Delegation of Controlled Acts

PROFESSIONAL PRACTICE GUIDELINE

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO
Professional Practice Guideline

College of Respiratory Therapists of Ontario (CRTO) publications contain practice parameters and standards which should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CRTO publications may be used by the CRTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Resources and references are hyperlinked to the Internet for convenience and referenced to encourage exploration of information related to individual areas of practice and/or interests. Bolded terms are defined in the Glossary.

It is important to note that employers may have policies related to an RT’s ability to accept delegation to dispense medications. If an employer’s policies are more restrictive than the CRTO’s expectations, the RT must abide by the employer’s policies. Where an employer’s policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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Introduction

The *Regulated Health Professions Act, 1991* (RHPA) identifies thirteen **controlled acts** that pose significant risk of harm to the public of Ontario.

These acts may only be performed by regulated health care professionals who are authorized by their profession specific Acts to do so\(^1\).

If a procedure involves controlled acts that are not authorized to Respiratory Therapists\(^2\), then the authority to perform those controlled acts can only come from **delegation** from another authorized regulated health care professional OR an **exception** under the RHPA.

This Professional Practice Guideline (PPG) provides information regarding the standards of practice related to the delegation of controlled acts.

\(^1\) For a complete list of regulated health care professionals and link to their respective websites, please visit the Federation of Health Regulatory Colleges of Ontario (FHRCO) at: [http://ipc.fhrco.org/](http://ipc.fhrco.org/)

\(^2\) See *Interpretation of Authorized Acts PPG* Table 1 for a comparison of the controlled acts (RHPA), authorized acts (RTA) and acts that Respiratory Therapists may accept delegation for.
Delegation - What You Need to Know

• Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act.

• Delegation often refers to the transfer of authority to perform “procedures” involving one or more controlled acts.

• Procedures and/or activities that do not involve controlled acts do not require delegation, however they may still require orders depending on the practice setting.

• Delegation is a PROCESS that is procedure specific and may also be explicit to:
  o an individual patient/client;
  o a specific patient/client population;
  o a specific situation;
  o a specific health care provider, or;
  o groups of patient/client populations or health care providers.

• While it is permissible to delegate the performance of a procedure involving a controlled act to a health care provider (regulated or non-regulated) who is not authorized to perform that controlled act, it is not permissible to delegate the ordering of the procedure that involves a controlled act to someone else.

• It is the CRTO’s position that there is no provision in the RHPA to allow a physician or any other regulated health care professional to delegate the ordering of a procedure involving a controlled act to another health care provider (see Medical Directives and the Ordering of Controlled Acts Position Statement).
Authorized Acts

The controlled acts authorized to Respiratory Therapists in the Respiratory Therapy Act, 1991 (RTA) are:

In the course of engaging in the practice of respiratory therapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Performing a prescribed procedure below the dermis.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
4. Administering a substance by injection or inhalation.
5. Administering a prescribed substance by inhalation.

The RTA requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except for:

• Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and
• Administering a prescribed substance by inhalation.

* Please note that, depending on the practice setting, other legislation may require an order even for these acts (e.g., the Public Hospitals Act)

If you have terms, conditions or limitations prohibiting you from performing any respiratory therapy procedures that involve controlled acts, you cannot accept delegation for those procedures. (See CRTO Policies: Graduate Certificate of Registration; Supervision Policy; Inactive Certificate of Registration)

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3 “prescribed” means listed in the Prescribed Substances Regulation (see Part VII.1) i.e., the independent administration of therapeutic oxygen by an RRT.
Did you know...

Terms, Conditions and Limitations (TCLs)

• If you decide to suction a patient and there is a limitation on your certificate preventing you from suctioning, you cannot go ahead and accept delegation to suction.

• Student Respiratory Therapists who were permitted to perform advanced prescribed procedures below the dermis (under an exemption in the RHPA), are no longer permitted to perform advanced prescribed procedures once they become Graduate Respiratory Therapists (GRTs). GRTs are not permitted to accept delegation for these controlled acts. (See Registration and Use of Title PPG and Certification Programs for Advanced Prescribed Procedures below the Dermis PPG.)

