

REVIEWED 06/2024

| REPORTS TO: | Manager, Respiratory Therapy | | |
|-------------|---|--|--|
| REVISED: | 09/2021 | | |
| | See current organizational chart for oversight/administrative support information | | |

PRIMARY FUNCTION:

Provides age appropriate/competent respiratory care in the areas of acute care, emergency department (ED), inpatient and outpatient areas in accordance with the philosophy, goals, and objectives of Clarinda Regional Health Center. Responsible for ADVANCING EXCEPTIONAL CARE through overall planning, direction, coordination, and implementation of the clinical education program.

QUALIFICATIONS:

Education and/or Experience

• Associate Degree in Applied Science for Respiratory Therapy or equivalent from a two-year college or technical school

Certificates, Licensure, Registrations

- Current Respiratory licensure in the state of Iowa
- Possess or is eligible for Registered Respiratory Therapist credential
- For job-specific certifications refer to the <u>Education Certification Requirements by Job Category</u>: Respiratory Therapist

Essential Job Duties and Responsibilities Initiates, conducts, modifies, and monitors the effects of respiratory care treatment, including therapeutic, diagnostic, monitoring, based on healthcare provider approved protocols and written healthcare provider order. Determines requirements for treatment, such as type, method and duration of therapy, precautions, and medication and dosages, compatible with healthcare provider orders. Explains treatment procedures to patients to gain cooperation and allay fears. Assesses and reviews patient conditions. Administers respiratory therapy medications via handheld nebulizers and large volume aerosols. Administers the proper amounts of oxygen to patients. Monitors patient's oxygen levels in the patient's blood and works with the healthcare provider to provide and adjust treatment accordingly. Provides Respiratory Therapy modalities within the respiratory therapy scope of practice.



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Essential Job Duties and Responsibilities

- Conducts tests, such as electrocardiograms and stress testing, to evaluate patient's cardiopulmonary function.
- Performs percussion and bronchopulmonary drainage and assists or instructs patients in performance of breathing exercises.
- Provides specific testing techniques that include measurement of ventilatory volumes, pressure, flows, and other related physiology.
- Provides emergency care, including artificial respiration and assistance with cardiopulmonary resuscitation.
- Draws ABG's if necessary.
- Coordinates sleep studies with provider(s) and performs home sleep studies.
- Conducts FIT testing for employees annually.
- Schedules and conducts Pulmonary Function Testing as ordered by the healthcare provider.
- 4. Provides set up of equipment and management of patients requiring invasive and noninvasive ventilation. This includes BIPAP and CPAP.
 - Inspects, cleans, tests, and maintains respiratory therapy equipment to ensure equipment is functioning safely and efficiently.
 - Educates patients and their families about their conditions and teaches appropriate disease management techniques, such as breathing exercises and the use of aerosol medications and respiratory equipment.
 - Demonstrates skill in use of equipment relevant to position.
 - Diagnoses equipment problems.
 - Informs appropriate person of problems encountered with repairs or calibration of equipment.
- Performs and maintains documentation.
 - Documents accurate and ongoing assessments of patient status that reflect respiratory interventions, patient responses, patient teaching.
 - Reports any adverse response to treatments to Charge Nurse, House Supervisor and/or Manager
- 6. Communicates effectively.
 - Communicates and collaborates effectively with other health team members regarding patient condition, nursing plan of care, patient satisfactions needs and recommendations for meeting identified outcomes.
 - Follows approved shift report format when communicating patient information.
 - Identifies and recognizes abnormal symptoms/changes in patient condition, established priorities, and takes appropriate action. Appropriately reports condition changes.



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| | Essential Job Duties and Responsibilities |
|----|---|
| 7. | Promotes and ensures patient safety in performance of all responsibilities. |
| | Administers medications, treatments, and procedures in a timely and safe manner according to provider orders and respiratory policy. |
| | Demonstrates proficient technical/clinical skills and operational knowledge of equipment. |
| | Informs and involves Respiratory Manager regarding patient care issues in a timely and appropriate manner. |
| | Utilizes proper body mechanics, transfer/lifting techniques, and appropriate equipment to minimize fall risk to patient and injury to self. |
| 8. | Participates in CRHC'S Quality program, committees, performance and quality improvement initiatives, and activities which support the facility and department operations. |
| | Demonstrates a commitment to the practices of Quality Improvement (QI). |
| | Regularly attends Department huddles. |
| | Completes tasks as outlined on Department Huddle Board. |
| 9. | Performs other duties as assigned. |



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ESSENTIAL Work Environment & Physical Requirements:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

| Physical Activity | Not | Occasionally | Frequent | Continuous |
|--------------------------------|------------|--------------|-----------------|-------------|
| | Applicable | (0-35% of | (36-66% of day) | (67-100% of |
| | | day) | | day) |
| Sitting | | Х | | |
| Standing | | | Х | |
| Walking | | | Х | |
| Climbing | Х | | | |
| Driving | | Х | | |
| Lifting (floor to waist level) | | 40 lbs. | 50 lbs. | 10 lbs. |
| Lifting (waist level and | | 40 lbs | FO Iba | 10 11 |
| above) | | 40 lbs. | 50 lbs. | 10 lbs. |
| Lifting (shoulder level and | | 40 lbs. | 50 lbs. | 10 lbs. |
| above) | | 40 105. | 30 ibs. | 10 105. |
| Carrying objects | | | х | |
| Push/pull | | 100 lbs. | 50 lbs. | 10 lbs. |
| Twisting | | х | | |
| Bending | | x | | |
| Reaching forward | | | x | |
| Reaching overhead | | x | | |
| Squat/kneel/crawl | х | | | |
| Wrist position deviation | | | х | |
| Pinching/fine motor | | | | |
| activities | | | X | |
| Keyboard use/repetitive | | | | х |
| motion | | | | ^ |

| Sensory Requirements | Not Applicable | Accurate 20/40 | Very Accurate 20/20 | |
|-------------------------|-------------------|----------------|---------------------|----------|
| • | Applicable | 20/40 | 20/20 | |
| Near Vision | | X | | |
| Far Vision | | х | | |
| | Not Applicable | Yes | No | |
| Color Discrimination | | | х | |
| | Not Applicable | Accurate | Minimal | Moderate |
| Depth Perception | | х | | |
| Hearing | | х | | |



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| Environment Requirements | Not Anticipated | Reasonably |
|--------------------------------------|-----------------|-------------|
| Occupational Exposure Risk Potential | | Anticipated |
| Bloodborne Pathogens | | х |
| Chemical | | х |
| Airborne Communicable Disease | | х |
| Extreme Temperatures | х | |
| Radiation | | x |
| Uneven Surfaces or Elevations | х | |
| Extreme Noise Levels | | х |
| Dust/Particulate Matter | | х |
| Other (List) | | |

| Shift Requirements | 8 hrs/day | 10 hrs/day | 12 hrs/day | Other (varied) |
|--|-------------------|------------|------------|----------------|
| Usual workday hours | | x | | |
| | Not Applicable | Yes | No | |
| Regular, punctual attendance for assigned shifts | | х | | |
| Available to work overtime | | х | | |



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ESSENTIAL FUNCTION FORM

In compliance with the Americans with Disabilities Act, we are requesting that you read the job description and answer the following question. If you would like assistance with this process, please ask Human Resources.

Can you perform the essential functions of the position with or without reasonable accommodations?

| | YES | NO | | |
|----------------------|-----|----|-------|--|
| Name (please print): | | | | |
| | | | | |
| Signature: | | | Date: | |