HGTC

Horry-Georgetown Technical College

COURSE INSTRUCTIONAL PACKAGE

RES 204

Neonatal and Pediatric Care

Effective Term

Summer 2027

Part I: Course Information

Effective Term: Summer 2027

COURSE PREFIX: RES 204. COURSE TITLE: Neonatal and Pediatric Care.

CONTACT HOURS: 2 Lecture/3 Lab CREDIT HOURS: 3.

RATIONALE FOR THE COURSE:

RES 204 will allow students to identify the anatomical structures and physiological functions related to fetal and neonatal growth and development. Students will learn about fetal cardiac anomalies and pathologies. As a student you will learn how to manage newborn and pediatric patient's during cardiac arrest emergencies.

COURSE DESCRIPTION:

This course focuses on cardiopulmonary physiology, pathology, and management of the newborn and pediatric patient.

PREREQUISITES/CO-REQUISITES:

Respiratory Care Program third semester courses RES 141. Required prerequisite courses must be completed with a grade of "C" or better.

REQUIRED MATERIALS:

Volsko, Teresa A. Foundations in Neonatal and Pediatric Respiratory Care, 2nd Ed. ISBN# 9780323545945.

Neonatal Resuscitation (NRP). (2025) 9th Ed. Pediatric and Neonatal American Heart Association. ISBN# 9781610028578

Please visit the BOOKSTORE online site for most current textbook information. Enter the semester, course prefix, number and section when prompted and you will be linked to the correct textbook.

ADDITIONAL REQUIREMENTS:

Stethoscope, finger pulse oximeter, and pocket calculator.

TECHNICAL REQUIREMENTS:

- Access to Desire2Learn (D2L), HGTC's learning management system (LMS) used for course materials.
- Access to myHGTC portal for student self-services.
- College email access – this is the college's primary official form of communication.

ATTENDANCE VERIFICATION:

The Add/Drop Period is the first 7 days of the semester for **full term** classes. Add/Drop periods are shorter for accelerated format classes. Please refer to the academic calendar for deadlines for add/drop. You must attend at least one meeting of all your classes during that period. If you do not, you will be dropped from the course(s) and your Financial Aid will be reduced accordingly

STUDENT COURSE EVALUATIONS:

Each semester, students are provided with an opportunity to participate in course evaluation surveys. These evaluations offer crucial feedback to instructors and the College, leading to enhancement of educational quality. By completing these surveys, you play a key role in the ongoing improvement of teaching methods and course content, ensuring future students enjoy a better learning experience. Students are encouraged to complete these surveys as your active participation in this process reflects your dedication to your education and drives positive change.

CLASSROOM ETIQUETTE AND STUDENT RIGHTS AND RESPONSIBILITIES:

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class begins. If you are monitoring an emergency, please notify your professor prior to class and switch cell phone ringers to vibrate.

To ensure a positive College experience, guidelines exist in numerous areas of campus life. The Student Code for The South Carolina Technical College System "The Student Code" (3-2-106.1) applies to all HGTC students. The Student Code sets forth rights and responsibilities of the individual student, identifies behaviors that

are not consistent with the values of college communities, and describes the procedures that will be followed to adjudicate cases of alleged misconduct. Students are expected to conduct themselves in a civil manner, that is respectful of the rights of others, and that is compatible with the college's educational mission. Students are expected to comply with all of the college's duly established rules and regulations regarding student behavior while on campus; while participating in off-campus college sponsored activities; and while participating in off-campus clinical, field, internship, or in-service experiences. Students are expected to comply with all course requirements as specified by instructors in course syllabi and to meet the standards of acceptable classroom behavior set by instructors. For more information, login to your myHGTC account under "Student Rights and Responsibilities" card then select "Student Code of Conduct" or the "Student Catalog and Handbook."

PLAGIARISM & CHEATING:
Refer to the College catalog & Student handbook HGTC Handbook. The student may be assigned a failing grade for the course or may be required by the professor to withdraw from the course and/or the respiratory care program. Such actions are deemed to be unprofessional behavior within this program and will not be tolerated.

Only approved technology for recording lectures is permitted during lectures. Approval must be obtained by instructor of the course before recording lectures.

