**Job Class Profile:**  
**Respiratory Therapist IIB**

**Pay Level:**  
**CG-40**  
**Point Band:**  
**916-949**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Knowledge</th>
<th>Interpersonal Skills</th>
<th>Physical Effort</th>
<th>Concentration</th>
<th>Complexity</th>
<th>Accountability &amp; Decision Making</th>
<th>Impact</th>
<th>Development and Leadership</th>
<th>Environmental Working Conditions</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>233</td>
</tr>
<tr>
<td>Points</td>
<td>233</td>
<td>67</td>
<td>25</td>
<td>29</td>
<td>150</td>
<td>130</td>
<td>124</td>
<td>107</td>
<td>54</td>
<td>919</td>
</tr>
</tbody>
</table>

**JOB SUMMARY**

The Respiratory Therapist IIB performs advanced professional leadership and administrative work in the development, implementation and coordination of respiratory therapy services. Work includes developing, implementing and evaluating protocols, clinical guidelines and quality initiatives to support optimal patient care, and consulting and communicating on respiratory therapy practice issues to respiratory therapists and other healthcare professionals. The clinical work includes assessment, treatment, evaluation of care, and education of patients with cardio-respiratory disorders. May act as a clinical leader across multiple sites or work as sole charge for a site of a multi-site organization and be responsible for the development of the entire program within the site.

**Key and Periodic Activities**

— Provides clinical leadership in the coordination, development, implementation, and evaluation of respiratory therapy services. Acts as the expert resource to therapists, and other healthcare professionals in the management of patients with complex, multi-system problems requiring adaptive approaches to care; provides guidance to staff in the interpretation and application of policies and procedures; develops and maintains effective communication systems between professionals; provides leadership, mentoring, and role modeling to Respiratory Therapist I’s; consults and advises therapist staff and other health professionals on therapy management and recommends approaches to patient care; monitors day to day clinical activities of the site; identifies issues that may impact services and recommends solutions; and arranges staffing to address extra workload issues.

— Performs patient care; assesses day-to-day clinical activities and ensures gaps in services are addressed by performing clinical activities as required. These include responding to life threatening emergencies to provide emergency airway management including endotracheal intubation; initiates and manages invasive and non-invasive respiratory life support of critically ill patients on mechanical ventilators and other specialized modalities; manages the equipment that breathes for patients when they cannot breathe themselves; determines if a patient can safely be weaned from life support and in consultation with the attending physician recommends and performs weaning, intubation and removal from life support; assesses patients in respiratory distress, and intervenes as necessary; administers medications and therapeutic medical gas mixtures; assesses the patients need for cardio-respiratory therapies in hospital for home use; initiates, titrates and discontinues respiratory therapy depending on patients’ needs; performs pulmonary function tests (i.e. lung function testing); performs invasive procedures.
Key and Periodic Activities

such as arterial blood gas (i.e. needle puncture), and arterial line insertion; transports critically ill patients within the hospital for diagnostic testing and also transports critically ill patients’ between hospital sites; performs sleep apnea testing and provides therapies for sleep apnea and other sleep disordered breathing; assesses and recommends therapies and equipment for patients home use and delivers education on the equipment to patients and families; performs endotracheal and tracheostomy tube care including placement confirmation, securement, tube change and decannulation; and performs swallowing assessments in partnership with speech language pathology.

— Acts as a resource person for the department; promotes competency based practice and establishes competency inventories; provides therapists with opportunities for self-directed learning and continuing education; conducts literature research to provide staff with current trends in evidence based patient care; acts as a program liaison to the clinical instructors for educational institutes; develops, coordinates, and implements educational in-services; and provides ongoing education and review as needed on policies, procedures and equipment.

— Develops respiratory therapy policies and clinical practice guidelines; acts as a representative for respiratory therapy on committees; makes recommendations for staffing levels; organizes and chairs staff meetings; ensures workload measurement collection is done by staff therapists; recommends human, physical, and equipment resources needed for patient care delivery; and participates in clinical research activities.

— Develops and prepares Respiratory Therapist Is’ schedules; completes data entry of payroll; and orders supplies and specialty items from external vendors.

— Performs patient chart audits; identifies and makes recommendations on risk management and clinical areas; reports all workplace incidents; reviews research and scientific journals for best practice information; performs equipment preventative maintenance; calibrates and troubleshoots equipment and machines; uses infection prevention and control precautions; and adheres and monitors transport Canada regulations for cylinder and medical gases protocols.

— Prepares quarterly and monthly reports and workload measurement reports and submits to manager.

— Makes recommendations for equipment and tender specifications; performs evaluation of new equipment and training of staff on equipment.

— Coordinates and performs peer review; and coordinates and provides orientation for new staff.