Did you know...

Authorizing Mechanisms - Orders and Delegation *

• RTs do not require delegation to perform authorized acts 1, 2 and 4 – but still require an order or medical directive to proceed. (see Interpretation of Authorized Acts PPG and Orders for Medical Care PPG)

• RTs performing procedures involving delegated controlled acts (e.g., allergy testing) also require a valid order or medical directive to proceed. (see Orders for Medical Care PPG and Medical Directives and the Ordering of Controlled Acts Position Statement)

• The Federation of Health Regulatory Colleges of Ontario (FHRCO) has published interprofessional guides, tools and templates to assist regulated health care professionals to develop processes for delegation and the use of medical directives. The aim of these tools is to meet all the regulated professional standards of practice (see FHRCO’s Guide and IPC eTool).

• Procedures and activities that do not involve controlled acts and fall within the public domain do not require delegation but may still require an order.

*Please note... GRTs are not permitted to delegate or accept delegation for any controlled act.
What is Not Delegation?

An assignment of responsibility and/or duties is not delegation. Even if you are "assigned" to care for patient/client(s) by your supervisor, (e.g., a physician, midwife, nurse practitioner or dentist) you would require proper delegation (and orders) to perform any specific procedures involving controlled acts that are not authorized to you. Another regulated health professional asking or instructing you to perform a controlled act in the moment does not constitute the process of delegation, or the transfer of their authority to you.

"Assisting" a regulated health care professional to perform controlled acts does not mean that his or her authority to perform the controlled act has been transferred to you. In this case, you are only assisting with the procedure and do not require delegation.

Teaching someone to perform a controlled act (e.g., a regulated; non-regulated health care provider, or other caregiver) may not be enough. Delegation is a process. For more information regarding the standards of practice of teaching versus delegation and a variety of common practice scenarios, please refer to the Responsibilities of Members as Educators PPG.

When is Delegation Not Required?

If the procedure is not a controlled act, it is in the public domain and delegation is not required. In this case, you may perform the procedure provided you have the competency to perform it. Depending on your practice setting you may require an order to proceed.

RHPA Exceptions

If a procedure involves a controlled act and you do not have the authority to perform it (i.e., the procedure is not one authorized to Respiratory Therapists), you may perform the controlled act in one of the following exceptions allowed by the RHPA [as listed and numbered in the RHPA]:
Exception #1:
Giving first aid or temporary assistance in an emergency.

You may perform a controlled act in giving first aid, provided you have the competency (knowledge, skills and judgement) to perform the procedure.

If a Respiratory Therapist faces an emergency situation, he or she should not let fear of prosecution for performing a controlled act hinder his or her response. The CRTO also encourages Respiratory Therapists, and their employers, who face emergencies on a regular basis to proactively develop policies and procedures, guidelines, processes for delegation and medical directives to help guide their response. These documents may also provide evidence of competency training and ongoing quality assurance to support the practice of Respiratory Therapists in emergent situations. Please refer to the CRTO’s Use of Automated External Defibrillators (AEDs) by Respiratory Therapists Positions Statement.

Exception #2:
Fulfilling the requirements to become a member of a health profession and the controlled act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.

Student Respiratory Therapists do not require delegation to perform controlled acts, provided they are enrolled in a CRTO approved program to become Respiratory Therapists AND the controlled acts are within the scope of practice AND a Member of the CRTO is supervising or directing them.

Exception #3:
Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment.

If you are performing a controlled act in treating a person by prayer or spiritual means in accordance with the principles of your religion you do not need to have the act delegated to you.
Exception #4: Treating a member of the person's household and the act is controlled act 1, 5 or 6 (as numbered in the RHPA); and, the acts that may be performed when treating a member of your household are:

a) Communicating to the member of your household, or his or her personal representative, a diagnosis identifying a disease or disorder as the cause of symptoms of the member of your household, in circumstances in which it is reasonably foreseeable that the member of your household, or his or her personal representative, will rely on the diagnosis.

b) Administering a substance by injection or inhalation;

c) Putting an instrument, hand or finger;
   • beyond the external ear canal,
   • beyond the point in the nasal passages where they normally narrow,
   • beyond the larynx,
   • beyond the opening of the urethra,
   • beyond the labia majora,
   • beyond the anal verge, or
   • into an artificial opening into the body.