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

Module 1
Material Covered: Neonatal Resuscitation
Neonatal Resuscitation Provider Book Lessons 1-11
Assessments:

- Homework/Quizzes/Projects/Skills
- Exam

Learning Outcomes:

1. List the key elements needed to prepare for a high-risk delivery.
2. Describe the equipment needed to achieve and maintain a patent airway

and to support ventilation following delivery.
3. Explain methods of preventing heat loss during stabilization of an infant following birth.
4. Describe how an Apgar score is assigned.
5. Discuss the importance of judicial oxygen use in the delivery room following birth.
6. Explain the role of CPAP during stabilization of a newborn. List the indications for bag-mask ventilation.
7. Explain the method for selecting the appropriate-sized endotracheal tube during resuscitation.
8. Describe the two methods for performing chest compressions.
9. List the routes for emergency medication administration.
10. List the indications and use of epinephrine and volume expanders.
11. Explain the components of post-resuscitative care.

Module 2
Material Covered: Fetal and Neonatal Growth and Development
Development Fetal Lung Chapter 3
Fetal Gas Exchange and Circulation Chapter 4
Maternal and Fetal Assessment Chapter 5
Evaluation of the Neonate Chapter 6
Neonatal Stabilization and Resuscitation Chapter 7
Surfactant Replacement Therapy Chapter 29
Assessments:
- Homework/Quizzes/Projects/Skills
- Exam

Learning Outcomes:
1. Learn the five stages of fetal lung development and the gestational age at which they occur.
2. Explain the effect that pulmonary surfactant has on alveolar surface tension.
3. List the major components of pulmonary surfactant.
4. Discuss the factors that influence physiologic maturation of the fetal lung.
5. Differentiate among pulmonary agenesis, pulmonary aplasia, and pulmonary hypoplasia.
6. List the pathophysiological causes of secondary pulmonary hypoplasia.
7. Define surfactant replacement therapy.
8. Describe the role of surfactant in the lungs and surfactant replacement

agents.
9. Describe the indications for surfactant administration.
10. Explain the methods of administering surfactant.
11. Discuss the various surfactant preparations.
12. Explain the clinical considerations with surfactant replacement therapy.
13. List the common hazards and complications of surfactant replacement therapy.
14. Discuss the limitations of surfactant replacement therapy.
15. List the three germ layers that develop the different body systems in utero.
16. Describe the stages of cardiac development.
17. Explain the role of the placenta.
18. Describe the fetal blood flow.
19. List the factors that influence the transition from fetal blood flow to that which occurs with extrauterine life.
20. Describe how fetal shunts change when the transition from fetal to extrauterine life occurs.
21. Describe the key components of maternal medical history.
22. Identify maternal medical and social issues that may result in a high-risk pregnancy.
23. Discuss the role of prenatal care in identifying and reducing complications during pregnancy.
24. Differentiate between gravida and parity.
25. List infections that can impact maternal health and perinatal transmission.
26. Explain the risk of developing premature rupture of membranes.
27. Describe placenta previa and placental abruption.
28. Differentiate between gestational hypertension, preeclampsia, eclampsia, and HELLP syndrome.
29. Explain the differences between pregestational and gestational diabetes.
30. List the complications common to infants of a diabetic mother.
31. Define polyhydramnios and oligohydramnios and the disorders associated with each.
32. Identify indications for antepartum fetal monitoring.
33. Describe a nonstress test and a contraction stress test.
34. Explain the uses for ultrasound.
35. Recognize the risk factors for a high-risk pregnancy and delivery.
36. List medications are used to stop preterm uterine contractions.