SKILL

Knowledge

General and Specific Knowledge:
— Pulmonary function testing guidelines and procedures
— Computer software programs
— Operation of diagnostic equipment and mechanical ventilators
— Patient assessment
— Technical equipment and machines
— Organization and professional policies, practices and standards
— Research practices
— Computer programs
— Workload measurement

**Formal Education and/or Certification(s):**
— Minimum: 3 Year specialized program in Respiratory Therapy, Registration with the Canadian Society of Respiratory Therapists with a professional designation as a Registered Respiratory Therapist (RRT).
— Certification in Basic life support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Neonatal Resuscitation Program (NRP).

**Years of Experience:**
— Minimum: 4 – 5 years of experience

**Competencies:**
— Calibrate and/or repair machines and equipment
— Computer, communication, and patient assessment skills
— Critical thinking and decision making

**Interpersonal Skills**
— A range of interpersonal skills are used to perform activities such as listen, ask questions, and gather information from healthcare employees and health history from patients; communicate with staff regarding shift assignments, provide complex information and direction to patients and staff, provide care/comfort/nurturing, gain the cooperation of others to complete work, provide expert advice or counselling to healthcare professionals, address issues and/or solve problems, instruct/teach/train staff and students, make formal presentations to nurses and other groups on respiratory equipment, conditions, and issues; coaching and mentoring staff, and deal with patients and their families who may be upset. Skills are most frequently used to communicate departmental activities to the professional practice coordinator or the manager and to provide support and care to patients.
— Communications occur with a range of contacts including employees within immediate work area and department, students, patients, supervisors and professional advisors.
— The most significant contacts are with patients to perform various tests and procedures; and with staff to provide direction, advice and guidance.

**EFFORT**

**Physical Effort**
— The demands of the job occasionally result in considerable fatigue requiring periods of rest.
— Physical effort includes regularly moving or lifting objects up to 10 lbs. (i.e. compressors, portable suctions, oxygen setups, and supplies), and occasionally moving objects and equipment, (i.e. oxygen cylinders and ventilators), repositioning or assisting patients to move from stretcher to bed or pushing and pulling stretchers up to and over 50 lbs. Also occasionally assists with the transport of patients on ambulances and airplanes, and is required to bend, stretch or is required to reach around patients to affix apparatuses, or to give injections.
— Regularly stands and walks in the performance of their activities and sits to perform work on the computer (i.e. download reports, send emails, type correspondence, develop schedules, and...
prepare reports). May be required to drive to clinics or other facilities to perform services.

— Occasionally works in awkward and cramped positions when responding to emergency codes and uses gross motor skills to push mechanical ventilators, gas cylinders, and to transport patients. Uses hand tools and equipment to manually perform ventilation and uses fine motor skills to place tubes in a patient’s lungs. Uses equipment requiring very controlled, as well as rapid physical movement and reflexes.

**Concentration**

— **Visual concentration** is required when observing patients during procedures, in case they experience respiratory or cardiac distress, to interpret, monitor, and note physical conditions (i.e. breathing pattern and muscle use), and to monitor screens during sleep studies. **Visual concentration** is also required to troubleshoot mechanical ventilation machines, to view graphic displays on monitors and laboratory, sleep study reports, and to document information on the patients chart and on the computer.

— **Auditory concentration** includes listening for alarms on ventilator or monitors, to hear acuity of patients’ lungs, to determine whether patients are breathing adequately, and for monitoring patients’ blood pressure. **Auditory concentration** is also required to listen and respond to staff, patients, and other healthcare staff.

— **Other sensory demands include touching** a patient during a procedure to determine various temperature changes, to provide resuscitation or ventilation, as well as to locate body parts, to palpate pulses, and to administer medication. The therapist uses **smell** to detect a patient’s changing condition such as anaerobic growth (i.e. pneumonia).

— **Repetitive tasks that require alertness** are performing similar procedures and tests on patients, giving patients instructions regarding testing, checks on ventilator functioning, and entering or documenting a patient’s medical data charts or the electronic health record chart.

— **Higher than normal levels of attentiveness or alertness** are required when patients are critically ill, when transporting patients by ambulance, storing gas cylinders, when performing procedures, and when performing safety inspections.

— Does not have **control over the pace of the work** due to the unpredictable number of patient admissions, tests, and procedures that have to be performed, emergency calls, or situations that require a response, and changes in a patient’s condition. There are **time pressures and deadlines** to complete administrative and patient related activities, all with competing timeframes. **Deadlines** involve posting of schedules, payroll, and report deadlines. Clinical **time pressures and deadlines** involve completion of regularly scheduled appointments and to respond to emergencies as they occur. **Interruptions** are frequent from requests for service, calls from physicians, and other healthcare professionals for services, and therapists for advice and guidance.

— **Eye/hand coordination** is required to perform procedures (i.e. put needles into arteries to obtain blood gases samples, intubation, assist with bronchoscopy and chest tube insertion, tracheostomy changes, arterial puncture, and arterial line insertion), draw up medications into a syringe, and to calibrate or repair equipment.