Did you know...

The application of energy is a controlled act not authorized to RTs?

Examples of Applying Energy

- A Respiratory Therapist – Anesthesia Assistant (RRT- AA) requires delegation and a valid order (or medical directive) for the application of energy to assess neuromuscular blockade during general anesthesia.

- Many acute care organizations (hospitals) have implemented processes to delegate the application of energy (e.g., defibrillation) and to use medical directives to authorize and enable RTs as first-responders to defibrillate in a code blue or code pink situation. Many hospitals are also choosing to use automated external defibrillators (AEDs). Respiratory Therapists who practise in hospital settings, where codes are expected, should ensure they are competent and maintain their ongoing competency to apply energy to the expected standards of their profession, and their employers, even when using AEDs. RTs practising in these scenarios are acting as regulated health care professionals. The process for delegation may include education and training for example as an organizational requirement for RTs to maintain their BCLS, PALS and/or ACLS. Please refer to the CRTO’s AED Position Statement.
Exception #5: Assisting a person with his or her routine activities of living and the act is controlled act 5 or 6 (as numbered in the RHPA). The acts that may be performed when assisting an individual with his or her activities of daily living are:

a) Administering a substance by injection or inhalation,

b) Putting an instrument, hand or finger;
   • beyond the external ear canal,
   • beyond the point in the nasal passages where they normally narrow,
   • beyond the larynx,
   • beyond the opening of the urethra,
   • beyond the labia majora,
   • beyond the anal verge, or
   • into an artificial opening into the body.

These exceptions mean that a person is not in violation of the RHPA if he or she performs the controlled acts under the exceptions listed above.

A Few Points to Consider...

As a Member of the CRTO, you may be held to the expected standards of practice of the CRTO and the profession in your performance of a procedure, even if it is performed under the exemptions allowed by the RHPA.

Delegation is not required/necessary when a regulated health professional already has the authority to perform the authorized controlled act.

• E.g., It is not necessary to delegate oxygen therapy administration to a registered physiotherapist in a hospital setting. Physiotherapists are authorized to perform the controlled act “administering a substance by inhalation” in the Physiotherapy Act. An order (or medical directive) is still required for the physiotherapist to administer oxygen therapy in a hospital (Public Hospitals Act), delegation is not.

• E.g., It is unnecessary for RTs to receive delegation from a physician to intubate because intubation is a controlled act authorized to CRTO Members under the Respiratory Therapy Act. An order (or medical directive) is still required to perform intubation, delegation is not.
When is Delegation Required?

In all practice scenarios not covered by the "public domain" or included in the RHPA exceptions, the authority to perform a controlled act not authorized to Respiratory Therapists MUST be delegated from another competent, regulated health care professional who has the authority to perform the controlled act and who is not prohibited from delegating the procedure by his/her specific regulatory College.

Can I Accept Delegation of Procedures?

Yes, you may accept delegation of controlled acts not authorized to CRTO Members under the RTA when all of the following conditions are met:

1. You reasonably believe that the delegator has the authority and competence to perform and to delegate the controlled act. In other words, you have no reason to believe that the delegator is not permitted to delegate the controlled act;

2. You have the authority to perform the controlled act safely, effectively, competently and ethically. This means, you have no terms, conditions or limitations on your certificate of registration that may prohibit you from performing the delegated controlled act;

3. You have the competency to perform the controlled act. This means, your competency to perform the delegated controlled act has been confirmed, either directly or indirectly by a regulated health care professional who is also competent and has the authority to perform the procedure; and

4. You have determined that receiving delegation of the controlled act is appropriate giving due consideration to:
   a) the best interest of the patient/client;
   b) the known risks and benefits of performing the procedure for the patient(s)/client(s);
   c) the predictability of the outcomes of performing the procedure,
   d) the patient/client's wishes;
   e) the safeguards and resources available in the situation; and
   f) other elements specific to the situation.

