by the laboratory instructor (theory is reinforced during laboratory sessions). Under the direction of the laboratory instructor, the student will practice with peers the skill demonstrated by the instructor. The student will be given a reasonable amount of time to practice the demonstrated proficiencies. After the student has had time to perfect the practiced proficiencies, the student is then required: 1) it is the **responsibility of the student to schedule time for evaluation by the laboratory instructor**; 2) if the student is **unable to pass the proficiency evaluation(s), the laboratory instructor will remediate the student**; 3) after remediation, the student would again follow steps one through three. If the student passes the skills proficiency evaluation(s), he/she may perform those proficiencies in the clinical setting under the supervision of the clinical instructor. If the student passes the proficiency evaluation(s), he/she may perform the clinical skill with minimal supervision of the clinical instructor. **If the student is unable to pass the skill proficiency(s), the student must schedule time with the laboratory instructor for remediation of the failed proficiency(s).** After remediation, the student would again follow steps one through five and repeat the entire evaluation process.

After meeting with the Program Director and faculty, the student will be given a copy of the Counseling/Remedial Study Form which explicitly describes area(s) needed to be remediated and methods of remediation to be done. A copy of the form will also be placed in the student's file. (Appendix F) In the event the student requires accommodated services, the student will be directed to the office of disability services. Please refer to the services for individuals with disabilities policy.

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SERVICES FOR INDIVIDUALS WITH DISABILITIES POLICY

A person with a disability is an individual "who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment." Major life activities are functions such as "caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning. Impairments include alcoholism, blindness/visual impairment, cancer, cerebral palsy, deafness/hearing impairment, diabetes, drug addiction, epilepsy, heart disease, mental illness, mental retardation, multiple sclerosis, muscular dystrophy, orthopedic or speech problems, or perceptual handicaps, such as dyslexia, developmental aphasia, or attention deficit disorder (ADD)."

To fully serve the various needs of students with disabilities, the following provisions are in effect on

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the campus:

1. No qualified student may be excluded from any course, or any course of study solely based on disability.
2. Degree or course requirements, if determined to be restrictive, will be adapted to meet the requirements of qualified students with disabilities. For post-secondary education purposes, qualified students with disabilities are defined as those “who meet the academic and technical standards requisite to admission or participation in the recipient’s education program or activity.”
3. Prohibitive rules, such as those banning tape recorders from classrooms, are waived for qualified disabled students.
4. Auxiliary aids (interpreters, note-takers) must be permitted in the classroom when they are required to ensure full participation of students with disabilities.
5. Alternative testing and evaluation for measuring achievement will be provided for students with impaired sensory, manual, or speaking skills (except where those specific skills are being measured).
6. Classes will be relocated if necessary to permit access for students with mobility impairments if such access cannot be reasonably achieved otherwise.
7. Reasonable efforts will be made to adapt special equipment or devices used in the classroom (and, in some cases, teaching techniques that rely upon the sight, hearing, or mobility of students) to individual needs and to assist qualified students in pursuing resources provided by Vocational Rehabilitation or charitable organizations.
8. Students with disabilities should not be counseled to consider more restrictive careers than careers recommended for non-disabled students unless such counsel is based on strict licensing or certification requirements in a profession.
9. Individuals with disabilities may refuse special accommodated services by filing a form with the Americans with Disabilities Act Officer stating such refusal.
10. People with disabilities who feel they have been treated unfairly with relation to their disability may file an appeal or grievance under the appropriate policy statement.

The Vice Chancellor for Student Affairs and Enrollment Services is charged with the overall administrative responsibility for coordinating the delivery of these services and publishing institutional policies regarding them in accordance with Section 504 of the Rehabilitation Act.

Determining criteria and accommodative testing and procedures for students with disabilities begins in the Office of Academic Assistance Programs. Students with disabilities must be registered with the Student Support Services within the Office of Academic Assistance Programs. Additional assistance is provided by the Office of Student Affairs and Enrollment Services and the Office of Academic Affairs.

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It is the responsibility of the student to inform one of the above offices of any handicapping condition which requires special consideration under this policy. Persons requesting accommodated services must be registered voters or must complete a voter registration application or a voter registration declination with the accommodated services request.

These regulations are intended to also apply to the Americans with Disabilities Act.

A student is eligible for accommodation if they:

1. Are qualified for the program.
2. Are a person with a disability.
3. Have self-identified to the University through the Office of Disability Services.
4. Have presented appropriate documentation regarding disability to the University as required by the Office of Disability Services as a request for accommodation.

To receive accommodation, the student must submit a request and provide documentation which substantiates the functional limitations of their cognitive and/or physical abilities that impact an academic environment. Once accommodation is arranged, the student must:

Step 1:

Complete an Accommodated Service Application and Accommodated Service Agreement form each semester with:

Office of Disability Services (Library Room 105) Phone: (337) 550-1206 Email: ODS@lsue.edu or www.lsue.edu/ods

Step 2:

Accommodations for otherwise qualified students with disabilities do not take effect until the student has completed registration with Disability Services and has provided the instructors with Accommodations Letters. The student must provide instructors with notice of three business days before use of accommodation(s).

**** Disability Services cannot require instructors or anyone else to change a student's grade for assignments or exams given prior to the student notifying the instructor of an accommodation(s).**

**** Academic Accommodations are modifications or changes to limit the impact of a person's disability.**

Any student who is a "qualified individual with a disability" as defined by Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act and who will need accommodated services (e.g., note takers, extended test times, audio tapes, tutorials, etc.) for this course must register with and request services through the Office of Disability Services (S145).

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STUDENT SUPPORT SERVICES PROGRAM

A variety of supportive services are available to students who qualify. These include tutoring, counseling (academic, career, college transfer, and personal), testing, computer-assisted instruction, workshops for academic and personal improvement, specially arranged cultural/educational activities, accommodated services for handicapped students, supplemental instruction, and assistance to participants transferring from LSU Eunice to four-year institutions.

Students are eligible to participate in the program if neither parent has a four-year or higher college degree, if family income does not exceed specified limits, or if the student has a physical disability. Additionally, students having ACT composite scores of 18 or below are most likely to benefit from the services offered through Student Support Services.

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MENTAL HEALTH SERVICES

Eighty percent (80%) of college students feel overwhelmed by their responsibilities while in college. 44% of college students report having symptoms of depression, but unfortunately, 75% of students who suffer from depression do not seek help.

Counseling is a process whereby someone asks for help due to problems of emotional nature from a professional who is trained in counseling. The professional will try to help the person seeking therapy to cope with the problem, and to mature and learn more about himself or herself. Counseling services are available for all students enrolled at LSU Eunice FREE of charge. (Appendix S)

The Office of Student Affairs has partnered with Tree of Life Counseling and Consulting to provide free mental health counseling services to students experiencing depression, anxiety, substance abuse, domestic abuse, eating disorders, poor self-esteem, problems adjusting to college life, and more. To schedule an appointment with a licensed counselor, contact Dr. Cheryl Fruge at cfruge@lsue.edu or (337)550-1218. The discussions in these counseling sessions are confidential unless the counselor believes that you may be a risk of harm to yourself or others, in which case the Dean of Students and/or police/EMS will be contacted.

In case of immediate danger, call 911 and LSU Eunice Police at 337-550-1225 or go to the nearest hospital emergency room.

National Suicide Hotline 1-800-SUICIDE (1-800-784-2433)
(Appendix S)

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CLINICAL EDUCATION PLAN

The purpose of the Respiratory Care Program clinical education plan is to provide a blueprint detailing student responsibilities and expectations in the clinical setting. The intent of the Respiratory Care Program is to afford the respiratory student an opportunity to acquire the qualities, knowledge base, as well as the practical and critical thinking skills necessary to function as an integral part of a Respiratory Care Department.

1. Goals

- A. Provide quality education with qualified and appropriate credentialed instructors.
- B. Provide laboratory practice with state-of-the-art cardiopulmonary equipment and clinical simulations to assist students to be proficient in technical and critical thinking skills prior to entering the clinical setting.
- C. Provide remediation in didactical laboratory/clinical courses to reinforce knowledge base, technical and critical thinking skills.
- D. Provide clinical experiences that will enhance the student's knowledge base and critical thinking skills emphasized in didactic courses.
- E. Provide theory and laboratory/clinical learning experiences to enhance student's cognitive, psychomotor, and behavioral abilities.
- F. Provide library resources to strengthen the student's ability to research enhancing theoretical knowledge.
- G. Provide an educational environment conducive to inspiring the student to engage in life-long learning.
- H. Students will have equal access to supplies, laboratory equipment, and laboratory time, including the opportunity for rotations throughout all clinical facilities.
- I. Provide a well-rounded education in respiratory care that will prepare the student as an entry-level registered therapist.

2. Objectives

- A. Upon successful completion of the clinical education portion of the Respiratory Care Program, the student will be able to apply their knowledge (understanding, application, and evaluation of clinical information) in their role as advanced-level respiratory therapists.

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- B. Upon successful completion of the clinical portion of the Respiratory Care Program, the student will be able to demonstrate the technical proficiency to perform the required respiratory therapy procedures in their role as advanced-level respiratory therapists.
- C. Upon successful completion of the clinical education portion of the Respiratory Care Program the student will be able to demonstrate professional behaviors expected in their role as advanced-level respiratory therapists.

3. Clinical Rotation Plan

Weeks	Comps	Session	Course
15	7	Fall	RC 2014
15	9	Spring	RC 2016
7.5	4	Summer	RC 2020
15	6	Fall	RC 2024

At the conclusion of the program, the student shall have the following:

- A. One year of clinical educational experience.
- B. 26 completed competencies.

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COMPETENCY EVALUATIONS

This evaluation process is used to determine student progress in meeting clinical participation objectives and the level of student achievement. Students enrolled in respiratory care clinical courses will be expected to demonstrate specific knowledge, perform advanced level procedures, and exhibit professional behaviors befitting a graduate respiratory therapist. Students will be evaluated in each of these three areas or domains, either by demonstration or oral questioning when applicable:

1. **Cognitive:** relates to knowledge (33% of clinical grade).
2. **Psychomotor:** relates to the performance of skills (33% of clinical grade).
3. **Affective:** relates to behaviors and attitudes (34% of clinical grade).

The general clinical evaluation for clinical or lab rotation will be completed by the faculty monthly to help inform the student of their clinical progression and to assist in remediation. Mid-term and final evaluations will be calculated to formulate a final grade. The general clinical evaluation may be performed more often if the instructor deems it necessary. This evaluation will be used to provide feedback to the student on his/her performance, knowledge, and behaviors in the context of clinical practice. (Appendix H)

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Cognitive Domain Evaluations:

Theoretical understanding of clinical procedures will be reinforced with written and oral clinical examinations/quizzes given throughout the clinical rotations, and possibly more often depending on the clinical instructor. These examinations/evaluations will assess how well the student has accomplished the learning objectives outlined in the clinical syllabus. In addition to these clinical rotation examinations/quizzes, there will be a comprehensive clinical midterm and final examinations during each semester. This examination will assess the student's ability to reason and apply the knowledge gained. It will be very similar in format to the national board examination that you will take to earn your state license. It will test your application of knowledge, ability to reason and think critically, and the ability to solve problems in the clinical setting. Your examination scores will have a direct impact on your cognitive evaluation score which is 33% of your clinical evaluation, your clinical evaluation may be 20 to 25% of your final grade in all clinical courses. (RC 2014 -20%, RC 2016 – 20%, RC 2020 – 25%, RC 2024 – 25%)

Respiratory Case Study/SOAP:

The ability to critically “think through” a respiratory problem, recommend and/or deliver appropriate therapy, and evaluate outcomes has become essential skills for the respiratory care practitioner. To assist you in developing critical thinking skills, you will be required to submit completed care plans to your instructor during the fall semester. The format and frequency will be specified by the individual clinical instructor. These may be used at the discretion of the instructor as an evaluation criterion. (Appendix K)

Reflective Clinical Journal:

The ability to effectively convey information via written communication is an essential competency. To assist you in developing and refining this vital skill, you will be required to prepare and submit weekly journals designed to encourage reflections on your learning experiences. You are required to submit one completed journal through Trajecsyst to the Program Director, Kathleen Warner. They will then be forwarded to your clinical instructor for their review.

The reflective clinical journal is intended to provide a framework for introspection and cogitation. Students are encouraged to pay close attention to composition (grammar, punctuation, and sentence structure) and if necessary, obtain assistance in proofreading their material prior to submission. Using the following questions as your guide, reflect on and discuss your clinical week. (Appendix O)

- A. What were some of your clinical experiences this week?
- B. Who were some of the people that you were in contact with?
- C. Referring to the seven critical thinking skills located in your clinical syllabus, discuss a specific incident where you successfully used, or witnessed someone else using one of these seven skills.

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Psychomotor Domain Evaluations:

The main objective of this course is to prepare students to perform advanced level respiratory care skills. A detailed description of each skill can be found in the **Respiratory Care Program Procedure and Clinical Evaluation Manual**. Students must demonstrate competency in all the following areas as part of their proficiency evaluations in all respiratory care clinical courses.

Equipment Handling: chooses the appropriate device(s) for prescribed therapies, aseptically, efficiently, and properly assembles/prepares devices; checks equipment for proper function; corrects malfunctions when appropriate; uses appropriate settings; cleans, replaces and/or stores equipment as directed by clinical agency guidelines.

Patient Preparation: checks physician's orders; identifies patient; identifies self as student; properly positions patient for positive therapeutic outcomes; instructs patient as to goals of therapy and expected outcomes.

Patient Assessment: properly and efficiently performs appropriate aspects of physical assessment.

Therapy Administration: provides prescribed therapy according to program and/or departmental guidelines; monitors patient before and after therapy; facilitates achievement of therapeutic objectives through education and implementation; recognizes abnormal responses to therapy and takes appropriate action.

Documentation: enters therapy into appropriate section of patient's record data gathered during therapy sessions; includes only pertinent clinical information; completes assignments by reporting patient progress to appropriate staff.