37. Discuss the risks to the fetus when a pregnancy is post term.
38. Describe how gestational age can be determined before and after delivery.
39. Discuss the importance of determining gestational age and how it is determined using the New Ballard Scale.
40. Define periodic breathing in a neonate.
41. Recognize abnormal vital signs in a neonate.
42. Given a neonate's gestational age, calculate an adequate value for mean blood pressure.
43. Define macrocephaly and microcephaly. Describe normal findings when assessing the neonate's chest.
44. List and describe the signs of respiratory distress. Identify the location of retractions in the neonate.
45. Explain the general components of the cardiac examination of a neonate.
46. Understand how neurologic assessment assists in identifying disorders in the neonate.
47. Identify the laboratory tests recommended for the critically ill neonate.
48. Explain the uses and limitations of noninvasive cardiorespiratory monitoring in infants and children.
49. Describe the rationale for assessing pre- and post-ductal oxygen saturations. Differentiate between mainstream and sidestream capnometers.
50. Describe the value of capnometry as an adjunct to cardiorespiratory monitoring in mechanically ventilated infants and children.
51. List the factors or conditions that can limit the accuracy of transcutaneous O2 and CO2 monitoring.
52. List the techniques used to reduce false alarms and to improve the accuracy of monitoring by impedance pneumography.
53. Describe the clinical conditions in which near infrared spectroscopy may be used in lieu of pulse oximetry.
54. Describe the procedure for percutaneous arterial blood sampling.
55. List the sampling sites commonly used to perform an arterial puncture.
56. List the sites used for capillary blood gas sampling.
57. List the indications for arterial and capillary blood gas sampling.
58. Describe the importance of caring for arterial and capillary blood gas samples prior to analysis.
59. List the sites used for artery cannulation in infants and children.

60. Calculate mean blood pressure.
61. Describe the uses for inline blood gas monitoring.
62. Explain the methods used for central venous catheter insertion.
63. List the indications for central venous and pulmonary artery catheter insertion.
64. List the normal values for hemodynamic parameters.
65. Describe the hemodynamic values that can be derived from pulmonary artery catheter monitoring.

Module 3
Material Covered: Neonatal Diseases
Respiratory Diseases of the Newborn Chapter 8
Congenital Disorders of the Respiratory System in the Neonate Chapter 9
Neonatal Disorders Resulting from Respiratory Care Chapter 10
Acute Respiratory Disorders Chapter 14
Imaging Chapter 20
Assessments:

- Homework/Quizzes/Projects/Skills
- Exam

Learning Outcomes:

1. Discuss the neonatal expiratory diseases and associated respiratory distress.
2. Identify and differentiate causes of neonatal respiratory distress.
3. Discuss clinical symptoms and differential diagnosis for apnea of prematurity, transient tachypnea of the newborn, respiratory distress syndrome, neonatal pneumonia, meconium aspiration syndrome, and persistent pulmonary hypertension of the newborn.
4. Understand management techniques for respiratory diseases of the newborn.
5. Describe outcomes associated with respiratory diseases of the newborn.
6. Describe the abnormalities underlying major congenital malformations of the lungs.
7. Discuss the etiology and pathophysiology of the various congenital disorders in newborns and infants.
8. Recognize and manage choanal atresia or other upper airway disorders.
9. Define the complications and outcomes primarily associated with the development of choanal atresia.

10. Examine the etiology and pathophysiology of a tracheoesophageal fistula.
11. Identify and manage a tracheoesophageal fistula.
12. Explain the complications and outcomes primarily associated with the development of a tracheoesophageal fistula.
13. Review the development, etiology, and pathophysiology of a congenital diaphragmatic hernia.
14. Understand and manage a congenital diaphragmatic hernia.
15. Describe the complications and outcomes primarily associated with the development of a congenital diaphragmatic hernia.
16. Understand the etiology, diagnosis, and management of surfactant protein deficiencies.
17. Explain the complications and outcomes of surfactant protein deficiencies.
18. Distinguish and manage various congenital pulmonary anomalies.
19. Describe a risk factor primarily associated with the development of retinopathy of prematurity.
20. List the factors contributing to the development of bronchopulmonary dysplasia. Describe the diagnostic criteria for bronchopulmonary dysplasia.
21. Explain the strategy used for management of bronchopulmonary dysplasia.
22. List the mechanisms that contribute to the pathogenesis of pulmonary artery hypertension. Differentiate among pneumothorax, pneumomediastinum, pneumopericardium, and pulmonary interstitial emphysema.
23. Describe the risk factors associated with pulmonary air leaks.
24. Explain the role of chest radiography in the diagnosis of pulmonary air leaks.
25. Explain how bronchiolitis, respiratory syncytial virus (RSV), and influenza can be transmitted or spread.
26. Describe the pathophysiology of bronchiolitis.
27. List the therapies used in the prevention and treatment of bronchiolitis.
28. Describe the mainstay treatment for RSV.
29. List the pathogens that typically cause laryngotracheobronchitis.
30. Explain the differences in the radiologic findings for laryngotracheobronchitis, epiglottitis, and bacterial tracheitis.
31. Discuss the treatment options for laryngotracheobronchitis, epiglottitis, and bacterial tracheitis.
32. List the factors that increase a child's risk for pulmonary air leak syndromes.
33. List the procedures used to identify a pulmonary air leak.