Please note that Graduate Respiratory Therapists (GRT) are prevented by the terms, conditions and limitations on their certificate of registration from accepting delegation for any controlled act.
When making the decision to accept delegation to perform a controlled act that is not authorized to you under the RTA, you are reminded that authority alone is not reason enough to perform the procedure. You must have the competency to perform the delegated procedure and most importantly, performing the procedure must be in the patient's/client's best interests.

Please refer to the CRTO’s *Scope of Practice & Maintenance of Competency Position Statement* document for more information.

**Who Can Delegate to Me?**

As specified in the *RHPA*, a Regulated Health Professional with the authority to perform a controlled act is the only person who may delegate a controlled act. (e.g., delegation cannot be received from a committee). It is possible for more than one profession to have the authority to perform and delegate the same controlled act. For more information regarding the scopes of practice of other regulated health care professionals and their controlled acts visit the FHRCO’s website and access the [IPC eTool](http://ipc.fhrco.org) at:


You must not accept delegation from individuals who have received delegation to perform a controlled act procedure themselves. For example, you cannot accept delegation as the authority to perform the controlled act of administering a form of energy (defibrillation) from an unregulated health care provider e.g., a physician’s assistant (PA), who received delegation from a physician to perform the procedure. In this scenario, the PA does not have the authority to delegate a controlled act under the *RHPA*. Further, delegated controlled acts may not be delegated over again to another person. This amounts to the concept of "sub-delegation," which is not permitted.
Accepting Delegation Decision Flowchart

Is it a controlled act?

- YES
  - Is it a controlled act authorized to Respiratory Therapists?
    - NO
      - Does the delegator have the competence to perform the controlled act and the authority and competence to delegate it?
        - NO
          - Is your certificate of registration clear of any terms, conditions or limitations preventing you from performing the procedure?
            - NO
              - Do you have the necessary competencies to perform the delegated procedure, given the circumstances in the situation?
                - NO
                  - Is it appropriate for you to accept delegation of the controlled act given consideration of the known risks and benefits, the patient/client’s safety and their wishes or patient population, situation, resources available, etc.?
                    - NO
                      - Delegation is not required.
                        - YES
                          - May accept delegation and must demonstrate ongoing competence
                            - YES

- NO
  - Delegation is not required.
What Are My Responsibilities When I Accept Delegation?

You are responsible for performing the procedure to the standard of the profession of the delegator, or the generally accepted standard of practice of health care practitioners providing similar care. In other words, you must have the requisite competence (knowledge, skills and judgment) to perform the procedure before you accept delegation.

You should also maintain proper documentation of your actions by keeping a record of what activities you accepted delegation for and who delegated the activities to you. The preferred method of doing this is to keep records of delegation (and other professional development) in your learning log and Quality Assurance (QA) Portfolio Online for Respiratory Therapists (PORTfolio).

Your competency records regarding delegation should include the following:

- the regulated health care professional (e.g., physician) who has delegated the controlled act;
- the controlled acts that have been delegated to you;
- continuing education related to the delegated controlled acts; and
- the period of time that the delegation remains valid prior to requiring reconfirmation of ongoing competence in the procedure. For instance, an organizational requirement that the delegation you receive to perform defibrillation may be time-limited to one year or the expiry date of your ACLS certification, at which time you must once again demonstrate competence in the procedure.

Remember that just because you can accept delegation doesn't necessarily mean that you should accept delegation. CRTO Members must consider whether it is appropriate, safe, ethical and in the best interest of the patients/clients that you are caring for.

Most employers will have policies and procedures regarding delegation detailing their process for giving and receiving delegation. You should check your employer's policies before accepting delegation. Your employer may also have specific requirements regarding documentation for when you accept delegation to perform a controlled act procedure. For more information regarding documentation obligations, please see the CRTO's Documentation PPG.
Delegating RT Authorized Acts

CRTO Members may delegate procedures within the controlled acts authorized to Respiratory Therapists, but only when all of the following conditions are met:

1. You have the authority (related to terms, conditions or limitations on your certificate of registration - specifically related to you as an individual or as a holder of a particular class of certificate of registration), and competence (knowledge, skills and judgment) to perform and to delegate the procedure safely, effectively, competently and ethically;