Each clinical competency will be scored on a Likert scale of 1 to 4 with feedback provided by the faculty concerning areas of strength and weakness within the clinical evaluation. The psychomotor domain may be evaluated either as a demonstration or by oral questioning if applicable. This will be 33% of your clinical evaluation. (Appendix I)

Affective Domain Evaluation:

To be an individual capable of working along with other members of the health care team, it is important that the student develop certain core attitudes and behaviors which directly or indirectly affect his/her work product. The student's ability to demonstrate these attributes in the clinical context will have a great bearing on his/her future employment prospects. The following areas will therefore be a part of the students' general clinical evaluation as 34%:

1. **Interpersonal skills** such as: general demeanor, verbal communication skills, patient rapport and consideration.
2. **Personal characteristics** such as attendance and punctuality habits, maturity, professionalism, initiative, dependability, the ability to work with others, the ability to accept constructive

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criticism, and attention to one's personal appearance.

Competencies to be completed:

1. Administration of Oxygen Procedure	14. Intubation/Lab
2. Arterial Puncture Procedure	15. Suction Procedure for Patients with an Artificial Airway
3. Incentive Spirometry	16. Non-Invasive Ventilation
4. Aerosol Administration	17. Respiratory Therapist Shift Change Patient Report
5. Pharmacology	18. High Flow Nasal Cannula Competency
6. Suctioning	19. Mechanical Ventilation/Circuit Change
7. Respiratory Therapist Shift Change Patient Report	20. Non-Invasive BiPAP/CPAP
8. Chest Physical Therapy	21. Monitoring Infant Ventilator/Observation
9. Instituting Mechanical Ventilation	22. BiPAP/CPAP Neonatal Observation
10. Weaning from Mechanical Ventilation Procedure	23. Chest Physical Therapy Pediatric/Neonate/Observation
11. Extubation Procedure	24. Extubation Procedure/Neonate/Observation
12. Arterial Line/ABG Puncture Blood Sampling	25. Weaning from Mechanical Ventilation Procedure/Pediatric/Neonate/Observation
13. Tracheostomy Care Procedure	26. Shift change Report Neonate/Pediatric/Observation

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ACADEMIC INTEGRITY POLICY

The class outlines/syllabi distributed each semester will indicate the number of tests to be given. Routine quizzes may also be offered which may or may not be announced. Course grades will be determined from the actual number of points earned divided by the total number of points available. Students who have concerns over their test/quiz scores must first discuss their concerns with the instructor for the course. If further deliberation is required, the Program Director and/or Director of Clinical Education will provide consideration. All students who score less than 80% on any unit exam must seek assistance either through the program director or the instructor.

Make-up policy and actual testing dates will be announced by individual course instructors. The final exam will be given as assigned by the University. To ensure academic integrity, all books and purses will be placed under desks, or another secure location, during testing to allow faculty space for proctoring. ALL electronic devices will be kept in a secure area outside of the testing site. Permission to "share" electronic calculators during examinations must be obtained from the individual instructor. The instructor reserves the right to assign special seating positions during examinations.

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ASSOCIATE OF SCIENCE IN RESPIRATORY CARE CURRICULUM

Student Name				Audit Completed By:			
Student ID:				Catalog:		Date:	
Course	Term/Year	Grade	Credits	Transfer Equivalent/School		Permission Date	
Gen Ed English (6 hrs) GE English Comp I & GE English Comp II or Adv							
ENGL1001			3				
ENGL1002			3				
Gen Ed Mathematics (6 hrs) GE College Algebra (3 hrs); Trigonometry or Statistics or Business Calculus (3 hrs)							
MATH			3				
MATH			3				
Gen Ed Natural Sciences (14 hrs)							
BIOL1160			3				
BIOL1161			1				
BIOL2160			3				
BIOL2161			1				
CHEM1001			3				
PHYS1001 or 2001			3				
Humanities (3 hrs)							
			3				
Fine Arts (3 hrs)							
			3				
Social Science (3 hrs)							
PSYC2070			3				
Respiratory Care Required Courses (45 hrs)							
ALLH1013			2				
RC1001			2				
RC2011			3				
RC2012			3				
RC2013			3				
RC2014			4				
RC2015			4				
RC2016			4				
RC2017			4				
RC2019			2				
RC2020			2				
RC2021			3				
RC2024			4				
RC2025			3				
RC2026			2				
To Be Completed by Registrar's Office							

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Degree Requirements		
Semester Hours Earned at LSUE		
Total Semester Hours Earned		
LSUE Grade-Point Average (≥ 2.0)		
Overall Grade-Point Average (≥ 2.0)		
Resident Requirements		
25% of credits completed at LSUE		
15 credit hours in the division granting degree		
Reverse transfer		
Student is enrolled during semester of graduation		
Advisor Signature	Dean Signature	Registrar Signature

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COURSE AGE POLICY

Admission into any selective LSUE Health Science program (Nursing, Radiologic Technology, Respiratory Care, Diagnostic Medical Sonography, Surgical Technology) will be limited to two (2) admissions into any program in which the student has started the program but has unsuccessfully completed the program. This restriction applies to whether the student has voluntarily withdrawn from a program or has not met the required objectives necessary for program progression. This policy applies to students who have attempted the same program twice or who have attempted two different programs. This policy does not apply to students who have declined admission into a selective program after selection but before entering programmatic courses. Students wishing to apply for selection for a third entry and attempt in any selective LSUE Health Science program must wait a minimum of 5 years to reapply.

Students dismissed from any selective LSUE Health Science program for violations to the LSUE Student Code of Conduct or violations to any Program Policy(s) may not be allowed to reapply for selection into any selective LSUE Health Science program. A written request for appeal may be submitted to the Dean of Health Sciences, Business & Technology, and Public Protection and Safety for special consideration.

Transfer and re-entry students seeking selection into Health Science programs will have their transcripts evaluated for approved credit. The following guidelines will be applied to transfer and re-entry credits for students seeking entry into one of the competitive Health Science programs: Math, Science, and Medical Terminology courses must be less than 7 years of age at the time of re-entry or transfer.

Courses other than Math, Science, and Medical Terminology must be less than 10 years of age at the time of re-entry or transfer or have approval from the Dean of Health Sciences, Business & Technology, and Public Protection and Safety

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COURSE SEQUENCE AND DESCRIPTION

Fall Semester

English Composition: ENG1001(Lec. 3; Cr. 3): Introductory course in writing, largely expository, accompanied by selected readings. Emphasis on basic rhetorical methods used commonly in exposition.

Applied College Algebra: MATH 1015(Lec. 3; Cr. 3): Emphasis on applications involving: solving equations and inequalities; function properties and graphs to include linear, quadratic, polynomial, exponential, and logarithmic functions. This course is not intended for students whose curriculum includes Trigonometry or Calculus I.

or

College Algebra: MATH 1021 (Lec. 3; Cr. 3): In-depth treatment of solving equations and inequalities; function properties and graphs; inverse functions; linear equations, quadratic, polynomial, rational, exponential, and logarithmic functions with applications; system of equations. Prerequisite: MATH ACT sub score of 22 or higher or grade of “C” or better in MATH 0021.

Human Anatomy: BIOL1160 (Lec 3; Cr. 3): Studies in the macro- and microstructural anatomy of the human body. Topics covered include anatomical terminology, histology, integument, and anatomy of the organ systems of the body (skeletal, muscle, nervous, endocrine, cardiovascular, respiratory, digestive, urinary, and reproductive). Credit will not be given for both this course and BIOL 1201/BIOL 1208 or BIOL 1201/BIOL 1207 unless both are required in a major.

Human Anatomy Lab: BIOL1161 (Lab. 2; Cr 1): Selected laboratory studies in the macro- and microstructural anatomy of the human body.

Medical Terminology: ALLH1013 (Lec. 2; Cr. 2): The study of medical terminology as it relates to understanding diseases, their causes and effects, and the terminology used by the medical specialties. Stress is placed on medical terms, their use, spelling, English translation, and pronunciation.

Spring Semester

English Composition II: ENG 1002 (Lec. 3; Cr 3): Introductory course in writing, accompanied by selected readings in literature and literary criticism. Emphasis on critical thinking through the development of extended essays in a variety of genres such as the academic essay, the review, and the research paper. The course requires an oral presentation and/or technological component, a collaborative project, as well as 1200–1500-word documented essay.

Elementary Statistics: MATH 1425 (Lec. 3; Cr. 3): An introductory course in descriptive statistics, probability, and inferential statistics. Averages and variation, random variables, probability distributions, binomial distributions, normal distributions, sampling distributions, estimation, hypothesis testing, regression, correlations, and chi-square distributions.

Human Physiology: BIOL 2160 (Lec. 3; Cr. 3): May not be taken for credit by zoology majors, predoctoral, or premedical students. Elements of human physiology; controls and functions of the various

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organ systems.

Human Physiology Lab: BIOL 2161 (Lab. 3; Cr. 1): A laboratory course in the elements of human physiology for students majoring in nursing and allied health, home economics, and physical education.

Introduction to Respiratory Care: RC 1001 (Lec. 2; Cr. 2): A survey of basic principles and practices of respiratory care with observation in an area respiratory care department. A review of health care in the United States and an introduction to professional communication and ethics. Also included is the study of medical terminology as it relates to understanding cardiopulmonary diseases, their causes and effects.

Summer

Developmental Psychology of the Life Span: PSYC 2070 (Lec. 3; Cr. 3): Survey of developmental processes across the life span.

Chemistry I Non-Science Majors: CHEM 1001 (Lec. 3; Cr. 3): An introduction to nomenclature; atomic structure; chemical equations and stoichiometry; gas laws; bonding. Quantitative problem solving. Energy relationships, and solutions. For those students whose curricula require only one year of chemistry or physical science. Also, may be taken as a preparatory course for CHEM 1201.

Fall

Humanities Elective: (Lec. 3; Cr. 3)

Fine Arts Elective: (Lec. 3; Cr. 3)

Principles of Physics: PHYS 1001 (Lec. 3; Cr. 3): Survey of concepts in physics, both Newtonian and modern, for non-science majors. This course is not intended for students who wish to pursue further work in the areas of physics and engineering and may not be substituted for the basic course in these fields.

or

General Physics: PHYS 2001 (Lec. 3; Cr. 3): Algebra/trig-based physics: vectors, kinematics, Newton's Laws, momentum, work and energy, rotations, oscillations & waves, elasticity and equilibrium; thermodynamics. (Not intended for engineering majors; intended for pre-medical and non-professional science students.) Credit will not be given for this course and PHYS 2110.

Fall

Respiratory Care Science I: RC 2011 (Lec. 3; Cr. 3): Theory and application of gas therapy, aerosol therapy and bronchial hygiene. An introduction to equipment and various methods used to administer gas and aerosol therapy as well as the evaluation of the effectiveness of the therapy; includes an introduction to pharmacologic principles of drug administration used in advanced life support. An overview of chemical and physical agents and practices used to control the spread of infection will be stressed.

Prerequisite: Selective admission into the Respiratory Care Program. Co-requisite: Respiratory Care

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2012, 2013 and 2014.

Cardiopulmonary Anatomy and Physiology: RC 2012 (Lec. 3; Cr. 3): Study specific to the structures and functions of the heart and lungs with an emphasis in gas exchange. Respiratory care concepts introduced involving pulmonary insufficiency and acid-base balance of the body with an emphasis on physiology in order to recognize abnormal function and to apply appropriate technology and therapy. Prerequisite: Selective admission into the Respiratory Care Program. Co-requisite: Respiratory Care 2011, 2013 and 2014.

Respiratory Care Instruction: RC 2013 (Lec. 3; Cr. 3): Application of patient physical assessment and study in respiratory physiology which include mechanics of breathing and control of ventilation. Theory and application of airway management, chest physiotherapy, oxygen supply systems, oxygen analyzers, regulators, blood gas analyzers, pulmonary function testing and cardiopulmonary resuscitative methods.

Prerequisite: Selective admission into the Respiratory Care Program. Co-requisite: Respiratory Care 2011, 2012 and 2014.

Conference and Clinical Experience I: RC 2014 (Clin. 24; Cr. 4): Clinical experience in an authorized hospital for one semester includes applications in respiratory therapy equipment, techniques, and therapeutics in general patient care with pediatric and adult patients.

Prerequisite: Selective admission into the Respiratory Care Program. Co-requisite: Respiratory Care 2011, 2012 and 2013.

Spring

Respiratory Care Science II: RC 2015 (Lec. 4; Cr. 4): An advanced course in airway management and mechanical invasive and non-invasive ventilation. Instruction in the management of patients requiring assisted and controlled ventilation as it refers specifically to respiratory care problems associated with general medicine, cardiovascular and respiratory disease, general surgery, and thoracic and cardiovascular surgery. Included are discussions of basic and advanced life support methods and the critical care techniques of the newborn and adult care patient.

Prerequisite: Respiratory Care 2011, 2012, 2013, and 2014.

Co-requisite: Respiratory Care 2016 and 2017.

Pathophysiology in Respiratory Care: RC 2017 (Lec. 4; Cr. 4): Discussion of current issues related to etiology, pathophysiology, clinical manifestations, treatment and outcomes of various diseases and conditions that directly affect the cardiopulmonary system. This course also highlights the needs and care of the geriatric patient. Students will learn the application of clinical data using clinical case studies. A review of theory and clinical skills to enhance critical thinking skills needed in a critical care setting with an emphasis on invasive monitoring such as hemodynamic measurement, ventilation/perfusion, and pulmonary assessment. Included is an overview of diagnostic procedures and interpretive skills in cardiopulmonary function, chest radiographs, lung dynamics, specialty gases, blood gas analysis, metabolic assessment, and special procedures. Prerequisite: Respiratory Care 2011, 2012, 2013 and 2014.

Co-requisite: Respiratory Care 2015 and 2016.