34. Discuss the options for treating pulmonary air leaks.
35. Differentiate between transudate and exudate.
36. Explain the options for treating a pleural effusion.
37. Explain the methods used to diagnose chylothorax.
38. Discuss the testing used to diagnose a hemothorax.
39. List the options for treating a hemothorax.
40. List the indications for chest radiography.
41. Explain the concerns associated with radiation exposure in pediatric patients.
42. Describe how to evaluate the technical quality of chest radiography.
43. Explain the importance of patient and head positioning during chest radiography.
44. List the indications for frontal and lateral neck radiography.
45. Differentiate between the church steeple and thumb-like signs.
46. Differentiate among lateral decubitus, oblique, anterior-posterior, and posterior-anterior views.
47. Describe the common radiologic abnormalities seen in the airway, pleura, and lung parenchyma.
48. Explain proper radiologic position of common lines and drains, such as peripherally inserted central catheter, umbilical artery catheter, umbilical venous catheter, and nasogastric tube.
49. List the contraindications of magnetic resonance imaging.

Module 4

Material Covered:

Resuscitation and Stabilization of the Child Chapter 13

Chronic Respiratory Disorders of the Child Chapter 15

Childhood Disorders Requiring Respiratory Care Chapter 18

Specialty Gas Administration Chapter 30

Assessments:

- Homework/Quizzes/Projects/Skills
- Exam

Learning Outcomes:

1. Discuss the components of an initial assessment of the pediatric patient.
2. Define the Pediatric Assessment Triangle.
3. List the symptoms of respiratory distress.
4. Explain the methods to assess neurologic status.

5. Describe vascular access techniques.
6. Describe airway management techniques.
7. List and describe the treatment options for common cardiac arrhythmias.
8. List the essential elements of post-resuscitation care.
9. Describe the pathophysiology of asthma.
10. List the tests used to diagnose asthma.
11. Explain the therapies used in the step-wise approach to the treatment of asthma.
12. Discuss the importance of an asthma action plan.
13. Differentiate among SABAs, LABAs, and ICSs.
14. Discuss the essential elements of asthma treatment across the continuum of care.
15. List the complications associated with poor asthma control.
16. Describe the pathophysiology of cystic fibrosis (CF).
17. List the tests used to diagnose CF.
18. Explain the therapies used in the daily treatment of CF.
19. List the four pillars of CF care.
20. Discuss how an acute exacerbation is identified and treated.
21. List the complications associated with CF.
22. Identify common childhood disorders impacting respiratory care.
23. Describe the underlying etiology and pathophysiology of each childhood disorder.
24. Recognize clinical presentations and diagnosis of each childhood disorder.
25. Determine the best way to manage each childhood disorder.
26. Recognize complications and define processes for the best outcomes for each childhood disorder.
27. List the specialty medical gases administered in neonatal and pediatric intensive care units.
28. Describe the rationale for heliox use with asthma, bronchiolitis, and upper airway obstruction.
29. Identify the role of endogenous nitric oxide.
30. List the indications, application, and limitations of inhaled nitric oxide.
31. Describe how inhaled carbon dioxide or nitrogen can be used to augment pulmonary vascular resistance in neonates with hypoplastic left heart syndrome.
32. Discuss the effect of anesthetic gases on the nervous system.

33. Explain how isoflurane might be helpful in managing intubated patients with status asthmaticus.

Module 5

Material Covered: Oxygen Therapy and Noninvasive Devices Neonatal and Pediatric Patients

Oxygen Therapy Ch 23

Mechanical Ventilation of the Neonate Noninvasive Ventilation Chapter 26

Assessments:

- Homework/Quizzes/Projects/Skills
- Exam

Learning Outcomes:

