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**STATE OF WISCONSIN
CLASSIFICATION SPECIFICATION**

**RESPIRATORY THERAPIST
CLASSIFICATION SERIES**

I. INTRODUCTION

A. Purpose of This Classification Specification

This classification specification is the basic authority under Wis. Admin. Code ER 2.04 for making classification decisions relative to present and future positions performing technical respiratory therapy duties. This classification specification is not intended to identify every duty which may be assigned to positions, but is intended to serve as a framework for classification decision making in this occupational area.

Classification decisions must be based on the “best fit” of the duties within the existing classification structure. The “best fit” is determined by the majority (i.e., more than 50%) of the work assigned to and performed by the position when compared to the class concepts and definition of this specification or through other methods of position analysis. Position analysis defines the nature and character of the work through the use of any or all of the following: definition statements; listing of areas of specialization; representative examples of work performed; allocation patterns of representative positions; job evaluation guide charts, standards or factors; statements of inclusion and exclusion; licensure or certification requirements; and other such information necessary to facilitate the assignment of positions to the appropriate classification.

B. Inclusions

This classification encompasses positions that provide respiratory therapy services and procedures to patients and/or residents of state hospitals/institutions or centers for the developmentally disabled or homes for the aged and disabled veterans on a statewide basis.

C. Exclusions

Excluded from this classification series are the following types of positions:

1. Positions that meet the statutory definition of supervisor or management as defined in Wis. Stats. 111.81(19) and (13) as administered and interpreted by the Wisconsin Employment Relations Commission.
2. All other positions which are more appropriately identified by other classification specifications.

D. Entrance Into and Progression Through This Classification Series

Employees typically enter positions within this classification by competition. This is a multiple objective level classification series with some positions having an objective level at the Respiratory Therapist level and some positions having an objective level at the Respiratory Therapist-Senior level. The objective level for the position will be determined when the initial position description is classified.

Positions at the Respiratory Therapist, *objective level* will not progress through reclassification. Positions classified at the Respiratory Therapist, *entry level* will progress to the senior level through reclassification based on achievement of the required training, experience and the satisfactory performance of the senior level duties. Movement to the advanced level lead worker will occur by competition.

II. DEFINITIONS

RESPIRATORY THERAPIST

This is either an objective or an entry level for positions performing technical work in respiratory therapy at a state hospital or institution. Positions allocated to this class as an objective level are responsible for performing complex and specialized respiratory therapy procedures including the full range of standard treatments and tests within the hospital/institution (such as capnography, Bipap, CPAP, high frequency positive pressure ventilation, central or obstructive sleep apnea monitoring) for a majority of the time. Work at this level is performed under the general supervision of higher level technical or professional staff.

Positions allocated to this class as an entry level are assigned a variety of routine and less complex aspects of providing respiratory care (e.g. such as alveolar gas studies, shunt determinations, routine mechanical ventilation, basic spirometry and pre-discharge or post-operative patient education). The work is designed to develop proficiency and expertise in the practices and procedures of providing respiratory care services. Work at this level is performed under the close progressing to limited supervision of higher level technical or professional staff.

Examples of Work Performed:

- Design programs for active postural drainage and positioning for postural drainage, cough assist, respiratory vest therapy and nebulizer therapy.
- Perform cough induction for collection of sputum for examinations.
- Set up aerosol masks, tracheostomy and pediatric tents for appropriate hydration.
- Set up breathing and non-breathing masks, simple masks, oxymasks, oxygen to tracheostomy and nasal cannulas for appropriate oxygen therapy.
- Perform oral, pharyngeal and tracheal aspiration and insert nasal, oral and pharyngeal airways.
- Monitor the placement of tracheostomy tubes; independently change tubes.
- Independently change cuffed tracheal tubes and replace with appropriate cuffed/uncuffed tubes.
- Set up and monitor sleep studies by use of oximetry readings.
- Document patient/residents progress or lack of it as to the goals established.
- Perform and monitor proper care of patient/residents respiratory care equipment.
- Act as the liaison with private vendors to obtain RT equipment.

RESPIRATORY THERAPIST SENIOR

Positions at this level perform the most complex and specialized respiratory therapy procedures in a specific program area within the hospital/institution or center ensuring that technical standards are maintained in addition to the Respiratory Therapist duties. In addition, these positions are responsible for providing training and education for employees and other health professionals in respiratory therapy and ensuring that instructional standards are maintained. Work at this level is differentiated by the increased independence and judgment exercised in evaluating a patient's condition and laboratory data and effectively recommending respiratory care plans to medical personnel. Work at this level is performed under general supervision of higher level technical or professional staff.