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Conference and Clinical Experience II: RC 2016 (Clin. 24; Cr. 4): Clinical experience in an affiliated clinical agency, to include more advanced forms of therapeutic and diagnostic techniques such as initiation, management, and discontinuance of mechanical ventilation, arterial blood gas sampling, and analysis.

Prerequisite: Respiratory Care 2011, 2012, 2013 and 2014.

Co-requisite: Respiratory Care 2015 and 2017.

Summer

Advanced Respiratory Care Pharmacology: RC 2019 (Lec. 2; Cr. 2): Medications related to the respiratory system. Emphasis will be placed on drug calculations, anti-inflammatory, non-steroidal anti-asthmatics, and anti-infective drugs. Overview of nicotine replacement drugs, common cold and cough remedies, sedatives, analgesics, neuromuscular blocking agents, diuretics, pulmonary vascular vasodilators, and cardiac drugs.

Prerequisite: Respiratory Care 2015, 2016 and 2017. Co-requisite: Respiratory Care 2020.

Conference and Clinical Experience III: RC 2020 (Clin. 12; Cr. 2): Clinical experience in respiratory care in an affiliated clinical agency, to provide additional experience and application in general care, critical care, and diagnostics.

Prerequisite: Respiratory Care 2015, 2016 and 2017. Co-requisite: Respiratory Care 2019.

Fall

Perinatology and Pediatric Respiratory Care: RC 2024 (Lec. 2; Cr. 3): A combined lecture and laboratory course which emphasizes an in-depth study of the pathophysiology and diseases of newborn and pediatric patients. Diagnostics, monitoring of clinical indices, and therapeutic measures (i.e., surfactant therapy, high frequency ventilation, ECMO) used in perinatal/pediatric respiratory care.

Prerequisite: Respiratory Care 2019 and 2020.

Co-requisite: Respiratory Care 2022, 2024 and 2025.

Professional Review Seminar Lab: RC 2025 (Lab. 6; Lec. 1; Cr. 3): Comprehensive assessments and evaluations of knowledge base, and critical thinking skills via therapist self-assessment examination and computer-based competency simulations. Remediation and review based on the results of the evaluations of therapist self-assessment examination and computer-based competency simulations.

Prerequisite: Respiratory Care 2019 and 2020.

Co-requisite: Respiratory Care 2021, 2022 and 2024

Critical Care and Other Related Concepts in Respiratory Care: RC 2026 (Lec. 2; Cr. 2): This course is a supplement to RC 2025 (Professional Review Seminar Lab). The focus is placed on providing a variety of critical care case studies relative to therapist self-assessment examinations and computer-based competency simulations discussed in RC 2025. This course will support additional remediation through teaching methods such as small group learning, workbook activities, and patient-care scenario sessions related to all areas of the respiratory care national board examination.

Prerequisite: Respiratory Care 2019 and 2020.

Co-requisite: Respiratory Care 2021, 2024, 2025.

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Conference and Clinical Experience IV: RC 2024 (Clin. 24; Cr. 4): Clinical experiences in respiratory care in an affiliated clinical agency, which includes neonatal, pediatric and adult critical care and diagnostics.

Prerequisite: Respiratory Care 2019 and 2020.

Co-requisite: Respiratory Care 2021, 2022 and 2025

Reviewed summer 2025

TELEPHONE DIRECTORY

Program Director: Kathleen Warner, M.Ed., RRT, RRT-NPS

Assistant Professor

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Licensure Board/ Examination Board:

Louisiana State Board of Medical Examiners (LSBME)

Phone: (504) 356-4240

Fax: (504) 568-6823

Website: www.lsbme.org

National Board for Respiratory Care (NBRC)

Phone: (913) 895-4900

Website: www.nbrc.org

Accreditation Agency:

Commission on Accreditation for Respiratory Care (CoARC)

Phone: (817) 283-2835

Website: www.coarc.com

Professional Societies:

American Association for Respiratory Care (AARC)

Phone: (972) 243-2272

Website: www.aarc.org

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Respiratory Care Program

Louisiana Society for Respiratory Care (LSRC)
Current President: Melissa Smith
Email: lsrcpres1@gmail.com
Website: www.lsrc.net

Revised summer 2025

GLOSSARY OF TERMS

The following are terms that identify components of the Clinical Education Plan:

Affective: Attitudes, emotions, and values of students ranging from mere attention to internalization of a value or value system.

Affiliation Agreement: A formal written understanding between an institution sponsoring the program and an independent clinical education setting.

Assessment: The systematic collection, review, and use of information to improve student learning, educational quality, and program effectiveness.

Assessment Plan: Provides direction for actions and is a way to determine progress. At a minimum, an assessment plan should include goals, evaluation criteria and benchmarks, outcomes, and a plan of action.

Battery: A series of designated respiratory care examinations.

Certification: The one-time process of initially recognizing individuals who have satisfied certain standards within a profession. A person is certified by the National Board for Respiratory Care after graduating from an approved educational program, complying with the ethical and character standards, and passing a certification examination.

Clinical Observation Site: An observation site is used for student observation of the operation of equipment and/or procedures.

Clinical Participation: Consists of observation, assistance, and performance of clinical skills under direct supervision. This performance is evaluated by the clinical instructor and or/ DCE from the set of objectives and use of competency exams.

Clinical Preceptor (CP): A qualified therapist who directly influences the professional development of the student; works intimately with the student in one-on-one observation, instruction, and evaluation.

Clinical Staff: The ratio of students to staff prior to student competency achievement in each modality or procedure shall not exceed 4:1.

Cognitive: Knowledge and application of respiratory anatomy, pathophysiology, equipment, and

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various modalities. This involves problem-solving and critical thinking processes.

Communities of Interest: Institutions, organizations, groups and/or individuals interested in educational activities in respiratory care.

Competency: The ability to perform with indirect supervision and assume those duties and responsibilities according to course and clinical objectives.

Competency Evaluation: The procedure by which a student's performance, application, and critical thinking are evaluated. The minimum acceptable level of competency for clinical final examinations is 80% and for lecture/lab courses is 77%.

Direct Supervision: Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of a licensed respiratory therapist.

Director of Clinical Education: Full-time faculty member responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experience for students enrolled in the respiratory care program.

Due Process: The formal procedure for resolution of a grievance or complaint that identifies time frames for completion of each step and provides for a final appeal to a source external to the program.

Goals: Ends or results the program wants to achieve.

Immediately Available: The presence of a qualified, licensed therapist adjacent to the room or location where a respiratory care procedure is being performed.

Indirect Supervision: Provided by a qualified, licensed respiratory therapist "immediately available" to assist students regardless of the level of student achievement.

Laboratory: The respiratory care room to be used for student practice at LSU Eunice.

Master Plan of Education: Documentation of the entire course of study that includes at a minimum: didactic and clinical curricula, program policies and procedures, and strategies for assessing program effectiveness.

Mission Statement: A means to communicate an educational vision and purpose.

Outcomes: Results, end products, or actual consequences resulting from the educational process. Outcomes include what the students demonstrated/accomplished or what the program achieved.

Program Director (PD): A full-time faculty member who is a qualified, registered respiratory therapist and who administers the Respiratory Care Program.

Psychomotor: Clinical skills gained through simulated practice and clinical participation.

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Simulation: Performance of a respiratory care modality. The student will be required to pass each portion of the laboratory/clinical proficiency with a minimum score 3 on a Likert scale of 1 through 4.

Reviewed summer 2025

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APPENDIX A - WHAT RT'S DO



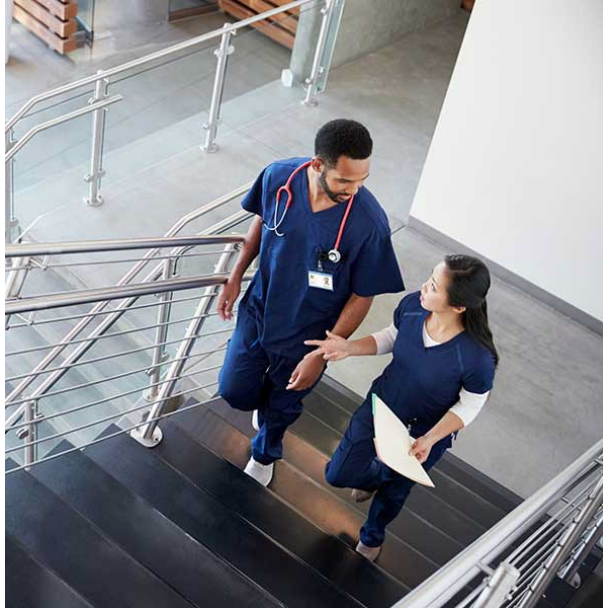
A day in the life of an RT might include—

- Diagnosing lung and breathing disorders and recommending treatment methods.
- Interviewing patients and doing chest physical exams to determine what kind of therapy is best for their condition.
- Consulting with physicians to recommend a change in therapy, based on your evaluation of the patient.
- Analyzing breath, tissue, and blood specimens to determine levels of oxygen and other gases.
- Managing ventilators and artificial airway devices for patients who can't breathe normally on their own.
- Responding to Code Blue or other urgent calls for care.
- Educating patients and families about lung disease so they can maximize their recovery.

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WHERE RTs WORK



You'll find RTs—

- **IN HOSPITALS** giving breathing treatments to people with asthma and other respiratory conditions.
- **IN INTENSIVE CARE UNITS** managing ventilators that keep the critically ill patients alive.
- **IN EMERGENCY ROOMS** delivering life-saving treatments.
- **IN NEWBORN AND PEDIATRIC UNITS** helping children with conditions ranging from premature birth to cystic fibrosis.
- **IN OPERATING ROOMS** working with anesthesiologists to monitor patients' breathing during surgery.
- **IN PATIENT'S HOMES** providing regular check-ups and making sure people have what they need to stay out of the hospital.
- **IN SLEEP LABORATORIES** helping to diagnose disorders like sleep apnea.
- **IN SKILLED NURSING FACILITIES** and pulmonary rehabilitation programs helping older people breathe easier and get more out of life.
- **IN DOCTOR'S OFFICES** conducting pulmonary function tests and providing patient education.
- **IN ASTHMA EDUCATION PROGRAMS** helping children and adults alike learn how to cope with the condition.
- **IN SMOKING CESSATION PROGRAMS** assisting those who want to kick the habit for good.
- **IN AIR TRANSPORT AND AMBULANCE PROGRAMS** rushing to rescue people in need of immediate medical attention.
- **IN CASE MANAGEMENT PROGRAMS** helping devise long-term care plans for patients.

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SPECIALIZED CARE



One of the many great things about being an RT is that the profession is dedicated to patients of all ages and circumstances. Maybe you're interested in working with newborns or children. Or maybe you're interested in the fast-paced world of transport. Wherever you want to take your career, respiratory care is there.

Here's where you can take your respiratory therapy career:

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LONG-TERM CARE



Long-term care RTs work in skilled nursing facilities, subacute care centers, rehab hospitals, and other types of long-term care facilities. RTs in this area work with post-acute and chronic disease patients who range in age from the very old to the very young.

What it takes: Most long-term care RTs enter the area after having worked in a hospital first, and most facilities will require therapists to hold the Certified Respiratory Therapist (CRT) credential. Many will also expect therapists to have the advanced level Registered Respiratory Therapist (RRT) credential as well, and therapists with the RRT are more likely to advance to managerial positions.

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NEONATAL-PEDIATRICS



Neonatal-pediatric RTs work in children's hospitals and general hospitals with neonatal-pediatric wards. Neonatal respiratory care involves treating and monitoring newborns for breathing disorders. A neonatal RT might monitor the breathing of premature babies, treat infants born with pulmonary diseases or disorders, or respond to the unique respiratory care needs of an infant in an emergency.

Pediatric RTs work with toddlers and older children, providing breathing treatments and other care for children with asthma, cystic fibrosis, and a wide range of other respiratory problems.

What it takes: Neonatal-pediatric therapists generally hold the CRT or RRT credentials, and many have also earned the Neonatal-Pediatric Specialist credential, or RRT-NPS. Increasingly, therapists who work with children with asthma are also earning the Asthma Educator-Certified credential, or AE-C, which certifies they are competent to counsel patients in asthma management.

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SURFACE & AIR TRANSPORT



Surface and Air Transport RTs are a vital part of transport teams that treat critically ill patients in emergency transit to critical care units. These RTs do their job huddled in the back of a helicopter, air ambulance, or ground ambulance, working closely with nurses, physicians, and EMTs to keep patients alive and well until they can reach a hospital where they can receive necessary care. When they aren't actively participating in a transport, these therapists work in other areas of their hospitals, from the emergency room to the intensive care units.

What it takes: Transport RTs earn the CRT or RRT credentials, and since many specialize in newborn and pediatric transports, the RRT-NPS credential as well. In addition, they may also be required to have one or more life support credentials.

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PULMONARY REHAB



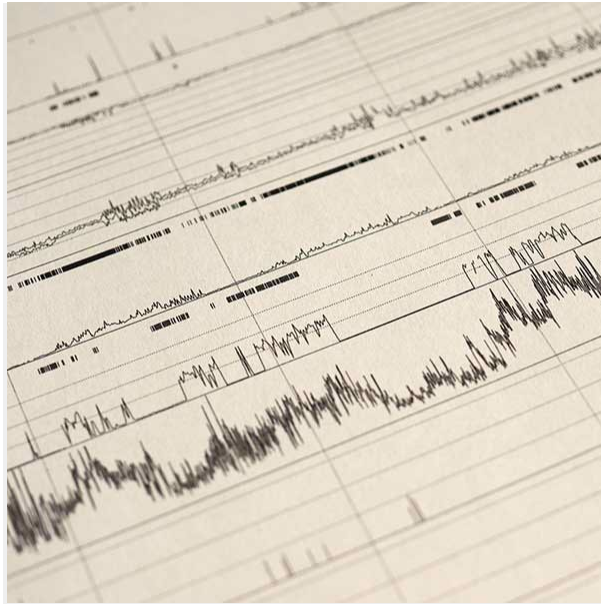
Pulmonary rehabilitation therapists help patients with chronic lung diseases like asthma, emphysema, chronic bronchitis, and pulmonary fibrosis cope with their conditions through education, treatment, and exercise. Most work in pulmonary rehabilitation centers, where they provide care and education to patients enrolled in their programs on an outpatient basis. But some also provide similar services to patients who are still in the hospital. Their primary goal is to help patients with chronic lung ailments breathe more easily and comfortably.