1. List the indications for oxygen therapy.
2. Describe the physiological mechanisms and provide examples of conditions that contribute to hypoxemia.
3. Define normoxemic hypoxia.
4. Describe the signs and symptoms associated with hypoxemia.
5. Differentiate between central cyanosis and acrocyanosis.
6. Explain the methods for evaluating the efficacy of oxygen therapy.
7. Compare and contrast the indications, contraindications, and hazards associated with variable performance oxygen delivery devices.
8. Describe how a nasal cannula is applied to an infant and child.
9. Describe the essential components of applying reservoir devices to infants and children.
10. Compare and contrast the indications, contraindications, and hazards associated with the various fixed performance oxygen delivery devices.
11. Describe the indications, contraindications, and hazards associated with the various enclosure devices.
12. Define noninvasive ventilation (NIV) and continuous positive airway pressure (CPAP).
13. Describe the indications for NIV and invasive ventilation.
14. List the contraindications for the use of NIV.
15. Describe the challenges to delivery of NIV.
16. Explain the importance of inspiratory positive airway pressure (IPAP), mandatory rate, expiratory positive airway pressure (EPAP), and inspiratory time in managing NIV.
17. Compare and contrast weaning strategies for CPAP and NIV.

18. Describe the strategies used to minimize complications associated with NIV.
19. List the factors that play a role in the development of ventilator-induced lung injury.
20. Explain the strategies used to minimize asynchrony.

Part III: Grading and Assessment

EVALUATION OF REQUIRED COURSE MEASURES/ARTIFACTS*:

Students' performance will be assessed, and the weight associated with the various measures/artifacts are listed below.

Competency Areas:
Vapotherm Setup Pediatric
Optiflow Junior HFNC setup Infant
Bubble CPAP Setup and Evaluation
Neonatal Mechanical Ventilation Setup

EVALUATION*

Homework/Quizzes	15%
Test	60%
Final Exam	25%
	100%

Missing/Late Assignments:

1. Submission of Late assignments after the end date will incur 50-point grade deduction.
2. **Arriving late to an exam, student will not be permitted to take exam, and a 5-point penalty incurs, and makeup exam must be completed at testing center within 2 days of exam due date.**
3. All exams are mandatory and must be completed on date of exam. Exams cannot be made up unless for extenuating circumstances or doctors excuse is provided. Any subsequently missed exams will receive a grade of 0.
4. Makeup examinations will be taken in the testing center on campus, or a location designated by the instructor.
5. A 10 Point overall deduction will be applied to the makeup examination score for missed examinations unless faculty are notified in advance (more than 12 hours), or medical documentation is provided.

6. Final exams cannot be made up. Missing a final exam will result in a failure for the course, an "F" will be given for the final grade and removal from the program.
7. The discretion of the professor will decide if an absence is excused only under this circumstance will a makeup exam be allowed.

Lab Competency and Skill Check Assessment:
The student is required to successfully complete each skill check assessment for the course prior to the final laboratory competency practical examination or per the instructor's schedule. Two attempts can be made to pass the lab competencies. The course instructor will announce the due date of the skill check assessments in the course calendar informational sheet.

Summary Performance Evaluation
The following will be used to evaluate the clinical/lab performance:

Satisfactory – Completion of first attempt (85-100%) Performed procedure accurately or was able to correct performance without injury to the patient or decreasing effect of therapy being given.

Each skill check is considered a pass/fail. If a student makes less than 85% on the first attempt. The student may repeat the competency/skill check an additional time after the first attempt.

Unsatisfactory performance – Completion of first attempt (less than <85%). Requires remediation under the following categories.

- The psychomotor portion of the performance evaluation is a pass/fail grading criterion. After a failure of the physical portion of the course will result in failure of the course.
- All cognitive lab quizzes will be counted as part of the student's test grade. Students will only have one attempt.

Students, for the specific number and type of evaluations, please refer to the Instructor's Course Information Sheet.

GRADING SYSTEM:

A grade of "C" or better must be achieved in all required respiratory care program courses for a student to progress through the program. A final grade of less than 75 is not passed for the Respiratory Care Program and does not meet the requirements for progression within the program. This policy is different than the Horry Georgetown Technical College Grading Policy.

GRADING SCALE:
100 - 90 = A
89 - 80 = B
79 - 75 = C
74 - 69 = D
68 - 0 = F

State the College's or departmental grading system as delineated in the Catalog. Please note the College adheres to a 10-point grading scale A = 100 – 90, B = 89-80, C = 79 – 70, D = 69 – 60, F = 59 and below. You must have your Dean's approval if changes in the scale are made.

