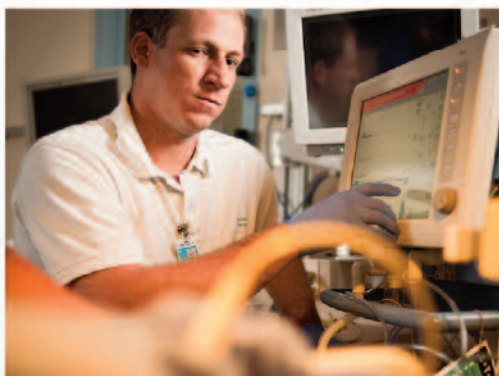
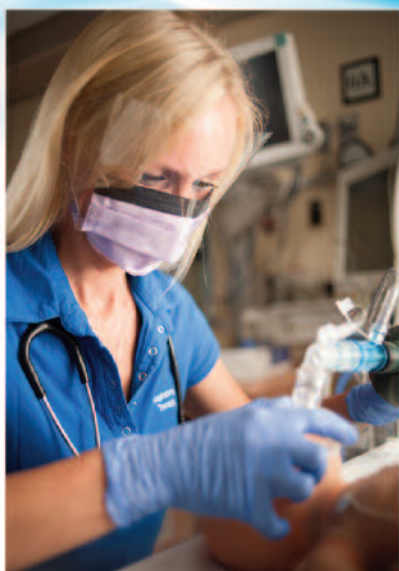


# eExchange

The Newsletter of the College of Respiratory Therapists of Ontario



College of Respiratory  
Therapists of Ontario

Ordre des thérapeutes  
respiratoires de l'Ontario

VOLUME 22, NO. 1  
2014 SPRING ISSUE


FOCUSING ON HISTORY

# Table of Contents


Changing Practice: RTs Then and Now	3
INSPIREvolution 2014 Conference	9
Timeline Series: pre-CRTO to 1994	10
Prescribed Procedures Regulation Revisions	15
Professional Practice FAQs	19
Volunteer List	21
Elections Notice	21
Volunteer Form	22
Registration Changes	23
Upcoming Events	24

## Stay Connected and See What is New on Social Media


### Tweets

 **CRTO**  
@theCRTO 2h

Have you seen the newest practice FAQ on telephoning orders to pharmacists? Check it out at [ow.ly/3knjZ](http://ow.ly/3knjZ)

 **CRTO**  
@theCRTO 16 May

Wishing everyone a safe Victoria Day weekend!  
Expand

 **CRTO**  
@theCRTO 16 May

Tweet to @theCRTO

### Blog

**14**  
May

**PROVIDING CULTURALLY COMPETENT CARE**  
In the healthcare setting, cultural competence refers ...

**28**  
Apr

**MAINTAINING PROFESSIONAL BOUNDARIES**  
The therapeutic relationship between an RT and ...

**09**  
Apr

**THE RT DIFFERENCE IN END-OF-LIFE CARE**  
Lately, there has been a great deal ...

### College of Respiratory Therapists of Ontario

180 Dundas Street West, Suite 2103, Toronto, Ontario M5G 1Z8  
Tel: (416) 591-7800 Fax: (416) 591-7890  
Toll free: (800) 261-0528 Email: [questions@crto.on.ca](mailto:questions@crto.on.ca)  
Website: [www.crto.on.ca](http://www.crto.on.ca) Twitter: @theCRTO

# Changing Practice: RTs Then and Now

Over the past 20 years, much has changed in the practice of respiratory therapy, medical technology and the health care system in general. We asked Members to share how their practice has changed throughout the last two decades by asking questions about practice-altering events and can't-live-without tools of then and now.

By Michael Keim, RRT  
Ornge

## *What were the three biggest game-changers in respiratory therapy?*

**1. Adoption of medical directives/therapist driven protocols:** at the beginning of my career every ventilator change required a specific order (i.e. decrease the rate by 2 bpm, increase the  $\text{FiO}_2$  by 0.05). It was painfully slow and frustrating at times.

**2. Non-invasive ventilation (NIV):** These were the first bi-level pressure devices available commercially in the mid '90s. My first experience occurred during a trial and evaluation. Previously, I had a patient in front of me suffering through an acute exacerbation of their congestive heart failure. They would remain tachypneic, tachycardic, diaphoretic and anxious until one of two things happened: the diuretic began to have its effect, or they deteriorated to the point where they were intubated, sedated and ventilated for a minimum of 24 hours in a critical care bed.