What it takes: Pulmonary rehab therapists will hold the CRT or RRT credentials. Many are also earning the AE-C, if asthma education is a part of their job responsibilities.

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POLYSOMNOGRAPHY



Over the past 30 years, sleep medicine technology has grown into a complex health care field, and respiratory therapists are increasingly being called upon to specialize in this dynamic area of care. RTs who work in sleep are generally employed by sleep laboratories, and they often work the night shift, when sleep studies are conducted.

General respiratory therapists can transition well into polysomnography, but most will need additional education and training to understand the 77 identified sleep disorders, to learn the function and use of polysomnographic equipment, and to provide safe and effective treatment to patients.

What it takes: RTs who go into sleep hold the CRT or RRT credentials but may also want to earn the Registered Polysomnographic Technologist, or RPSGT credential, or the NBRC's Sleep Disorders Specialist (CRT-SDS or RRT-SDS) credential, which is awarded to those who take a specialty exam in polysomnography.

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EDUCATION



Respiratory therapy education involves not just educating future practitioners, but also serving as an educational resource to practicing therapists. Respiratory therapy educators serve as professors and instructors in school programs, including those at the community college and university levels, and they may also work as continuing education coordinators for hospital RT departments.

What it takes: Most RT educators enter the specialty after having worked as a respiratory therapist in a hospital or other setting, and nearly all will have earned the advanced level RRT credential. Many educators also hold masters and doctorate degrees; in many schools, advanced degrees are considered essential for advancement.

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CRITICAL CARE



Many RTs love the fast pace and complex care delivered in the intensive care unit. Critical care respiratory therapists work with the most sophisticated equipment and the most severely ill patients.

What it takes: Therapists who staff the ICU most often have earned the advanced level RRT credential. Many respiratory therapists who work with critically ill patients also earn the NBRC's Adult Critical Care Specialist, or RRT-ACCS credential.

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CASE MANAGEMENT



Some RTs find it rewarding to develop a plan of care aimed at helping a patient transition from the hospital to the home care setting. These RT case managers help coordinate all aspects of a patient's health care needs, making sure they have the equipment and other services they'll need to recuperate at home.

What it takes: Most of these therapists hold the RRT credential, and many will also earn case management credentials as well, such as the Certified Case Manager, or CCM, credential.

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HOME CARE



Many respiratory patients who have long-term illnesses like emphysema receive health care services in their homes from respiratory therapists. These therapists may work for a hospital, but most work for companies that provide home care equipment to people at home. RTs who like to visit with patients and be out and about do well in home care.

What it takes: Since home care requires a lot of independent thinking, most home care therapists have experience working in a hospital or other health care setting. Therapists will have earned the CRT or RRT credential, although the advanced level RRT credential is preferred by many home care companies.

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PULMONARY DIAGNOSTICS



Therapists who enjoy the diagnostic aspects of respiratory care may specialize in pulmonary function testing. These therapists work in hospital-based or physician office-based pulmonary function laboratories, where they conduct the testing required to help physicians determine whether a person has a lung disease and, if so, which one.

What it takes: Therapists in this area generally earn the CRT or RRT credentials, but most will also earn specialty credentials in pulmonary diagnostics. These include the Certified Pulmonary Function Technologist, or CPFT, and Registered Pulmonary Function Technologist, or RPFT, credentials.

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MANAGEMENT



Every respiratory care department has managerial personnel, and many RTs rise up the ranks to fill these positions. Managers in respiratory care are responsible for a wide range of duties — everything from staffing and budget preparation to setting policies and implementing directives from hospital administration.

What it takes: Managers typically enter the area after many years of experience as a staff therapist. Most will have earned the advanced level RRT credential, and many also earn bachelor's degrees or above in business administration or public health.

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Revised summer 2025

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APPENDIX B – AARC STATEMENT OF ETHICS

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
9425 N. MacArthur Blvd., Ste 100, Irving TX 75063 (972)243-2272
www.aarc.org

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AARC Statement of Ethics and Professional Conduct In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

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

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Reviewed summer 2025

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APPENDIX C – SEXUAL HARRASSMENT POLICY

LSU Eunice PS No. 30

Primary Monitoring Unit: Chancellor's Office

Secondary Monitoring Unit: Title IX Coordinator and AA/EEO Officer

Effective: May 14, 1998

Revised: September 14, 2015, July 11, 2019

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SUBJECT: Policy on Sexual Harassment

Purpose

To be in compliance with Section 703 of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Executive Order No. BJ 2014-14, the Louisiana Board of Regents, Louisiana State University Title IX and Sexual Misconduct Policy ([PM 73](#)), and the Equal Opportunity Policy ([PM 55](#)). Sexual harassment is a violation of Title IX of the Education Amendment of 1972, which prohibits discrimination based on sex in educational institutions receiving federal financial assistance.

Sexual Relationships and Professional Conduct

For productive learning and the support thereof, members of the LSU Eunice campus community, i.e., faculty, students, administrators, and staff, should pursue their responsibilities guided by a strong commitment to principles of mutual trust and confidence and professional codes of conduct.

It should be understood by all members of the campus community that sexual relationships that occur in the context of educational or employment supervision and evaluation are generally deemed very unwise because they present serious ethical concerns. Faculty, administrators, and staff shall not engage in sexual and/or romantic relationships with any student over whom they have direct authority in terms of employment or educational decisions. Direct authority over a student includes, but is not limited to, the following situations: students enrolled in a faculty member's course; supervisors of work study or student employees; advisors to organizations or clubs and members of that organization or club; coaches or trainers of an athletic team and members of that team; counselors and student clients; academic advisors and their advisees.

Faculty and supervisors are warned about the possible costs of even an apparently consenting relationship. The reasons for entering such a relationship may be a function of the power differential. Furthermore, even in a seeming consensual relationship, where power differentials exist, there are limited after-the-fact defenses against charges of sexual harassment. The individual with the power in the relationship will bear the burden of accountability. Lastly, such a relationship may affect the educational or employment environment for others by creating an appearance of improper, unprofessional, or possibly discriminating conduct. See LSU Permanent Memoranda PM 55 (Equal Opportunity Policy dated July 10, 2006), and PM 73 (Title IX and Sexual Misconduct Policy dated December 15, 2015) for further information.

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

LSU Eunice PS No. 30

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Effective: May 14, 1998

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SUBJECT: Policy on Sexual Harassment

Definitions

Sexual harassment consists of unsolicited and unwelcome sexual behavior. It is coercive or offensive conduct in a non-reciprocal relationship.

1. "Quid pro quo" sexual harassment consists of requests for sexual favors, either implied or explicit, when submission to such requests is made a condition of continued employment, advancement, improved grades, or participation in a university activity.
2. "Hostile environment" sexual harassment consists of unwelcome sexual advances, requests for sexual favors, sexual flirtation, graphic or degrading comments or gestures of a sexual nature, and the display of sexually offensive objects or pictures. Sexual harassment does not refer to occasional compliments of a socially acceptable nature; it refers to repeated behavior which is unwelcome and personally offensive.
3. "Sexual assault" consists of unwelcome physical contact of a sexual nature. It includes kissing, stroking, fondling, coerced sexual intercourse, and rape or attempted rape.
4. A "responsible party" is defined in PM 73 as any employee who has the authority to take action to redress sexual violence or who has been given the duty of reporting incidents of sexual violence or any other misconduct by employees or students to the Title IX Coordinator or designee; or whom an employee or student could reasonably believe has the authority or duty; or any student employees.

Further definitions associated with sexual harassment are contained in [PM 73](#).

Sexual harassment can occur between members of the same sex as well as members of the opposite sex. It can occur between peers as well as between people who are in a superior/subordinate relationship. It can occur between any members of the LSU Eunice campus community, including faculty, staff, and students. An incident of sexual harassment can also occur between a member of the LSU Eunice community and a visitor, patron, client, or contractor working for LSU Eunice.

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LSU Eunice PS No. 30

Primary Monitoring Unit: Chancellor's Office

Secondary Monitoring Unit: Title IX Coordinator and AA/EEO Officer

Effective: May 14, 1998

Revised: September 14, 2015, July 11, 2019

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SUBJECT: Policy on Sexual Harassment

General Policy

It is the policy of LSU Eunice that all members of the campus community should be able to enjoy a work and/or educational environment free from sexual harassment. Such conduct as described above -- whether committed by supervisors, non-supervisors, faculty, staff personnel, students, visitors, contracted personnel, or others -- is prohibited. All members of the university must be aware of sexual harassment, whether intended or inadvertent, and take a proactive stand against it.

Supervisors shall take a proactive role in preventing sexual harassment. They must understand LSU Eunice policy and procedure on sexual harassment and enforce acceptable behavior among faculty, staff, and students; observe and be aware of potential sexual harassment behaviors in and out of the classroom; model appropriate behavior; and alert the Title IX Coordinator and AA/EEO Officer or designee should an incident occur.

The Title IX/AA/EO Officer or designee shall promote awareness and sensitivity of sexual harassment issues across the campus. Should an incident occur, the Title IX Coordinator and AA/EEO Officer or designee shall take the appropriate steps outlined in the procedure section to resolve the incident in an expeditious and impartial manner.

Procedure

Initial Action(s) by Harassed Party:

An individual who feels harassed shall immediately tell the harasser (through face-to-face contact, in writing, or through a third party) to stop what the individual feels is offensive behavior. The individual who feels harassed should also keep records of the incidents.

1. An individual who wishes to make a complaint may use either formal or informal procedures. Complaints must be filed with the Title IX Coordinator and AA/EEO Officer or designee. A person may make a complaint to any member of campus considered to be a "responsible party".

Any complaints made about a member of the university community who uses verbal/physical abuse directed toward an individual or a group based on their sex or who creates a sexually intimidating, hostile working/learning environment shall be addressed immediately. The person shall be told that such behavior is not acceptable and not tolerated at the university. NOTE: Since sexual harassment charges constitute a federal offense, complainants should take this matter seriously in bringing complaints against others.

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LSU Eunice PS No. 30

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Effective: May 14, 1998

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SUBJECT: Policy on Sexual Harassment

Informal Procedure:

1. Within 180 days the complainant shall contact someone whom he/she trusts, e.g., a counselor, advisor, faculty member, administrator, or campus security.
2. Under all circumstances, this university member must refer the complaint to the Title IX Coordinator and AA/EEO Officer or designee on campus. If the Title IX Coordinator and AA/EEO Officer is charged with sexual harassment, the complaint shall be filed with the Office of Human Resources.
3. The Title IX Coordinator and AA/EEO Officer or designee shall refer to PM 55 and/or PM 73 to investigate the allegations and attempt to resolve the complaint using informal discussion and negotiation. It is important that all communications be kept confidential.

Note: If during the informal investigation, it is determined that the violations committed were intentional and/or part of a behavioral pattern, more formal procedures may be initiated at any time by the Title IX Coordinator and AA/EEO Officer or designee.

Formal Procedure:

For a formal complaint, the following procedure shall be taken.

1. A sexual harassment complaint, in compliance with federal regulations, shall be filed no later than 180 days after the incident occurs.
2. The complaint shall include complainant's name and the name of the accused, a description of the alleged incident(s), location, date, and times, names of witness(es), if available, and the desired resolution by the complainant. The complaint can be in writing but is not required.
3. The complaint shall be filed with one of the following:
 - a. Title IX Coordinator and AA/EEO Officer or designee
 - b. a "responsible party" of the University
 - c. campus security
 - d. local law enforcement.

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

LSU Eunice PS No. 30

Primary Monitoring Unit: Chancellor's Office

Secondary Monitoring Unit: Title IX Coordinator and AA/EEO Officer

Effective: May 14, 1998

Revised: September 14, 2015, July 11, 2019

Page 5 of 131

SUBJECT: Policy on Sexual Harassment

Anyone, other than the Title IX Coordinator and AA/EEO Officer, receiving a formal complaint alleging sexual harassment must report the complaint to the Title IX Coordinator and AA/EEO Officer or designee immediately or within 24 hours. The Title IX Coordinator and AA/EEO Officer or designee shall refer to [PM 55](#) and/or [PM 73](#) to investigate the allegations and attempt to resolve the complaint using formal or informal discussion and negotiation.

The Title IX Coordinator and AA/EEO Officer or designee, in conjunction with the appropriate supervisor, shall inform the alleged offender of the allegation.

It is strongly suggested that individuals who have been accused of sexual harassment contact any of the following persons for assistance and advice:

- a. Deans
 - b. Supervisor
 - c. Appropriate Vice Chancellor
 - d. Title IX Coordinator and AA/EEO or designee
 - e. legal counsel
4. During the entire process, confidentiality must be maintained. Thus, dissemination of information relating to the case shall be limited in order that the privacy of all individuals involved is protected as fully as possible.
 5. The complainant and any witnesses shall be protected from any intimidation or retaliatory action by those named in the complaint.
 6. Once the formal investigation has been completed, the Title IX Coordinator and AA/EEO Officer or designee will make an appropriate recommendation based upon the evidence presented by the parties involved.
 7. If, during the investigation, it is determined that the rights of a student, faculty, staff, or other individual have been violated, then LSU Eunice will take the appropriate disciplinary or corrective action.

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Effective: May 14, 1998

Revised: September 14, 2015, July 11, 2019

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SUBJECT: Policy on Sexual Harassment

Appeals Procedure

Any faculty, staff, or student found in violation of Title IX/AA/EEO or disciplinary action resulting from a Title IX/AA/EEO Violation has the right to an appeal. The appeal must be submitted in writing to the LSU Eunice Chancellor within 10 days of the decision. The Chancellor will submit his/her findings in writing within 15 working days to the party requesting the appeal and any other party the decision effects. The Chancellor's decision will be final.