2. You reasonably believe that the delegatee has acquired the competence to perform the procedure safely, effectively, competently and ethically through teaching and clinical supervision of practice;

3. You have no reason to believe that the delegatee is not permitted to accept the delegation;

4. You verify, or reasonably believe, an evaluation mechanism is in place to verify the continued competence of the delegatee for performing the procedure; and

5. You have determined that delegation of the procedure is appropriate giving due consideration to:
   a) the known risks and benefits of performing the procedure for the patient/client(s);
   b) the predictability of the outcomes of performing the procedure;
   c) the patients’/clients’ wishes;
   d) the safeguards and resources available in the situation; and
   e) other elements specific to the situation.

Please note Due to the fact that tracheostomy tube changes are now listed as an exemption in the Controlled Acts regulation, respiratory therapists (RRT, GRT and PRTs) are no longer permitted to delegate tracheostomy tube changes.
Delegation Decision Flowchart

Is it a controlled act authorized to Respiratory Therapists?

YES

Is your certificate of registration clear of any terms, conditions or limitations preventing you from performing or delegating the procedure?

YES

Do you have the competence (knowledge, skill and judgement) to perform and delegate the procedure?

YES

Have you confirmed that the delegatee has the competence to perform the controlled act procedure?

YES

Is there an ongoing mechanism to elevate the continued competence of the delegatee, if the delegatee is to continue to perform the delegated procedure?

YES

Is the delegation appropriate given consideration of the known risks and benefits, the patient/client and their wishes, situation, resources available, etc.?

YES

May delegate the procedure

NO

Must not delegate
What Procedures Can I Delegate?

CRTO Members may delegate any RT authorized act or procedure to another regulated or non-regulated health care provider; as long as they meet their professional responsibilities that are outlined below.

What are my Responsibilities When I Delegate?

You are responsible for ensuring that a mechanism exists for education, supervision and ongoing competence evaluation of the delegatee. You should never assume that the individual has the necessary competencies to perform the controlled act procedure that you are authorizing to them through delegation. You must confirm or validate that they can safely perform the procedure to the same standard that you would perform the procedure.

In practical terms, this confirmation might mean that you are the only person performing all of the components to confirm competence (education, supervision, evaluation) or you may be part of a team. You must ensure that you meet the standard of practice of the CRTO and the profession before you delegate a procedure. You are responsible for delegating the procedure, and the delegatee is responsible for accepting and performing the procedure.

Assuming responsibility for the delegation does not mean you assume responsibility for the delegatee’s performance of an individual procedure. It is your responsibility to ensure that, given consideration to all circumstances, the delegation is appropriate. As with any other intervention you undertake, it is your responsibility to ensure proper documentation of your actions by keeping records of the individuals to whom you delegate as well as the specifics of the procedures you delegated. CRTO Members are encouraged to keep records of what they have delegated and to whom in their QA PORTfolio.

Records should include the following:

- description of the procedure being delegated;
- information related to the education that was provided to the delegatee (number of hours, curriculum, any handouts, tests, etc.);
- who provided it (yourself or a team of RRTs for example);
- description of the certification process; and
- the quality management activities and any specifics related to ongoing quality monitoring and evaluation of the delegation.

Your employer may have specific requirements regarding delegation and documentation that you will need to be familiar with prior to delegating.
You are professionally accountable for your decision to delegate a procedure, and must ensure you have satisfied all the requirements outlined in this practice guideline. The "reasonably believe" concept requires that you act cautiously. For example, if your employer has a policy that outlines an evaluation process for assessing the competence of delegatees, that you know in practical terms is not adhered to, it is your obligation not to delegate procedures until the reality matches the policy. It also means that you do not personally have to supervise, teach and evaluate a delegatee, but you are responsible for ensuring that an appropriate process is in place. If you are reasonably satisfied that a certification program appropriately assesses competence, then it would be reasonable to accept that successful completion of the program means an individual has the required competence to perform the procedure.

Making a decision to delegate your authority to perform a controlled act to another individual should not be taken lightly. The ultimate decision to delegate rests with you.

(Please refer to the Responsibilities of Members as Educators PPG for more standards of practice related to teaching and delegation.)

