

MASSASOIT COMMUNITY COLLEGE  
TECHNICAL STANDARDS FOR RESPIRATORY CARE

STUDENT NAME \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

(PRINT)

ADDRESS \_\_\_\_\_

TEL: \_\_\_\_\_

The purpose of providing you with Technical Standards is so that you will be informed of the skills required to perform as a Respiratory Care Practitioner. The term “technical standards” refers to all NONACADEMIC CRITERIA used for admission to and participation in a program or activity.

**General Job Description:** Provides health care services to Respiratory patients. Performs arterial blood gases, respiratory treatments, ventilator management, oxygen therapy, aerosol therapy, CPT, PFT’s, airway care pulmonary rehabilitation and hyperinflation therapy. Assessment and application. Exercises professional judgment in performance of services and maintains an ethical demeanor appropriate for medical professionals. Provides appropriate patient care and recognizes patient comfort and safety essential for successful completion of the procedure.

**Directions:**

**Check the appropriate box for each of the following technical standards. Responses are “Yes” “No” or “More Detailed Information Needed.”**

**\*Frequency Key:**      **O = occasionally 1-33%**  
                                  **F = frequently 34-66%**  
                                  **C = constantly 67%-100%**

PHYSICAL STANDARDS		Can the individual perform the following? Use N if unable to determine.			
		FREQ*	YES	NO	MORE INFORMATION
BEND OR STOOP	To lift oxygen tanks and to perform CPT (weight approximately 5 lbs to 10 lbs)	C			
KNEEL	To perform CPT or to assist patients who may fall or faint	F			
CROUCH	To perform treatments and CPT to patients	O			
REACH	At least 6’ from floor to overhead respiratory equipment	C			
MOVE/ PUSH/PULL	Equipment such as ventilators, oxygen tanks, monitors, wheelchairs and stretchers	C			
LIFT	Patients in and out of wheelchairs, on and off stretchers	C			
WALK	For duration of assigned shift – approximately 7 to 8 hours	C			
STAND CARRY	One portable oxygen unit (approximately 10 to 15 pounds) for a distance of 30 feet through a door without help	C			
WEAR	Mask, gloves, and protective eye wear	C			
AUDITORY	Hear verbal directions/requests from physicians/peers and patients.	C			
	Hear distress sounds from patients.	C			
	Hear audible equipment signals.	C			
VISUAL	Read requisitions for information related to respiratory care.	C			
	Assess proper position for patient.	C			
	Monitor equipment indicators on respiratory care equipment.	C			
	Evaluate treatment.	C			

**TECHNICAL STANDARDS FOR  
RESPIRATORY CARE PROGRAM**

**Directions:**

**Check the appropriate box for each of the following technical standards.  
Responses are “Yes” “No” or “More Detailed Information Needed.”**

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		Can the individual perform the following? Use N if unable to determine.			
<b>PHYSICAL STANDARDS</b>		<b>FREQ*</b>	<b>YES</b>	<b>NO</b>	<b>MORE INFORMATION</b>
MANUAL DEXTERITY	Manipulate small knobs or controls on respiratory equipment.	F			
	Prepares needles and syringes for injection or draining of arterial blood gases.	F			
	Wear plastic gloves when appropriate.	F			
VERBAL	Communicates directions or information to staff, patients and doctors	F			
VISUAL	Monitor the patient for comfort and safety.	F			
WRITTEN	Ability to hold and use a writing instrument for patient’s history and other pertinent information.	F			

		Can the individual perform the following? Use N if unable to determine.			
<b>MENTAL/ATTITUDINAL STANDARDS</b>		<b>FREQ*</b>	<b>YES</b>	<b>NO</b>	<b>MORE INFORMATION</b>
Function safely, effectively, and calmly under stressful situations.		F			
Prioritize and manage multiple tasks simultaneously.		F			
Exhibit social skills necessary to interact effectively with patients families, supervisor and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, discretion.		F			
Maintain personal hygiene consistent with close personal contact associated with patient care.		F			
Display ethical attitudes and actions necessary for health professions.		F			

The above evaluation was completed by: \_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date