This process exposed the patient to a number of associated risks. In the mean time, the best I could do was ensure they were receiving 100%  $\text{O}_2$  and wait. NIV changed all that as I now had something different to offer.

The patient had immediate success, with an observ-

able improvement within minutes of coaching and application - it was so gratifying.

**3. Self-regulation, specifically Gord Hyland as the Registrar of the CRTO:** I had not yet personally met Gord Hyland when he became Registrar. His first contact with the RT community immediately following his installation at the CRTO was a letter from him with one phrase that still stands out in my mind: "my goal is to make this a college that you will be proud of." He then proceeded to do just that.

## *What was your 'couldn't live without' tool in the past, compared to now?*

### **THEN**

Bird Mk 8 for its ability to generate opposing flow PEEP/CPAP.

### **NOW**

High Frequency Jet ventilator by LifePulse





# Changing Practice: RTs Then and Now



Ginny Myles, RRT

By Ginny Myles, RRT

Smoking Cessation Coordinator  
Royal Victoria Regional Health Centre, Barrie

## *What were the three biggest game-changers in respiratory therapy?*

**1. When most hospitals were piped with O<sub>2</sub> air and vacuum:** I was a student when they finally piped St. Michaels in Toronto. Up until then, there was a lot of tank ordering, changing regulators, transporting and changing O<sub>2</sub> administration set ups. You needed a really big wrench.

**2. HIV/AIDS:** Before HIV/AIDS became known, no one used gloves, gowns, or masks - except in the OR. This was the beginning of using universal precautions and infection control equipment.

**3. Oximetry/Ventilators:** The biggest changes for patients were oximetry and ventilator transition. The first oximeter was the size of a ventilator with a huge, heavy ear probe. Continuous monitoring of O<sub>2</sub> saturations made us notice sleep apnea, allowed for non-invasive O<sub>2</sub> monitoring versus frequent ABG's. The transition from analog/mechanical bellows to digital/high pressure valve ventilators was also a big game-changer. Old ventilators were slow to respond to spontaneous patient changes in ventilation, while new digital ventilators respond more quickly, keeping patients more comfortable.

## *What was your 'couldn't live without' tool in the past, compared to now?*

### **THEN**

My favourite couldn't live without tool back in the day was the Wright respirometer. They checked volumes of the ventilator and monitored FVC's so we could confidently extubate.

### **NOW**

These day, in comparison, my favourite tools are the digital monitoring parameters and alarms on the new ventilators.

# Changing Practice: RTs Then and Now

By Gary Cambridge, RRT  
London Health Sciences, London

## *What were the three biggest game-changers in respiratory therapy?*



### **1. Severe Acute Respiratory Syndrome (SARS):**

The crisis brought the profession of respiratory therapy into public knowledge.

**2. High frequency ventilation:** Started to be used as not just a rescue therapy, and became more of an alternate mode of therapy (Neonatal).

**3. Non-invasive therapy:** The understanding and early use of this therapy reduced the length of time on a ventilator (Neonatal).

## *What was your 'couldn't live without' tool in the past, compared to now?*

I started in the profession just as **portable pulse oximeters** were coming online. Granted, they were the size of a small box of cereal, but twice as heavy. Within a few short years they were pocket sized and helped reduce the number of arterial stabs to the patient and assisted in quicker diagnosis and treatment.

Portable pulse oximeters are now in the ICUs to provide a higher confidence in patient oxygen monitoring.

# Changing Practice: RTs Then and Now



Susan O'Neil, RRT

By Susan O'Neil, RRT  
VitalAire

## ***What were the three biggest game-changers in respiratory therapy?***

**T**he first was when we started to consider sending stable PTs home with a cylinder of oxygen - imagine!

The second biggest professional change was when the focus of RTs went from respiratory technicians, (knob twiddlers and cylinder jockeys) to respiratory therapists (clinicians, educators and care consultants).

Lastly, SARS had a huge impact. RTs were were a small voice shouting in the very centre of the crisis.

## ***What was your 'couldn't live without' tool in the past, compared to now?***

I always had a stethoscope on my person, regardless of what or where I was working with patients – and that hasn't changed. Back in the day, I always had a little tool kit with an Allen key and other bits-and-pieces for fixing everything from a secondary valve in the gas piping system (so a bayonet-style flowmeter would stay put), to MacGyvering repairs and circuits for PT care.

I also had my little calculator and formula cheat sheets for checking ABG's vent settings (among other things). All that has changed now that the machines all have computers and it seems we NEVER doubt the computer!