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX D – STUDENT APPEALS POLICY

LSU Eunice PS No. 8 Effective: June 4, 2010

Revised: December 3, 2012, September 14, 2015

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SUBJECT: Appeal Procedures Available to Students

Appeal Procedure

The functions of an appeal procedure are twofold: to determine if the appeal has merit, and, if so, to arrive at appropriate action by the University to remedy the situation.

Appeal Form

A printed form is provided by the University to be used by students in making appeals that reach the third step of the appeal procedure. (See Appendix to PS No. 8.)

Hearings

A duly constituted hearing panel (see section on The Use of Hearing Panels) will consider evidence, facts, and arguments on both sides of an appeal to determine the facts of the case and, after determining the facts, make recommendations for appropriate action.

Hearings will be conducted in a manner consistent with procedural due process standards.

GENERAL POLICY

It is the University's policy to provide students with well-established appeal procedures for questioning the validity of any regulation, rule, policy, requirement, or procedure as it applies to the individual student.

It is recognized that student dissatisfaction resulting in an appeal may range from a simple disagreement over the interpretation and application of a department rule, to a more severe dispute over the application of a particular University regulation to the student's own situation, to a very serious charge of improper discrimination or violation of constitutionally guaranteed rights. Although recognizing the wide range of possible complaints, and varying degrees of seriousness of complaints, the University has developed a uniform appeal procedure to be followed for all appeals, except those challenging traffic or parking summons or citations and grievances growing out of student employment.

It is the University's basic philosophy that student appeals can best be, and hence, should be, settled at the lowest possible administrative level and settled as quickly as practicable.

General Provisions of the Appeal Program

1. The decision to utilize an appeal procedure shall be voluntary on the part of the individual student. All students shall have the right to make appeals without fear of coercion, harassment, intimidation, or reprisal from the University or its employees for the act of utilizing an appeal procedure.
2. No University employee is to take reprisal action against a student for the act of making an appeal. However, it should be understood that capricious charges made by a student against a university employee may make that student liable to action through the courts.
3. The University recognizes the rights of all parties, the student filing an appeal, and employees against whose action the appeal is filed, to impartial appeal decision-makers.

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SUBJECT: Appeal Procedures Available to Students

4. The student shall have the right to have an advisor, or advisors, present at all discussions and hearings held as a part of an appeal; however, the advisor would not normally be used at the initial discussion between the student and the University employee, i.e., Step 1 in the General Appeal Procedure. The advisor(s) may be a friend, a parent, a faculty member, an ombudsman, an attorney, or any other person chosen by the student.
5. If an appeal alleges that the cause of the appeal grows out of an inappropriate action by a particular employee or employees of the University, the employee or employees shall also have the right to be present at all appeal meetings and/or hearings. The employee may have an advisor present at all such meetings.
6. The confidentiality in all appeal proceedings shall be maintained in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974.

Types of Appeals

Consistent with the general policy statement above, the University provides the following types of appeals.

1. General Appeal. A student may use the general appeal procedure to formally question the validity of any University regulation, rule, policy, requirement, or procedure as it applies to the student, except as listed in 2 and 3 below.
2. Appeals of University Traffic Citations. A special procedure is established whereby a student may appeal any University traffic citation issued to a vehicle operated on campus by a student or for the benefit of a student. Such appeal must be initiated within 7 business days of the date of issuance of the citation to the Vice Chancellor for Student Affairs and Enrollment Management. Instructions for initiating challenges of traffic citations are printed on the back of each traffic citation. For this policy, a business day is defined as a day when administrative offices are open for business.
3. Grievances by Student Employees of the University. Students who are also employees of the University shall have the right of appeal when work rules and other conditions of employment result in dissatisfaction.
4. Title IX Offense, Complaint, or Disciplinary Action Arising from a Title IX Violation. The student has the right to appeal any decision of the Student Code of Conduct Committee. Any such Title IX/AA/EEO violation/disciplinary appeal must be submitted in writing to the LSUE campus Chancellor within 10 working days of the decision. The Chancellor will submit the findings in writing within 15 working days to the party requesting the appeal and any other party the decision effects. The Chancellor's decision will be final.

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SUBJECT: Appeal Procedures Available to Students

OPERATING PROCEDURES

Steps to be Followed in Making an Appeal

Appeals of traffic citations, appeals relative to student conduct, and grievances growing out of student employment, should be made in accordance with the special procedures established for these appeals. All other appeals should be made in accordance with the following step-by-step process.

Step One - The student should meet with the University employee whose action caused the student's dissatisfaction to discuss the problem and to attempt to arrive at a solution. Although the student and the University employee may each have an advisor present, it is believed that under most circumstances, the meeting will be more productive if only the student and the employee are present. Except for grade appeals, no specific time limit is set for making an appeal; however, it is recommended that appeals be made as soon as possible after the occurrence of the action which resulted in the appeal. The University employee must inform the student of his/her decision within 7 business days after the meeting. Appeals of final grades must be initiated by the student within 20 business days after the beginning of the next regular semester. If the decision reached in this step requires changes in an official record of the University, e.g., a grade change, or the release of the student from a specific obligation, the University employee must comply with all University regulations and procedures necessary to accomplish the change.

Step Two - If the matter is not resolved between the student and the employee in Step One, and the student wishes to pursue the appeal, the student shall make a written request to the head of the department asking for a meeting between the head of the department, the employee who heard the appeal at Step One, and the student. The name and exact title of the person to whom the request should be addressed can be obtained from the employee in Step One. The written request should state that the purpose of the meeting is to consider an appeal and should indicate the name of the employee involved in Step One; however, it need not go into detail as to the justification for the appeal. For grade appeals, this request must be submitted within 30 business days after the first day of classes of the next regular semester. Upon receipt of a written request, the head of the department shall arrange for such a meeting within 10 business days from the date that the request is received. The meeting should be an informal but thorough and candid discussion of the problem in the hope of arriving at a solution. The student and the employee may be accompanied by an advisor. The head of the department shall make the decision at the close of the meeting, or within 5 business days thereafter, if the department head wishes to take the matter under advisement. If a decision is made at the close of the meeting, it is to be given orally to all present. If the matter is taken under advisement, the head of the department shall inform all parties of his/her decision in writing. If the decision reached in this step requires changes in an official record of the University, the University employee must comply with all University regulations and procedures necessary to accomplish the change.

Step Three - If either the student or the University employee is not satisfied with the decision reached in Step Two, an appeal may be made to the next level in the administrative structure of the University, e.g., grade appeals and other academic appeals to the Vice Chancellor for

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Academic Affairs, and all other appeals to the administrator to whom the employee who heard the appeal in Step Two reports. The name and title of the person to whom the Step Three appeal is to be made can be obtained from the administrator handling Step Two. The appeal must be in writing on the form provided for this purpose in the Appendix to this policy by the University and must be submitted within 10 business days after notification of the results of Step Two. The form must contain the following: a statement of the action(s) complained of; the relief requested (i.e., resolution); and a specific statement of the reasons supporting the relief sought. The student or University employee may also request that a hearing panel be established to assist in making the Step Three decision. In the case of a student's appeal, the Step Three administrator must promptly forward a copy of the written appeal to the two employees involved in Step Two. They, in turn, must promptly reply with individual written statements supporting the action(s) taken in Step Two. Either of these employees may request that a hearing panel be used in Step Three. Copies of their replies must be forwarded to the student. Upon receipt of a written appeal, and appropriate replies from Step Two employees, and unless a hearing panel has been requested, the Step Three administrator may take one of the following actions:

1. Reach a decision based on the written appeal and the replies.
2. Hold a meeting with all parties present, and after discussion, reach a decision.
3. Refer the appeal to a hearing panel for their recommendations. If the student or an employee request the use of a hearing panel, the administrator must refer the appeal to a hearing panel for a recommendation. Additional information about the use of a hearing panel is presented under the heading The Use of Hearing Panels.

If options 2 or 3 above are used, the student and employee may be accompanied by an advisor. Though advisors may communicate freely to individuals they accompany, they will not be permitted to speak on behalf of an individual, directly question other parties, engage in statements or summations, or in any other way insert themselves directly into the hearing process. Regardless of the method used, the Step Three administrator must decide within 20 business days from the date of receipt of the student's appeal. The decision must be in

Writing with the reasons supporting the decision, and copies must be given to all the parties. If the decision reached in this step requires changes in an official record of the University, the University employee must comply with all University regulations and procedures necessary to accomplish the change.

The decision of the administrator in Step Three concludes the appellate process; however, if any party, student, or employee, believes that a serious procedural error was committed in Step Three, or that there was an abuse of discretionary authority in reaching a decision in Step Three, a written request may be made to the Chancellor for further relief. This written request shall take

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the form of a petition for review.

Petition for Review

The petition for review must be addressed to the Chancellor. It must be filed within 10 business days after receiving the decision made on the appeal at Step Three. The petition for review must contain a complete statement of the alleged serious procedural error, or examples of abuses of discretionary authority complained of, and must contain reasons for the relief sought. The petition must also be accompanied by all documents produced at Step Three.

The Chancellor shall decide within 10 business days whether further action should be taken, and in reaching this decision, may ask the other parties to make a written reply to the petition for review, or these parties, on their own, may make a written statement. If the decision is reached that a review is not justified, the student and all other parties will be so notified. If the Chancellor decides to respond favorably to the petition for review, he/she will hold a formal meeting with the parties and reach a decision based on this meeting and all written materials furnished. The Chancellor will notify all parties once a decision is reached.

Maximum and Minimum Steps in Appeal Procedure

The maximum number of steps in the student appeal procedure is three, and the minimum is one. Initially, the appeal should be made to the employee who took the action which resulted in the appeal. The place of the employee receiving the appeal in the University's table of organization will determine if all three steps of the appeal procedure are necessary. Most appeals, however, unless settled at an early step, will go through all three steps.

Because of the uniformity of the administrative structure of the academic divisions of the University, the administrator charged with the responsibility for reaching Step Three decisions for all grade appeals will be the Vice Chancellor for Academic Affairs, except in cases in which the Vice Chancellor is also the instructor who gave the grade being appealed. In such cases, the Chancellor (or Chancellor's designee) will preside.

In the interest of consistency and fairness to the student, and to give assurance that the person responsible for Step Three has the necessary delegated authority required to make the decision, Step Three appeals in all divisions of the University will be the responsibility of an appropriate administrator in the table of organization who reports directly to the Chancellor.

The Use of Hearing Panels

Step Three of the appeal procedure provides for the use of hearing panels upon request by any of the parties, or at the discretion of the administrator hearing Step Three.

Such hearing panels to hear grade appeals will be appointed by the Vice Chancellor for

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Academic Affairs and shall be composed of three faculty members selected by the Vice Chancellor, with no more than two from the same department, and two students appointed by the SGA president. The Vice Chancellor will designate a committee chair. The panel shall hold a hearing with the head of the department, the teacher, and the student, all of whom may be accompanied by an advisor. After deliberation, the committee will make its recommendations to the Vice Chancellor for Academic Affairs. Copies of these recommendations and the final decision of the Vice Chancellor must be given to all the parties and the Chancellor for final disposition.

Some federal laws and administrative guidelines issued by the executive branch of the Federal Government for the administration of these laws require the use of hearing panels as a part of the student's appeal procedure. These laws include Title VI and Title VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; Section 503 and 504 of the Rehabilitation Act of 1973; and the Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment). In all student appeals which allege a violation of these laws or guidelines issued to implement these laws, a hearing panel will always be used at Step Three. This hearing panel will be appointed by the Step Three administrator, or, at his/her discretion, the administrator may request the Chancellor to appoint the hearing panel. The membership of the hearing panel will be not less than three nor more than seven. The person appointing the committee will designate one member to serve as chair.

References

The following were used in preparing PS No. 8: The Constitution of the United States; Title VI of the Civil Rights Act of 1964 and regulations and guidelines issued by the Department of Health, Education and Welfare; Title IX of the Educational Amendments of 1972 and regulations and guidelines issued by the Department of Health, Education and Welfare; The Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment) and regulations and guidelines interpreting and implementing this act issued by the Department of Health, Education and Welfare; Section 504 of the Rehabilitation Act of 1973 and regulations and guidelines issued by the Department of Health, Education and Welfare; General Order on Judicial Standards of Procedure and Substance in Review of Student Discipline in Tax Supported Institutions in Higher Education issued by the United States District Court for the Western District of Missouri, sitting en banc - this general order outlines the requirements for due process in the student-university relationship; Title IX Grievance Procedures Introductory Manual - issued by the Department of Health, Education and Welfare.

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APPENDIX LSUE STUDENT APPEAL FORM

Name: _____ Student ID: _____

Division: _____ Curriculum: _____

Advisor (See Item 4 under General Provisions of the Appeal Program P. 2 of 11)

Name: _____

Title or Relationship: _____

List name and title of the University employee to whom the appeal was made at Step One and Step Two:

Step One: Name: _____

Title: _____

Sep Two: Name: _____

Title: _____

Name/title of person to whom the Step Three appeal is being filed:

Name: _____

Title: _____

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Statement of Appeal
(Action complained of)

Relief (Resolution) Requested

Reasons Supporting Relief Requested

Student Signature: _____ Date: _____

*This form should be used only for Step Three appeals.

**If sufficient space is not provided, write "see attached" and attach your appeal statement written on 8 1/2 x 11 paper in accordance with the provisions of Step Three of the appeal procedure.

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APPENDIX E – SUBSTANCE ABUSE POLICY

LSU Eunice PS No. 41

Effective: June 8, 1998

Revised: April 12, 2017

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SUBJECT: Substance Abuse and Drug-Free Campus Policy

**The following is written in accordance with the U.S. Department of Education and State of Louisiana Employee Substance Abuse and Drug-Free Workplace Policies. These policies conform with the U.S. Drug Free Schools and Campuses Act of 1989 and 1990.