Grades earned in courses impact academic progression and financial aid status. Before withdrawing from a course, be sure to talk with your instructor and financial aid counselor about the implications of that course of action. Ds, Fs, Ws, and Is also negatively impact academic progression and financial aid status.

Part IV: Attendance

Horry-Georgetown Technical College maintains a general attendance policy requiring students to be present for a minimum of 80 percent (80%) of their classes to receive credit for any course. Due to the varied nature of courses taught at the college, some faculty may require up to 90 percent (90%) attendance. Pursuant to 34 Code of Federal Regulations 228.22 - Return to Title IV Funds, once a student has missed over 20% of the course or has missed two (2) consecutive weeks, the faculty is obligated to withdraw the student, and a student may not be permitted to reenroll. **Instructors define absentee limits for their class at the beginning of each term; please refer to the Instructor Course Information Sheet.**

For a 15-week course (fall and spring) the allowed number of absences for an

MW class is as follows: 3 absences are allowed regardless of reason. After the allowed number of misses, the student will be dropped from the course with a W.

******Missing a lab day, whether it is the same day or different day will incur an additional absence for the same lecture course.*

****Students have the option to attend the other lab time upon instructor's approval to avoid a lab absence for attendance.*

******A tardy (T) is given if the student arrives ten minutes after class starts or before class ends. Three tardies are equivalent to one absence for a 15-week course, and two (2) tardies are equivalent to one absence for a 10-week course.*

Part V: Student Resources

THE STUDENT SUCCESS AND TUTORING CENTER (SSTC):

The SSTC offers all students the following **free** resources:

1. Academic tutors for most subject areas, Writing Center support, and Academic Coaching for college success skills.
2. Online tutoring and academic support resources.
3. Professional and interpersonal communication coaching.

Visit the Student Success & Tutoring Center website for more information. To schedule tutoring or coaching, contact the SSTC at sstc@hgtc.edu or self-schedule in the Penji iOS/Android app or at www.penjiapp.com. Email sstc@hgtc.edu or call SSTC Conway, 349-7872; SSTC Grand Strand, 477-2113; and SSTC Georgetown, 520-1455, or go to the SSTC Online Resource Center to access on-demand resources.

STUDENT INFORMATION CENTER - TECH Central:

TECH Central offers all students the following free resources:

1. Getting around HGTC: General information and guidance for enrollment, financial aid, registration, and payment plan support!

2. In-person and remote assistance are available for Desire2Learn, Student Portal, Degree Works, and Office 365.

3. Chat with our staff on TECH Talk, our live chat service. TECH Talk can be accessed on the student portal and on TECH Central's website, or by texting questions to (843) 375-8552. Visit the Tech Central website for more information. Live Chat and Center locations are posted on the website. You may also call (843) 349-5199.

HGTC LIBRARY:

Each campus location has a library where HGTC students, faculty, and staff may check out materials with their HGTC ID. All three HGTC campus libraries have librarians and staff who can aid with research, computers to support academic research and related school-work, and individual/group study rooms. Printing is available as well at each location. Visit the Library website for more information or call (843) 349-5268.

STUDENT TESTING:

Testing in HGTC courses may occur during regularly scheduled class time or online, with or without proctoring. Tests may be delivered in the following formats:

- Digitally through D2L
- In writing on paper
- Through a publisher platform (note: some publisher platforms carry an associated fee)

Tests may include time limits and may require proctoring depending on the course.

When proctoring is required and is not provided by the course instructor in the classroom, students may complete their test face-to-face at an HGTC Testing Center or another approved testing site, or online using HGTC's online proctoring provider. For more information about available proctoring options, visit the Online Testing section of the HGTC Testing Center webpage.

Students testing at an HGTC Testing Center should note the following:

- **Appointments must be scheduled at least 24 hours in advance.**
- **A physical, government-issued photo ID is required to test.**

The **Instructor Information Sheet** will have more details on test requirements for your course.

DISABILITY SERVICES:

HGTC is committed to providing an accessible environment for students with disabilities. Students seeking accommodations are encouraged to visit HGTC's Accessibility and Disability Service webpage for detailed information.