Under What Circumstances Am I Not Permitted to Delegate?

You must not delegate a controlled act procedure:

1. That is not authorized to you according to the Respiratory Therapy Act. For example, you cannot delegate a controlled act procedure, which you yourself require delegation from another regulated health professional (RHP) to perform. This amounts to the concept of "sub-delegation" which is not permitted;

2. To an RHP (including a Respiratory Therapist) who is prevented from performing the procedure due to terms, conditions or limitations on his or her certificate of registration; or

3. To an individual who you do not reasonably believe has the competence to perform the procedure.

Did you know...

CRTO Members who hold a General Certificate of Registration may not delegate an RT-authorized act to a Member with a Graduate Certificate of Registration, who is prohibited from performing the procedure due to terms, conditions and limitations on their certificate. For example, an RRT may not delegate chest tube insertion to a GRT.
What are the Penalties if I Perform a Controlled Act Without the Authority to Do So?

If you or another regulated health professional (RHP) perform a controlled act when you are not permitted to do so, you may be subject to professional misconduct proceedings. (See the *Professional Misconduct Regulation provision 1.4*).
Glossary

Authority - the right to act - usually related to jurisdiction provided in a statute or to terms, conditions or limitations imposed on a certificate of registration - individually specified (by a panel) or related to an entire class of certificates of registration (specified by Council or a panel).

Authorized Act - a controlled act, or portion of a controlled act, that is authorized within a health profession act for a health professional to perform [there are five acts authorized to Respiratory Therapists by the Respiratory Therapy Act (RTA), that are created from three controlled acts defined in the Regulated Health Professions Act (RHPA)]; the controlled acts authorized to Respiratory Therapists are:

1. Performing a prescribed procedure below the dermis;
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx;
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx;
4. Administering a substance by injection or inhalation; and
5. Administering a prescribed substance by inhalation.

Controlled Act - one of the following 13 acts defined in the RHPA [section 27(2)] when it is performed "with respect to an individual":

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
   i) beyond the external ear canal,
   ii) beyond the point in the nasal passages where they normally narrow,
   iii) beyond the larynx,
   iv) beyond the opening of the urethra,
   v) beyond the labia majora,
   vi) beyond the anal verge, or
   vii) into an artificial opening into the body.
Glossary

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Competence - having the requisite knowledge, skills and judgement to perform the procedure.

Delegatee - the person receiving the authority to perform a procedure.

Delegator - the person conferring the authority for another to perform a procedure.

Emergency - when the patient/client is apparently experiencing severe suffering or is at risk, if the procedure or treatment is not administered promptly, of sustaining serious bodily harm.

Forms of Energy - the following forms of energy are prescribed in regulation:
1. Electricity for,
   i) aversive conditioning
   ii) cardiac pacemaker therapy
   iii) cardioversion
   iv) defibrillation
   v) electrocoagulation
   vi) electroconvulsive shock therapy
   vii) electromyography
   viii) fulguration
   ix) nerve conduction studies, or
   x) transcutaneous cardiac pacing
2. Electromagnetism for magnetic resonance imaging
3. Soundwaves for,
   i) diagnostic ultrasound, or
   ii) lithotripsy.
Glossary

HPPC - Health Professions Procedural Code; Schedule 2 in the RHPA.

Member - a member of a regulatory College under the RHPA.

Public Domain - activities that are not controlled acts and fall into the public domain.

Reasonably Sensible, Rational - often referred to as the reasonable person test - determined by case law. In the case of the CRTO, a panel would determine whether or not an individual, giving consideration to all circumstances, acted in a sensible, rational manner in the matter under discussion.

Respiratory Therapist (RT) - a Member of the CRTO (refers to RRT, GRT, PRT or Inactive Member)

Regulated Health Professional (RHP) - a health care provider who is a member of a College and is regulated under the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)

RHPA - Regulated Health Professions Act, 1991

RTA - Respiratory Therapy Act, 1991

References


Legislation

Regulated Health Professions Act, 1991. (see s27) www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm

Respiratory Therapy Act, 1991. (see s4) www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r39_e.htm
This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

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