It shall be the policy of Louisiana State University at Eunice to maintain a drug-free campus environment. Both the workforce and students shall remain drug-free and free of other substance abuse. Thus:

- A. Employees (administrators, faculty, staff, and student employees) are prohibited from reporting to work or performing work for the State while under the influence of or while impaired by illegal drugs or alcohol.
- B. The illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances and alcohol by employees while at the work site, and while engaged in official business, on duty, or on call for duty is prohibited.
- C. The illegal use, possession, dispensation, manufacture or sale of controlled substances and alcohol abuse by students while on campus is prohibited.
- D. Employees who exhibit such conduct as described in A and B, and students who exhibit such conduct as described in C, and who are convicted of violating the University's Substance and Drug Abuse Policy will be subject to the following within thirty (30) days after conviction:
 - 1) employees - appropriate personnel disciplinary action up to and including termination of employment or mandatory participation in a rehabilitation program approved for such purposes by a Federal, State, or local health or law enforcement agency or other appropriate agency.
 - 2) students - disciplinary action including suspension or expulsion from the University as specified by the LSU Eunice Code of Student Conduct.
 - 3) employees and students - referral to civil authorities as appropriate for violation of local, state, or federal regulations.
- E. All employees and students will be given a copy of the University's Substance Abuse and Drug-Free Campus Policy on an annual basis. As a condition of employment for administrators, faculty, staff, and student employees, and as a condition of enrollment for all students, the attached document must be signed which attests that they will:
 - 1) abide by the terms of the University's Substance Abuse and Drug-Free Campus Policy

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SUBJECT: Substance Abuse and Drug-Free Campus Policy

- 2) notify the Office of the Chancellor (employees) or Office of Student Affairs(students) in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Signed employee certification sheets will be filed in the Office of Personnel Records.
Student certification sheets will be filed in the Office of Student Affairs.

- F. The University will report any such criminal drug statute convictions of employees, including student employees, where employment is funded through a federal grant or contract to the agency or agencies from which that grant, or contract is received within ten (10) days after receiving notice from the employee or student or otherwise receiving actual notice of such conviction.
- G. The University will assist those employees and students seeking rehabilitation by providing names, addresses, and telephone numbers of substance abuse facilities.
- H. The University will present an alcohol and drug awareness program(s) to inform employees and students of the following:
 - 1) the dangers of substance and alcohol abuse in the workplace.
 - 2) the University's policy of maintaining a drug-free workplace.
 - 3) any available drug and alcohol abuse counseling, rehabilitation, and employee assistance programs.
 - 4) the penalties that may be imposed upon employees for drug or alcohol abuse violations occurring in the workplace; and
 - 5) the penalties that may be imposed upon students receiving financial assistance for drug or alcohol abuse occurring within the classroom or elsewhere on the campus.

The Office of Student Affairs will coordinate implementation of this policy.

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LSU EUNICE SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY STUDENT CERTIFICATION SHEET

I hereby certify that I have received a copy of the Louisiana State University at Eunice Student Substance Abuse and Drug-Free Campus Policy. I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances and alcohol is prohibited when I am in classes, or at any other time on campus. I understand that violation of this policy may result in disciplinary action up to and including suspension or expulsion from the University as specified by the LSUE Code of Conduct. I acknowledge my responsibility to notify the Office of Student Affairs within five (5) days if I am convicted of violating any criminal drugstatute on the campus. I further realize that the University may be required by law to give notice of such conviction to federal agencies from which it receives grants or contracts, and I hereby waive all claims that may arise from the conveying of this information to any such federal agency.

Signature: _____

Date: _____

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LSU Eunice PS No. 41

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LSU EUNICE SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY EMPLOYEE CERTIFICATION SHEET

I hereby certify that I have received a copy of the Louisiana State University at Eunice Employee Substance and Drug-Free Campus Policy. I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances and alcoholis prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify the Office of the Chancellor within five (5) days if I am convicted of violating any criminal drug statute on the campus, while on official business, or while on call for duty. I further realize that if an employee funded through a federal grant or contract is convicted, the University is required by law to give notice of such conviction to that federal agency and hereby waive all claims that may arise from the conveying of this information to such federal agency.

Signature: _____

Date: _____

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APPENDIX F – COUNSELING/REMEDIAL STUDY FORM

LOUISIANA STATE UNIVERSITY EUNICE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY RESPIRATORY CARE PROGRAM

COUNSELING FORM/REMEDIAL STUDY FORM (SAMPLE)

Student's Name Jane Smith

Date 12/1/10

Semester Fall 2010

Clinical Site LGMC

Course RC 2014

Comments: Jane and I met with the Program Director and discussed her performance in the clinical setting.
Mrs. Warner and I encouraged Jane to be more aware of the side effects of the suctioning procedure.

Recommendations (when applicable) We encouraged Jane to review her laboratory manual, to watch videos related to suctioning found in the A-V lab, and to complete the activities found in the Egan's workbook pertaining to bronchial hygiene, suctioning, etc.. After she has completed this, we will schedule some practice in the RC laboratory and have her perform this skill to practice and get better prepared for her competency.

Student's Signature Jane Smith Date 12/1/10

DCE Signature Michael Wyble Date 12/1/10
Director of Clinical Education

PD Signature Mrs. Warner Date 12/1/10
(Program Director)

Copies of this form are to be kept in the student's clinical records.

Reviewed summer 2025

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Division of Health Sciences, Business Technology, Public Health and Safety
Respiratory Care Program

APPENDIX G – RC SCOPE OF PRACTICE

1. The practice of a respiratory therapist is directed by a licensed independent practitioner and is determined by state licensure laws where applicable. The practice typically focuses on:
 - A. Patients across the age spectrum – neonatal through geriatric.
 - B. Direct and indirect patient observation and monitoring of signs, symptoms, reactions, general behavior and general physical response to respiratory care and diagnostic interventions.
 - C. Implementation of respiratory therapy procedures, medical technology, and diagnostic procedures necessary for disease prevention, treatment management, and pulmonary rehabilitation.
 - D. Utilization of protocols, guidelines, pathways, and policies driven by evidence-based medicine, expert opinion, and standards of practice.
 - E. Participation in research to evaluate interventions and technology to determine their ability to improve patient outcomes.
 - F. Facilitation and direction of patient rehabilitation programs and the development of disease and care management plans.
 - G. Provision of patient and family education activities to promote knowledge and understanding of the disease process, medical therapy, and resources available to assist in the care of the patient.
 - H. Facilitation of health care student learning.
 - I. Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable.

The responsibilities of a respiratory therapist include, but are not limited to:

Performance and collection of diagnostic information

- Pulmonary function testing
- Interventional diagnostics
- Sleep studies
- Noninvasive and invasive diagnostic procedures
- Blood gas and other pertinent laboratory analysis

Respiratory Care Scope of Practice

Respiratory Therapists are health care professionals responsible for the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice crosses all patient, client and resident populations and care sites including, but not limited to various in-patient and outpatient settings (e.g. acute care, urgent care, long-term care, sub-acute care, skilled nursing facilities), physician's offices, sleep labs and clinics, vendor and industry venues, and the patient's home.

2. Patient assessment
 - A. Physical examination
 - B. Diagnostic data interpretation
3. Application of therapeutics to respiratory care
 - A. Medical gas therapy
 - B. Humidity therapy

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- C. Aerosol therapy
- D. Artificial airway insertion, management, and care
- E. Airway clearance
- F. Invasive and non-invasive mechanical ventilation
- G. Vascular catheter insertion, management, and care
- H. Extracorporeal Life Support (ECLS)
- 4. Assessment of therapies
- 5. Disease management of acute and chronic diseases
- 6. Collaborative support of hemodynamics
- 7. Discharge planning and case management
- 8. Provision of emergency, acute, critical, and post-acute care, including
 - A. Patient and environmental assessment
 - B. Therapeutic interventions
 - C. Patient land and air transport

Reviewed summer 2025

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APPENDIX H – STUDENT CLINICAL EVALUATION

Student Clinical Evaluation

STUDENT CLINICAL EVALUATION

Report creation date: 08/02/2020
 Evaluator: ASBURY, DAVID RYAN
 Subject: STUDENT, TEST

Evaluations	Totals	Evaluation Items
<u>1</u>		
		Cognitive Domain
Satisfactory		Reasoning Ability: Learning Adaptability
Marginal		Reasoning ability: Theory integration
Satisfactory		Work performance: Judgment
Above Average		Work performance: Observation, Assessment,
Satisfactory		Reporting of Patient's Status/Needs
Satisfactory		Reasoning ability: Knowledge & Comprehension (Oral Examination)
Above Average		Reasoning ability: Knowledge & Comprehension (Written Examination)
Satisfactory		Recognize the Importance of Earning the Professional Credential (CRT or RRT). Required to Enter into Practice
78.13	78.13	
		Affective Domain
Satisfactory		Interpersonal skills: General Demeanor
Above Average		Interpersonal Skills: Communicate effectively in diverse groups while respecting beliefs and values of all persons, regardless of cultural background, religion, age or lifestyle
Satisfactory		Interpersonal Skills: Verbal Communication
Satisfactory		Interpersonal Skills: Patient Rapport & Consideration
Above Average		Personal Characteristics: Maturity & Professionalism
Satisfactory		Personal Characteristics: Personal Appearance (Uniform Guidelines)
Satisfactory		Personal Characteristics: Initiative
Above Average		Personal Characteristics: Dependability & Self-Direction
Above Average		Personal Characteristics: Collaborativeness & Acceptance of Constructive Criticism
Satisfactory		Personal Characteristics: Attendance & Punctuality
Satisfactory		Personal Characteristics: Ethical Decision Making
Above Average		Personal Characteristics: Conduct his/herself in an Ethical and Professional Manner
Satisfactory		Personal Characteristics: Understanding of Professional Responsibilities
84.62	84.62	
		Psychomotor Domain
Satisfactory		Work Performance: Record Keeping & Written Communication (Trajecsys, Case Studies, Physician Interactions)
Satisfactory		Work Performance: Productivity (Patient Care, Med Surg and Critical Care)
Above Average		Work Performance: Organization & Efficiency Skills

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

Satisfactory		Work Performance: Care & Use of Equipment and/or Supplies (Trouble Shooting, Equipment Set Up)
Satisfactory		Work Performance: Thoroughness & Safety
Above Average		Work Performance: Communicate in a Variety of Patient Care Settings
Satisfactory		Work Performance: The Ability to Think Critically (Apply Knowledge, Provide Appropriate Patient Care, and Adapt to Changes in Clinical Conditions)
Above Average		Work Performance: Procedural Competencies
Yes		Weekly Reflective Journal Done (If no a 10% reduction of this evaluation will be your evaluation grade)
Instructions		Student Signature: Student may add signature and/or comments by attaching a post-submission comment. Please indicate if you are satisfied with the frequency and equitable administration of evaluations and opportunities for remediation. Please also list what you need.
Instructions		NOTE TO STUDENTS: Grading Scale: A = 100 - 93 B = 92 - 85 C = 84- 77 D = 76 - 65 F = 64 and below
84.38	84.38	
82.76	82.76	

* Not Approved

+ Validated

! Saved For Later

#C Control evaluations

** Item row averages containing negative numbers are meaningless.

Legend:

#	Totals	Date	Evaluator	Subject	Site	Text Responses	Comments
1	82.76	08/02/2020	ASBURY, DAVID RYAN	STUDENT, TEST		Category: Psychomotor Domain Comments: Student progressing well at this time	+ Add Comment

Reviewed summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX I – SAMPLE OF CLINICAL COMPETENCY

Louisiana State University Eunice
Respiratory Care Program
RC 2016
Laboratory/Clinical Competency

Name: Jane Doe

Instructor: Mr. Wyble, DCE

Date: 3/8/11

4=Excels ----- Student's performance/skill is Above Average with no errors and at a level expected of a practicing therapist
3=Competent ----- Student's performance/skill is Average with no critical errors and/or possibly 1-2 minor (non harmful/self corrected) errors
2=Need Improvement --- Student's performance/skill is Marginal with moderate, <i>non-harmful/ errors & prompting required</i> (remediation needed)
1= Unsatisfactory ----- Student's performance/skill is Unsatisfactory with <i>critical, harmful/potentially harmful errors</i> (remediation needed)

Passing Criteria:

The student will be required to pass each portion of the laboratory/clinical proficiency with a minimum score **3**. If the student scores below a **3** on any portion of the laboratory/clinical proficiency, they will be required to remediate the procedure and repeat the laboratory/clinical competency with an instructor.