Examples of Work Performed:

- Conducts educational programs for respiratory care within the institution, including in-service programs, orientation procedures for new CNAs, RNs, RN students, RT students, including current and new physicians and other healthcare workers.
- Provides clinical services in the outpatient and home settings to patients with chronic pulmonary disease.
- Develops and provides patient and family education in the areas of respiratory home equipment and therapeutic interventions for home care.
- Acts as a vendor to patients requiring respiratory equipment and supplies in the home setting.
- Coordinates treatments and procedures to be provided in the patient's home after discharge from the hospital.
- Assists in developing the annual capital and minor equipment budget for home care services.
- Implements programs for ongoing patient evaluation in the home care setting.
- Evaluates and monitors patients' need for home care equipment and/or treatment modalities and makes recommendations to professional medical staff.
- Delivers and sets up home care equipment to patients and ensures proper function.
- Provides respiratory care expertise to the home care program.

RESPIRATORY THERAPIST ADVANCED

In addition to performing the duties of the Respiratory Therapist Senior level, positions allocated to this class function as lead workers responsible for the day-to-day activities of the respiratory therapists providing services to patients/residents and ensuring that technical standards are maintained. Leadwork involves a permanently assigned responsibility to: train, assist, guide, instruct, assign and review the work of other Respiratory Therapists. Leadworkers do not have supervisors authority as defined under s. 111.81 (19), Wis. Stats. In addition, these positions function as program coordinators responsible for the evaluation, recommendation for purchase and implementation of in-house capital equipment for respiratory care services; the development and implementation of instructional design and educational programming for respiratory therapists, physicians and other medical and health care professionals in the area of respiratory therapy; evaluation, recommendation for purchase and implementation of specialized respiratory equipment for use in the home care setting and for evaluating the business aspects of a home care program. Work at this level is performed under the general supervision with the highest level of independent judgment and discretion.

Examples of Work Performed:

Leadworker/Program Coordinator (both in-house and homecare patients)

- Assures proper staff coverage by coordinating and assigning staff as needed.
- Guides, trains and instructs staff on procedures and reviews the work of lower level respiratory therapists and students
- Researches and writes new respiratory therapy policy and procedures.
- Implements new or modified respiratory care techniques and evaluates effectiveness.
- Implements programs for ongoing patient evaluation in the home care setting.
- Participates in patient care planning with other health care professionals and establishes respiratory care plans to be followed by the respiratory therapy staff.
- Maintains and calibrates equipment for quality control.
- Determines treatment standards for respiratory services.
- Oversees ordering of all respiratory therapy medications from pharmacy.
- Arranges and coordinates Pulmonary Clinic. Develops and implements programs for evaluation of all in-house equipment related to respiratory care.
- Recommends purchase of capital and minor equipment based on findings from evaluation of program, cost, function and need.
- Develops and maintains ongoing in-house respiratory therapy equipment maintenance program with detailed records on all equipment and repairs.
- Assists other departments in the evaluation of new equipment for purchase.
- Advises in developing annual in-house capital equipment budget.
- Maintain supplies needed by respiratory care services for both in-house and homecare patients through ongoing inventories of capital and minor equipment.
- Trains and guides respiratory therapists, nurses and physicians in the utilization of new equipment.
- Identifies instructional/educational needs of respiratory therapists, physicians and other health care professionals.
- Serves as a consultant and provides technical information to other health care institutions in the area of respiratory therapy.
- Develops, administers, evaluates and updates educational programs for respiratory care within the institution, including in-service programs, orientation procedures for new employees and intra-departmental programs for other health care professionals.

III. QUALIFICATIONS

The qualifications required for these positions will be determined at the time of recruitment. Such determinations will be made based on an analysis of the goals and worker activities performed and by an identification of the education, training, work, or other life experience which would provide reasonable assurance that the knowledge and skills required upon appointment have been acquired.

Special Requirement: Certification as a Respiratory Care Practitioner in the State of Wisconsin. Per [Wisconsin State Statutes 440.08 \(2\)](#), 448.03 (1m); 448.40 (1) and Chapter Med 20

IV. ADMINISTRATIVE INFORMATION

This classification series was created effective June 16, 1985 and announced in Bulletin CC-45 as a result of the Machine-Related Health Technicians Occupational Survey. The specification was rekeyed effective November 5, 2000 and announced in Bulletin CLR/SC-122 to update the format of the specification and to clarify that this series may not be used to classify positions at UWHC. No changes in class concepts occurred as a result of this

modification. The specification was modified effective May 6, 2001, and announced in Bulletin CLR/SC-129 to correct an administrative error in the classification title listed under II. Definitions from Diagnostic Radiologic Technician 2 to Respiratory Therapist 2.

The classification series was modified effective June 12, 2016 and announced in Bulletin DPM-0425-SC-CC as a result of broadbanding the series was collapsed and renamed.

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