It is the student's responsibility to self-identify as needing accommodations and to provide appropriate documentation. Once documentation is submitted, the student will participate in an interactive process with Accessibility and Disability Services staff to determine reasonable accommodations. Students may begin the accommodations process at any time; however, accommodations are **not retroactive** and will only be applied from the point at which they are approved. Students must contact the office **each semester** to renew their accommodations.

For assistance, please contact the Accessibility and Disability Services team at disabilityservices@hgtc.edu or 843-796-8818 (call or text).

COUNSELING SERVICES:

HGTC Counseling Services strives to optimize student success through managing personal and academic concerns that may interfere with achieving educational goals. Staff are available to every student for assistance and guidance on personal matters, academic concerns and other areas of concern. HGTC offers free in-person and telehealth counseling services to students. For more information about counseling services, please reach out to counseling@hgtc.edu or visit the website the Counseling Services webpage.

STATEMENT OF EQUAL OPPORTUNITY/NON-DISCRIMINATION STATEMENT:

Our sincere commitment to both effective business management and equitable treatment of our employees requires that we present this Policy Statement as an

embodiment of that commitment to the fullest.

Discrimination is conduct that includes unjust or prejudicial treatment based upon an individual's age, race, color, sex, religion, national origin, disability, and genetic information or any other protected classes deemed unlawful under State or Federal law that excludes an individual from participation in, denies the individual the benefits of, treats the individual differently, or otherwise adversely affects a term or condition of a person's working or learning environment. This includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities.

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Jen Riddei, Title IX Coordinator, Horry-Georgetown Technical College**,** Building 1100C, Room 107B, 2050 HWY 501 E, PO Box 261966, 843-349-5218, Jenifer.Riddei@hgtc.edu.

Student and prospective student inquiries concerning the federal laws and their application to the College or any student decision may be directed to Dr. Melissa Batten, Vice President, Student Affairs, and Section 504 & Title II Coordinator, Horry-Georgetown Technical College, Building 1100C, Room 107A, 2050 HWY 501 E, PO Box 261966-6066, 843-349-5228, Melissa.Batten@hgtc.edu.

Employee and applicant inquiries concerning the federal laws and their application to the College may be directed to Jacquelyne Synder, Vice President, Human Resources and Employee Relations and the College's Affirmative Action/Equal Opportunity Officer, Horry-Georgetown Technical College**,** Building 200C, Room 205B, 2050 HWY 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, Jacquelyne.Snyder@hgtc.edu.

TITLE IX REQUIREMENTS:

Title IX of the Education Amendments of 1972 protects students, employees, applicants for admission and employment, and other persons from all forms of sex discrimination.

HGTC prohibits the offenses of sexual harassment, domestic violence, dating violence, sexual assault, and stalking and will provide students, faculty, and staff

with necessary information regarding prevention, policies, procedures, and resources.

Any student, or other member of the college community, who believes that they have been a victim of sexual harassment, domestic violence, dating violence, sexual assault, or stalking may file a report with the college's Title IX Coordinator or campus law enforcement*.

> *Faculty and Staff are required to report these incidents to the Title IX Coordinator when involving students. The only HGTC employees exempt from mandatory reporting are licensed mental health professionals (only as part of their job description such as counseling services).

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Jen Riddei, Title IX Coordinator, Horry-Georgetown Technical College**,** Building 1100C, Room 107B, 2050 HWY 501 E, PO Box 261966, 843-349-5218, Jenifer.Riddei@hgtc.edu.

PREGNANCY ACCOMMODATIONS

Under Title IX, colleges must not exclude a pregnant student from participating in any part of an educational program. Horry-Georgetown Technical College is committed to ensuring that pregnant students receive reasonable accommodations to ensure access to our educational programs.

Students should advise the Title IX Coordinator of a potential need for accommodations as soon as they know they are pregnant. It is extremely important that communication between student, instructors, and the Title IX Coordinator begin as soon as possible. Each situation is unique and will be addressed individually.

Title IX accommodations DO NOT apply to Financial Aid. Financial Aid regulations do not give the College any discretion in terms of Financial Aid eligibility.

Certain educational programs may have strict certification requirements or requirements mandated by outside regulatory agencies. Therefore, in some programs, the application of Title IX accommodations may be limited.

To request pregnancy accommodations, please complete the *Pregnancy Intake Form* that can be found here.