INSTITUTING MECHANICAL VENTILATION PROCEDURE

Lab/Clinical Procedure Skill	Instructor Rating	Comments
1. Obtains necessary equipment; review chart; identifies patient, washes hands.	3	
2. Assures adequacy of oxygenation/ventilation before during, and after procedure.	3	
3. Connects high pressure hoses & electrical power cord.	3	
4. Presets the ventilator parameters.	3	
5. Checks ventilator for proper functioning.	3	
6. Connects ventilator to patient.	3	
7. Assesses adequacy of ventilation including vital signs, Respiratory parameters, and breath sounds.	3	
8. Adjust ventilator controls as necessary	3	Student increased peak flow to better meet patient's inspiratory demands
9. Set & check all alarms; record parameters; report Results; wash hands.	3	
10. Relates theory to clinical practice	4	Student did well with content and theory of the patient's ventilator mode in relation to the diagnosis

Michael Wyble

Instructor's Signature

Faculty Comments:

Jane Doe

Student's Signature

Student Comments:

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

AS SEEN ON TRAJECSYS

TEST, STUDENT 04/29/2020 Competency Evaluation RC 2016 Instituting Mechanical Ventilation Procedure	
Instructions	Grading Criteria: Unsatisfactory - Student's performance/skill is Unsatisfactory with critical, harmful/potentially harmful errors (remediation needed) Need Improvement - Student's performance/skill is Marginal with moderate, non-harmful/errors & prompting required (remediation needed) Competent - Student's performance/skill is Average with no critical errors and/or possibly 1-2 minor (non harmful/self corrected) errors Excels - Student's performance/skill is Above Average with no errors and at a level expected of a practicing therapist
	Passing Criteria: The student will be required to pass each portion of the laboratory/clinical proficiency with a minimum score 3. If the student scores below a 3 on any portion of the laboratory/clinical proficiency, they will be required to remediate the procedure and repeat the laboratory/clinical competency with an instructor.
	Excels Obtains necessary equipment; reviews chart; identifies patient, washes hands.
	Excels Assures adequacy of oxygenation/ventilation before, during, & after procedure.
	Excels Connects high pressures hoses and electrical power-cord.
Instructions	Excels Presets the ventilator parameters.
	Competent Checks ventilator for proper functioning.
	Excels Connects ventilator to patient.
	Excels Assesses adequacy of ventilation including vital signs, respiratory parameters, and BBS.
	Excels Adjust ventilator controls as necessary.
Instructions	Excels Set & check all alarms; record parameters; report results; wash hands.
	Excels Relates theory to clinical practice.
	Enter Comments:
	Student Signature: Student may add signature and/or comments by attaching a post-submission comment.
	97.5 Total (Item point changes: 0 Overall point changes: 0)
Approved by DAVID ASBURY	

Reviewed summer 2025

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX J – RESPIRATORY CARE CLUB

The purpose of the club is to promote interest in the field, enhance the image of the Respiratory Care profession and to help finance the expenses of future Respiratory Care conventions and/or seminars. Qualifications for membership include the selected students which are accepted into the LSU Eunice Respiratory Care Program as well as those who have chosen Respiratory Care as their major. Also, as a member, each student must maintain good academic standing. The club dues are \$10.00/year. The club will meet once a month, preferably on the 1st Friday of each month during the fall and spring semesters and the 1st Thursday in the summer semester. In addition to regular club duties, the members are also responsible in participation in community service and education of the community regarding Respiratory Care and lung disease prevention. For example, students will be helping with food drives, disaster assistance, and participate in activities sponsored by the American Cancer Society and American Lung Association. Attendance at local and state conventions and seminars are extremely encouraged. Members shall be responsible for participating in at least 3 activities per academic year. Members shall also uphold and abide by the rules and regulations that govern LSU Eunice. All fundraisers will deduct 10% from profit to donate to the Local LSRC Chapter (Chapter 5). This is an effort to support the goals and objectives of Chapter 5.

CONSTITUTION

Article I – Name

This organization shall be known as: LSU Eunice Respiratory Care Club

Article II – Objectives

The objectives of this organization shall be:

Section 1: To promote student interest in the field of Respiratory Care.

Section 2: To help finance the expenses of future Respiratory Care conventions and/or seminars.

Article III – Membership and Responsibilities

Section 1: Membership shall be open to any student who is in the LSU Eunice Respiratory Care Program or any student majoring in Respiratory Care regardless of age, sex, creed, race, or national origin.

Section 2: Members shall be responsible for participating in at least (3) activities per academic year.

Section 3: Members shall uphold and abide by the rules and regulations that govern LSU Eunice.

Article IV – Officers and Duties

Section 1: The elected officers shall consist of: president, vice-president, secretary, treasurer, and parliamentarian/historian.

Section 2: The president shall preside at all general meetings, and he/she will be directly responsible

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

for all aspects of any fund-raising event, with input from the entire group.

Section 3: The vice-president shall assume all responsibilities of the president in the absence of the president.

Section 4: The secretary shall be responsible for the issuing of notices of meetings to all members and record the minutes of all meeting for future review.

Section 5: The treasurer will collect and under the supervision of the faculty advisors (Program Director & Director of Clinical Education) disperse all funds. The treasurer will keep an accurate account of all receipts and balances.

Section 6: The parliamentarian/historian will be responsible for maintaining order in any assembly of club members and arbitrate any disputes in accordance with Robert's Rules or Order. Also, this officer will take photographs/videos of the class throughout the year in a variety of situations. The purpose is to help capture scenes to formulate a slide show for viewing at the pinning ceremony.

Article V – Elections

Section 1: To be eligible to run for office, a candidate must be a student in the second year of the Respiratory Care Program, have all dues fully paid and have G.P.A. of no less than 2.5.

Section 2: Only members with dues fully paid are eligible to vote in an election.

Section 3: All officers shall be elected by a majority vote.

Section 4: Officers shall be elected for a term of one (1) year beginning the fall semester of each year.

Section 5: In the event any elected officer cannot uphold official duties, as assigned, the faculty advisor will fill the vacancy with any member in good standing.

Article VI – Meetings

The Respiratory Care Club shall hold a minimum of one (1) general meeting per month. Additional meetings may be called with at least forty-eight (48) hours prior notice to all members.

Article VII- Committees

The Respiratory Care Club will form committees as the need arises through the direction of the president.

Article VIII – Amending the Constitution

The constitution may be amended at any time by a two-thirds majority vote of members in good standing.

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Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program BY-LAWS

Article IX – Dues

Section 1: Dues shall be valid for one (1) academic year and be due no later than August 31st.

Section 2: Membership dues shall be set at ten (10) dollars per academic year.

Article X – Fund Raising Projects

Section 1: The president shall be directly responsible for all aspects of any fund-raising event.

Section 2: Fund raising events will be determined by a two-thirds majority vote of members in good standing.

Section 3: All elected officers will be present at each fund-raising event.

Section 4: While executing a fund-raising event, all members will abide by the rules and regulations that govern LSU Eunice.

Article XI – Amending the By-Laws

These by-laws can be amended by a two-thirds majority vote by members in good standing.

Reviewed summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX K – CASE STUDY FORM

RC 2020 CASE STUDY FORM

Report creation date: 07/17/2020

Evaluator: STUDENT, TEST

Evaluations	Totals	Evaluation Items
1+		

* Not Approved

+ Validated

! Saved For Later

#C Control evaluations

** Item row averages containing negative numbers are meaningless.

Legend:

#	Totals	Date	Evaluator	Subject	Site	Text Responses	Comments
1		07/13/2020	STUDENT, TEST		LSUE Respiratory Lab	<p>Category: Admitting Physical List physical findings (VS, BS, etc.) Temp 36.4 C, BP 127/82, RR 28 BPM, SPO2 96% +</p> <p>Category: Admitting Physical Relate findings to changes in physiology Post Covid patient not much improvement stable at the moment +</p> <p>Category: Previous Medical History Relate past illness relevant to this admission HTN, DM2, CKD, CAD, CABG, and hyperlipidemia +</p> <p>Category: Previous Medical History Has the patient been admitted before for this same condition? yes +</p> <p>Category: Previous Medical History List any medications taken regularly. Levophed (norepinephrine bitartrate) +</p> <p>Category: Diagnostic Work-up List any tests used in making diagnosis. Covid-19 swab test, X-ray, Sputum C & S +</p> <p>Category: Diagnostic Work-up What information will be gained? Patient has severe ARDS, Few pantoea agglomerans, few yeast with no normal respiratory flora +</p> <p>Category: Diagnostic Work-up</p>	<p>+ Add Comment</p>

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					<p>Describe the patient's diagnosis. Post Covid, Renal failure +</p> <p>Category: Respiratory Care What type of therapy? Trach and mechanical ventilation +</p> <p>Category: Respiratory Care What are the indications for this specific patient? Shortness of breath and ARDS +</p> <p>Category: Respiratory Care Are there other alternatives which are appropriate? Give evidence Reverse I:E ration on vent +</p> <p>Category: Respiratory Care How effective is the therapy in this patient? Give evidence current therapy seems to be doing well +</p> <p>Category: Blood Gases State and interpret significant ABGs no history of any ABGS at LHC +</p> <p>Category: Blood Gases Did the result of this ABG direct a change in therapy? N/A +</p> <p>Category: Blood Gases What was the indication for the ABG? (routine, change in patient condition, etc.) N/A +</p> <p>Category: Chest X-ray Describe only those CXR's that represent change. Lung aeration is disordered interstitial and alveolar congestion infiltrate opacities, pleural effusions and pleural thickening +</p> <p>Category: Chest X-ray What was the indication for the CXR? to check if disease process has progressed +</p>	
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					<p>Category: Chest X-ray What therapy was ordered based on these CXR? no therapy ordered +</p> <p>Category: Chest X-ray Relate the CXR findings to physical assessment. breath sounds rhonchi +</p> <p>Category: Lab Values Indicate the normal and patient's values for the following: - CBC WBC 14.8 uL, Hgb 28 mg/dl, HCT 28.4% +</p> <p>Category: Lab Values - Drug levels: theophylline, digoxin N/A +</p> <p>Category: Lab Values - PFT N/A +</p> <p>Category: Lab Values What significant information is obtained with these results? N/A +</p> <p>Category: Lab Values Sputum culture - why ordered? Few pantoea agglomerans, few yeast with no normal respiratory flora +</p> <p>Category: Lab Values - Does it relate to patient findings? yes +</p> <p>Category: Lab Values - Did the results direct therapy? yes antibiotics +</p> <p>Category: Medications List all meds given and group according to</p>	
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						<p>general classification. dextrose (antidote), docusate (stool softener), doxycyclinehyclate (tetracycline antibiotics), epoetin alfa-epbx (ESA), insulin glargine (long-acting insulins), levothyroxine (hormone), midodrine (Alpha1 Agonists), Pantoprazole (Proton Pump Inhibitors), Norepinephrine (Alpha/Beta Adrenergic Agonists) Albumin (Protein), Alprazolam .5 mg (Benzo), Hydrocodone (narcotic), Heparin (blood thinners), insulin</p> <p>+</p> <p>Category: Medications Explain the reason for any changes within a category. no changes patient is stable for now, but patient did pass a few weeks ago due to the severity of ARDS</p> <p>+</p>	
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Reviewed summer 2025

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Division of Health Sciences, Business Technology, Public Health and Safety

Respiratory Care Program

APPENDIX L – CLINICAL FACILITY/PRECEPTOR EVALUATION

CLINICAL FACILITY EVALUATION FORM

Report creation date: 07/13/2020

Evaluator: TEST STUDENT

Subject: University Hospital and Clinic (UHC)

Evaluations	Totals	Evaluation Items
<u>1</u>		
Clinical Facility Evaluation Form		
Summer		Academic Term:
RC 2020		Course:
Excellent	4	Hospital and departmental orientation for students.
Good	3	Accessibility of the departmental procedure manual.
Excellent	4	Availability of equipment to perform procedures efficiently.
Excellent	4	Ability to apply lecture/lab objectives to patient situations in the clinic.
Excellent	4	General attitude of the majority of the RT staff presented towards you.
Excellent	4	General attitude the hospital staff presented towards you.
Excellent	4	Availability of the Respiratory Therapy staff.
Excellent	4	Overall opportunity to develop clinical skills.
3.88	3.88	
3.88	3.88	

* Not Approved

+ Validated

! Saved For Later

#C Control evaluations

** Item row averages containing negative numbers are meaningless.

Legend:

#	Totals	Date	Evaluator	Subject	Site	Text Responses	Comments
1	3.88	07/07/2020	Test Student	University Hospital and Clinic (UHC)	University Hospital and Clinic (UHC)		

Reviewed summer 2025

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Respiratory Care Program

Louisiana State University Eunice

Division of Health Sciences and Business Technology

Respiratory Care Program

Instructor/Preceptor Evaluation

Instructor/Preceptor:

Course: RC 2024

Please complete and seal in envelop provided and return to Director of Clinical Education

Name of Instructor/Professional	5	4	3	2	1	0
	Strongly Agree	Moderately Agree	Agree	Disagree	Strongly Disagree	No Comment
Was present and assisted with my shift assignment						
Provided orientation to the unit and routines as necessary						
Assessed my knowledge, skills, experience, and learning needs						
Provided appropriate supervision						
Served as a professional role model						
Displays respect and courtesy for students						
Displays concern for students' progress						
Listens to student's ideas or suggestions						
Is available for extra help and encouragement						
Allowed me freedom to develop clinical decision-making skills						
Overall Quality and Instruction						

Please comment on the following as appropriate:

- I believe this Preceptor is most effective because:
- The Preceptor could improve in future semesters by:
- I would like my Instructor/Professor to know:

Reviewed summer 2025

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Division of Health Sciences, Business Technology, Public Health and Safety
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APPENDIX M – ATTENDANCE, LATE WORK, MAKE UP POLICY

LOUISIANA STATE UNIVERSITY EUNICE RESPIRATORY CARE PROGRAM ABSENTEEISM FORM

Policies pertaining to attendance, late work, make-up work, etc.:

Regular attendance at clinical sessions provides students the opportunity to practice and develop necessary psychomotor and affective skills that define competence and are expected by employers. For these reasons, students are advised to take advantage of every learning opportunity by refraining from undue absence. Students are responsible for the course material/clinical modes covered and announcements made on the days they are absent or late.

More than 2 excused absences in a regular semester and **ALL UNEXCUSED** absences will be considered excessive and make up work will be required. This will be arranged at a clinical facility or in the LSUE RC LAB at the discretion of the instructor. Tardiness in reporting to the clinical area often results in disruption of assignments for the day. Students anticipating late arrival at their assigned clinical site should call in advance, when possible, to inform the instructor about it. The instructor must likewise be informed within 15 minutes of the start of shift about any ***expected*** absence in clinical practice. Repeated tardiness during any semester will likely deprive the students of gainful clinical experience and consequentially will negatively impact your evaluation and midterm or final grade.