— **Exact results and precision** are required when performing testing or procedures (i.e. inserting arterial lines, intubation, pulmonary function calibration and results), determining treatments, obtaining tissue samples, and performing quality control on machines and equipment.

**Complexity**
— Tasks and activities are different/unrelated, require the use of a broad range of skills, and a diversity of knowledge.

— Tasks are typically repetitive/well defined, different, but related with some unrelated aspects (i.e. administrative and clinical work).

— Problems typically have obvious solutions and can be addressed by following procedures/guidelines or solved in a team setting. Occasionally, there are unique problems. Work tasks may require creative problem definition and analysis.

— Typical complexities from an administrative perspective are managing staffing issues, trying to replace staff on short notice, and handling conflicts amongst staff. Sole-charge complexities or challenges include trying to coordinate and manage the demands for the service, problem solving issues with equipment not functioning; or shortages of specialty supplies that have to be purchased outside the province. From a clinical perspective, a typical challenging problem would include managing a very critically ill patient’s respiratory care, and educating and giving guidance to staff, and family members in the interpretation and application of therapies.

— Complexities tend to be solved by reviewing and following policies and procedures, clinical practice guidelines; Canadian Society of Respiratory Therapy Code of Ethics, occupational health and safety practices, textbooks or user manuals for equipment or consulting with equipment technicians, and consulting with other healthcare professionals and advisors.

RESPONSIBILITY

Accountability and Decision-Making

— Work tasks and activities are somewhat prescribed or controlled.

— May independently make decisions related to coordinating staff replacements, caseloads and work assignments, coordinating performance appraisals and performing peer reviews, making purchases and maintaining equipment and supplies, coordinating trial and evaluation of respiratory therapy equipment, and implementing quality initiatives. Also makes recommendations regarding new procedures and equipment purchases. Decisions related to respiratory care such as performing tests and procedures, developing treatment plans, and administering oxygen and medications are made independently within professional standards.

— Requires approval for large-scale purchases of equipment, regional policy and procedure changes, changes in current practices, and for attendance or travel for educational opportunities.

— Exercises discretion within predetermined limits and procedures in relation to ensuring departmental policies and practices are being followed, calling staff back to work, and exercising discretion and judgment in patient care procedures and treatments. Exercises a high degree of discretion in supervising the day-to-day activities, staff coverage, workload assignments, and with patients in relation to their respiratory care.

— Discretion and judgment are used to interpret directions and apply guidelines to make clinical decisions in patient care activities within professional standards, and administrative decisions in relation to adequate staffing levels to ensure patient safety.

— Provides information, advice, and recommendations to members of the interdisciplinary team, patients, and their families, physicians, and students related to the respiratory conditions, treatments, procedures, tests, and results. May also provide advice, guidance, direction, and
instruction to respiratory staff in their activities.

### Impact

- Work activities have an impact on the immediate work area, within the department, outside the organization, and on patients. The most significant impacts are on health and safety of patients.
- There are positive and negative impacts resulting from the decisions made regarding assessments, and tests being delivered to the patient, workload and services provided by the department, information that it is accurate and correct, and corporate image such as the service provided.
- Resources impacted include equipment used in providing services, finances, material resources, processes and systems, information, facilities, human resources, health and safety, and corporate image.
- Errors that could occur involve patient management such as performing procedures incorrectly, giving patients wrong medications and errors in documentation. Administrative errors are incorrect scheduling of staff, payroll entry, errors with the purchasing and ordering of supplies or the evaluation of equipment.
- Errors or mistakes are typically resolved within hours of identification and detected by the therapist(s), patients, or other members of the healthcare team.

### Development and Leadership of Others

- Typically responsible for direct and ongoing bargaining unit supervisory activities for a medium size work group of employees (5 to 10 employees).
- May provide a team lead role such as acts as a technical mentor, organizes the work activities of staff, evaluates students’ performance, chairs, organizes meetings and continuing education for staff, and performs audits. In addition, provides training, as well as formal classroom training to respiratory and nursing staff, new medical students, and residents. May also provide project lead roles related to the respiratory therapy services and may act as a technical expert for a particular site(s).

### WORKING CONDITIONS

#### Environmental Working Conditions

- Required to wear masks (i.e. sometimes n-95 respirators), gowns, and gloves for all invasive procedures and to practice universal and safety precautions. When attending to patients requiring diagnostic services, will wear special lead-lined gowns and neck protection.
- There is moderate likelihood of receiving minor cuts, bruises, and illnesses, and limited likelihood of receiving fractures, or a partial or total disability.
- Regularly exposed to infectious diseases, awkward/confining spaces, sharp objects, odours, bodily fluids and waste, toxic or poisonous substances, and hazardous chemicals. Occasionally exposed to unusual or distracting noise, dirt/dust/filth, wet/slippery surfaces, radiation, lack of privacy, limited lighting, and physical dangers. Travel between sites may be required to transport patients in ambulance, sometimes in adverse weather conditions.