- ❖ **Note Mrs. Warner must be informed of all clinical days missed by student. (337-550-1341 voice mail if necessary)**
- ❖ **Form must be filled out on Trajecsyst web site the day of absence!**

Student _____

Clinical Site _____

Time and person notified _____

Excused _____ Unexcused _____

L.S.U.E. Instructor _____

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Trajecsys Absentee Form

ATTENDANCE FORM

Report creation date: 07/02/2020

Evaluator: Student Name

Subject: Lake Charles Memorial Hospital

Evaluation	Totals	Evaluation Items
1+		
Attendance Form		
Excused		Indicate if absence was excused or unexcused
Enter		Faculty Signature: Faculty may add signature and/or comments by attaching a post-submission comment. Go to Reports: Evals/Forms: Completed Evals. Select the evaluation template and click Apply. Click the pencil/paper edit icon to the right of the evaluation you wish to sign. When the report opens, scroll down, and enter a comment in the text field at right of the signature item. Click Submit to finalize.
100	100	
200	200	

* Not Approved



+ Validated

! Saved For Later

#C Control evaluations

** Item row averages containing negative numbers are meaningless.

Legend:

#	Totals	Date	Evaluator	Subject	Site	Text Responses	Comments
1	200	06/30/2020	Student Name	Lake Charles Memorial Hospital	Lake Charles Memorial Hospital	Category: Attendance Form Time and person notified: 0615, Sarena in Respiratory  [06/30/20 08:11] WYBLE, MICHAEL Excused	 Add Comment

Reviewed summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX N – EXAMPLE CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE

		Issue Date June 8, 2020
PRODUCER Office of Risk Management – DOA Post Office Box 91106 Baton Rouge, Louisiana 70821-9106	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND MAY CONFER RIGHTS UPON THE CERTIFICATE HOLDER BY AMENDING OR EXTENDING THE COVERAGE AFFORDED BY THE POLICIES BELOW AS STATED IN THE DESCRIPTION OF OPERATIONS SECTION.	
COMPANY AFFORDING COVERAGE		
INSURED State of Louisiana Louisiana State University – Eunice Post Office Box 1129 Eunice, LA 70535	Louisiana Self-Insurance Fund	

CORP. NO: 4500

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIABILITY LIMITS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PERSONAL & ADVERTISING INJURY <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input checked="" type="checkbox"/> FIRE DAMAGE (Any one fire) <input type="checkbox"/> MEDICAL EXPENSES	CGL20202021	07-01-2020	07-01-2021	BODILY INJURY PROPERTY DAMAGE BI & PD COMBINED	\$ 5,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOMOBILE PHYSICAL DAMAGE <input type="checkbox"/> OWNED <input type="checkbox"/> SPECIFICALLY DESCRIBED <input type="checkbox"/> HIRED				BODILY INJURY PROPERTY DAMAGE BI & PD COMBINED		
	<input checked="" type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC20202021	07-01-2020	07-01-2021	STATUTORY \$ 5,000,000 (EACH ACCIDENT) \$ 5,000,000 (DISEASE-POLICY LIMIT) \$ 5,000,000 (DISEASE-EACH EMPLOYEE)		
	<input checked="" type="checkbox"/> MEDICAL MALPRACTICE LIABILITY	MMP20202021	07-01-2020	07-01-2021	\$5,000,000 PER OCCURRENCE SUBJECT TO R.S. 40:1237.1 ET SEQ		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of coverage for faculty and students in the Nursing and Allied Health Program. Commercial General Liability and Workers' Compensation coverage for faculty only.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICES SHALL IMPOSE NO OBLIGATIONS OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE HOLDER

Louisiana State University – Eunice
 Post Office Box 1129
 Eunice, LA 70535

AUTHORIZED REPRESENTATIVE


 KRISTY BREAU, STATE RISK ADMINISTRATOR

Revised summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX O – WEEKLY REFLECTIVE JOURNAL

RC 2020 WEEKLY REFLECTIVE JOURNAL

Report creation date: 07/19/2020

Evaluator: Test Student

Subject: University Hospital and Clinic (UHC)

Evaluations	Totals	Evaluation Items
<u>1</u>		

* Not Approved

+ Validated

! Saved For Later

#C Control evaluations

** Item row averages containing negative numbers are meaningless.

Legend:

#	Totals	Date	Evaluator	Subject	Site	Text Responses	Comments
1		07/14/2020	Test Student	University Hospital and Clinic (UHC)	University Hospital and Clinic (UHC)	<p>Category: RC 2020 Weekly Reflective Journal Journal Entry</p> <p>This week, I was able to attend UHC. Each day, I was in the ICU, and I had the same patient. This patient was a 61-year-old female who had a history of sickle cell anemia. When she became my patient, she was on the 6th floor on a 2L NC, and her saturation was 99%. Eventually, this patient became very lethargic and hard to arouse. The nurses assumed that the Morphine that was previously given to her was not metabolizing for some reason and that was what was causing the lethargy. She was given two doses of Narcan and that still did not reverse this patient's condition. Because of her previous history, the doctor's suspected an internal bleed and before moving her to ICU, we ran an ABG on her, which came back as very critical values. She was immediately moved up to ICU, where she was intubated and closely monitored. Being that she was such a critical patient, she was very sensitive to do anything with and could possibly code easily. I was a bit nervous to do my vent checks and assessments on her; especially suctioning this patient because her blood pressure was already waxing and waning all over the place. I was also able to listen in on the doctor's rounding on Tuesday morning, and I learned that she was on a continuous IV drip of Bicarb, which is not usually done. In this patient's situation, this was unfortunately just a "band aid" until the underlying problem could be resolved. I am not sure what will come of this patient's condition; I hope the best for her. I do know that today, her code status was changed to a DNR.</p> <p>+</p>	

Reviewed summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety

Respiratory Care Program

APPENDIX P – INCIDENT/ACCIDENT REPORT

DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY

Student's Name _____

Date _____ Semester _____

Location _____ Course _____

Detailed description of the incident _____

Plan of action _____

Student Comment: _____

Is follow up necessary? Yes _____ No _____

Review student progress in _____ months

I acknowledge that the above comments concerning this incident have been discussed with me and I am fully aware of the plan of action I must follow.

Student's Signature _____

Date _____

Faculty Signature _____

Date _____

PD/DCE Signature _____

Date _____

Copies of this form are to be kept in the student's folder.

Reviewed summer 2025

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX Q – WAIVER AND RELEASE OF MEDICAL LIABILITY FORM

I hereby agree and acknowledge that my participation in the Clinical experience may involve a risk of injury or illness, including COVID19. I hereby indemnify and hold harmless LSUE from all claims, suits, liability, judgments, and costs, arising from and/or related to any personal injuries, damage to personal property and the results therefrom, ensuing from my participation in the Clinical experience.

I further agree to indemnify and hold LSUE harmless for any injury or medical problem I may acquire, including Dx of COVID19, during my participation in the Clinical Experience. I agree to pay my own medical costs related to any injuries or illnesses that I incur during my participation in the Clinical Experience. I further agree that LSUE shall not be responsible for payment of needed medical services.

☐ By checking this box and providing my student ID and Name Below, I acknowledge that I have read the above waiver and release in its entirety and affirm this waiver voluntarily. I intend my submission of this form to be a complete and unconditional release of LSUE's liability to the greatest extent allowed by law.

Student's Full Name / Signature

Date

Student's School/ Student ID

School Representative

Date

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety

Respiratory Care Program

APPENDIX R – CONSENT FOR RELEASE OF INFORMATION

Consent for Release of Information

I, _____, agree to allow Louisiana State University Eunice and the Division of Health Sciences and Business Technology to release my health information and/or criminal background investigation to clinical agencies, as requested. I understand this information is confidential, will be kept secure at all times, and is shared with faculty only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses.

Signature

Date

LOUISIANA STATE UNIVERSITY EUNICE

Division of Health Sciences, Business Technology, Public Health and Safety Respiratory Care Program

APPENDIX S

Mental Health Wellness and Counseling Services

Most of us, at some point in our lives, feel depressed, anxious, or stressed out. Friends and family are great support but sometimes, our problems persist, and we need more than friendly advice. Student life can sometimes feel overwhelming and difficult. Balancing the pressures of academics, finances, and social obligations can make it hard to perform at your best. We are here to help!

Counseling is a process whereby an individual seeks assistance and/or support because they are experiencing mental or emotional distress. Counseling Services embraces the belief that your mental health is as important as your physical health. The goal of our services is to assist you in setting goals, learning coping strategies, and taking action to improve your current and future situations.

Services are confidential and take place in a nonjudgmental setting either in-person or via your tablet, phone or computer (teletherapy).

After Hours Crisis/Emergency

In case of immediate danger, **call 911** and LSU Eunice Police at 337-550-1225 or go to the nearest hospital emergency room.

National Suicide Hotline You can Text or Dial 988.

Services Provided to Students:

1) Tree of Life Counseling and Consulting. Students please call (337) 550-1218 or email cfuge@lsue.edu to set up an appointment.

2) Acadian Medical Center Counseling Services on LSUE's campus. Call the counselors' office directly at (337) 948-1802 to schedule an appointment. Hours vary, so please call.

All services are free of charge to currently enrolled LSU Eunice students. Any outside referrals made are the responsibility of the student. Please note that the phone numbers or emails listed are not monitored for emergency services and our Counseling Services Office does not provide 24-hour coverage. If you or someone you know experiences a mental health emergency:

- Call 911 or go to the local emergency department.
- Call or text 988, chat 988lifeline.org



Services Offered:

- Crisis intervention
- Short-term counseling for matters like anxiety, depression, loneliness, identity, stress management, time management, eating concerns, relationship concerns, grief and loss, family stress, sexual orientation, college-related transition, coping skills, developmental issues, self-esteem, and personal growth and development.
- Skills development for academic success, for i.e. time management, motivational skills, and reduction of performance-related anxiety (such as test anxiety).
- Support and brief counseling for students recovering from sexual assault and/or domestic

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violence.

- Assessment and referral to other campus resources and community resources.

Limitations:

Counseling Services does not:

- Provide long-term intensive counseling and psychotherapy.
- Prescribe or monitor psychotropic or any other medications. At the student's request, the coordinator will make a referral to a community resource for medication evaluation.
- Offer after-hours emergency services. Students should go to their local emergency department.
- Provide treatment for alcohol and drug use/abuse. Our counselors will meet with students seeking such treatment for a brief time to provide support, assess the students' needs, and assist them with referrals to off-campus resources.

For Faculty/Staff: How do I refer a student to Counseling Services?

Encourage the student to contact one of the numbers listed above or refer them to the Dean of Students, Dr. Fruge at (337) 550-1218. You can also complete a LSUE Cares form to submit a referral.

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APPENDIX T – FERPA RELEASE OF INFORMATION

FERPA RELEASE

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential by Louisiana State University Eunice, and except for a limited number of special circumstances listed in that law, will not be released to a third party without the student's prior written consent. A student may grant permission to authorized personnel of the College to release some or all of that student's education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party.

Student Name: _____ Student ID: _____

I, the undersigned current student, hereby consent and authorize the Respiratory Care Program Designee at Louisiana State University Eunice to release the following records as identified below to the necessary agency.

Personal identification information which includes name, date of birth, social security number and health records.

By signing this form, I authorize LSUE to disclose my personal identification information to partners for scheduling my clinical experiences and evaluation of my performance.

I understand that this consent and authorization shall remain effective until the conclusion of my Respiratory Care experience unless revocation from me is received by the Respiratory Care Program Director and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

Student Signature: _____ Date: _____

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SIGNATURE PAGES

GENERAL REGULATIONS

I, _____, have read the LSUE Respiratory Care Student Handbook, and have agreed to abide by ALL policies set forth by both the University, and the Respiratory Care Program. I understand that failure to follow these guidelines may result in termination and/or disciplinary action from the program upon review. The regulations in the LSUE Respiratory Care Clinical Handbook are based upon present conditions and are SUBJECT TO CHANGE. The Program RESERVES THE RIGHT to modify any statement.

_____/_____
Signature of Director Date

_____/_____
Signature of Student Date

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LSU EUNICE

SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY

STUDENT CERTIFICATION SHEET

I hereby certify that I have received a copy of the Louisiana State University at Eunice Student Substance Abuse and Drug-Free Campus Policy. I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances and alcohol is prohibited when I am in classes, or at any other time on campus. I understand that violation of this policy may result in disciplinary action up to and including suspension or expulsion from the University as specified by the LSUE Code of Conduct. I acknowledge my responsibility to notify the Office of Student Affairs within five (5) days if I am convicted of violating any criminal drug statute on the campus. I further realize that the University may be required by law to give notice of such conviction to federal agencies from which it receives grants or contracts, and I hereby waive all claims that may arise from the conveying of this information to any such federal agency.

Signature: _____

Date: _____

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APPENDIX Q – WAIVER AND RELEASE OF MEDICAL LIABILITY FORM

I hereby agree and acknowledge that my participation in the Clinical experience may involve a risk of injury or illness, including COVID19. I hereby indemnify and hold harmless LSUE from any and all claims, suits, liability, judgments, and costs, arising from and/or related to any personal injuries, damage to personal property and the results therefrom, ensuing from my participation in the Clinical experience.

I further agree to indemnify and hold LSUE harmless for any injury or medical problem I may acquire, including Dx of COVID19, during my participation in the Clinical Experience. I agree to pay my own medical costs related to any injuries or illnesses that I incur during my participation in the Clinical Experience. I further agree that LSUE shall not be responsible for payment of needed medical services.

☐ By checking this box and providing my student ID and Name Below, I acknowledge that I have read the above waiver and release in its entirety and affirm this waiver voluntarily. I intend my submission of this form to be a complete and unconditional release of LSUE's liability to the greatest extent allowed by law.

Student's Full Name / Signature

Date

Student's School/ Student ID

School Representative

Date

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APPENDIX R – CONSENT FOR RELEASE OF INFORMATION

Consent for Release of Information

I, _____, agree to allow Louisiana State University Eunice and the Division of Health Sciences and Business Technology to release my health information and/or criminal background investigation to clinical agencies, as requested. I understand this information is confidential, will be kept secure at all times, and is shared with faculty only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses.

Signature

Date

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