---

# Changing Practice: RTs Then and Now

By Steve Jarvis, RRT  
The Hospital for Sick Children, Toronto

## ***What were the three biggest game-changers in respiratory therapy?***

Let me tell you a story! I went to the dentist recently and the hygienist thought she recognized me, though I at first drew a blank. After my gleaming smile was restored, I mentioned that I work at Sick Kids. She then realized how and when we had met: her daughter was supported on ECMO for 18 days while waiting for a heart transplant in 1998. I, and many others, had provided lifesaving care for her daughter 16 years ago. ECMO was a definite game-changer. RT involvement in the ECMO program has enhanced the profile of the RT team at Sick Kids and showcases their talent and dedication.

Another game-changer affecting my practice was the introduction of “flow triggering”. It allowed for better synchronization of pressure supported breathing and reduced the need for chemical sedation or paralysis.

The other items that I think deserve an honourable mention are VAP initiatives. These have proved very effective and are again a testament to the efforts of Respiratory Therapists and all members of the health care team.

## ***What was your ‘couldn’t live without’ tool in the past, compared to now?***

In the past, I used to carry an oxygen nipple in my pocket whenever I had the code pager! I once had to hold the oxygen tubing on to the flow meter, hoping some O<sub>2</sub> was coming out of the other end.

Nowadays, my favourite tool is the electronic patient record (EPC). Lately I’ve piloted an Anesthesia Assistant role, and instantaneous information regarding prior medical history is very useful.



# Changing Practice: RTs Then and Now

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Corinna D'souza, RRT

By Corinna D'souza, RRT

The Hospital for Sick Children, Toronto

## *What were the three biggest game-changers in respiratory therapy?*

When I reflect back on my practice, there have been many noteworthy changes – mostly for the better. I have noticed the focus on infection control and prevention has definitely taken priority in the hospital setting, especially because multi-resistant organisms, such as MRSA or Serriatia, are very prevalent in the NICU setting today.

Hospital staff in general are very conscious of infection, its spread and prevention. Good hand hygiene procedures along with alcohol wash is prevalent and well-practiced. I feel that the big outbreaks like SARS definitely made an impact on our infection control awareness and policy. People are very aware of the cost of infection and how it impacts our patients.

## *What are your top favourite tools or equipment, then versus now?*

1. Back in the day, the **Beckman O<sub>2</sub> analyzer** was an indispensable tool – it was the gold standard for checking FiO<sub>2</sub>. Today I'm not sure who could tell you what a "Beckman" is.
  2. The **pulse oximeter** was used for the very sick babies or to spot-check unstable infants. Today we have a pulse oximeter for every patient, it's an essential tool in our everyday practice.
  3. **Transcutaneous CO<sub>2</sub> monitoring** and end **tidal CO<sub>2</sub> monitoring** are also essential tools used for all ventilated (and some non-ventilated) patients today. In the past, they were a luxury item only used on the very sick babies.
-



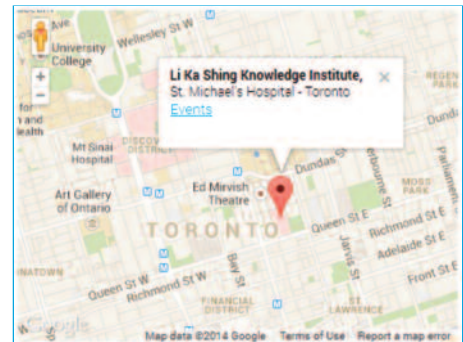
# INSPIREvolution

## 2014

*Celebrating the RT profession and 20 years of self-regulation*

Whether you're a frontline professional, practice leader, manager or educator, this one-time event is your opportunity to be inspired by the ongoing evolution of Respiratory Therapy.

Come and hear speakers from every organization that shapes and defines the profession. Be inspired by how interconnected these groups are, and the ways they're working together to improve patient care and provide opportunities to grow and evolve RT practice.



**What:** INSPIREvolution 2014 Conference

**Where:** Li Ka Shing Knowledge Institute, St. Michael's Hospital (Toronto, ON)

**When:** Friday, Nov. 21 – Saturday Nov. 22, 2014

For full event and registration details please visit the CRTO website at  
<http://www.cрто.on.ca/events/inspirevolution-2014-conference/>.

Space is limited to 200 attendees per day.

**Registration Options**

**INSPIREvolution 2014 Conference**

Date	Admission Level	Price	Quantity
Fri Nov 21, 2014 7:30 AM	INSPIREvolution 2014	CAN\$175.00	0
Friday, November 21 - Saturday, November 22, 2014	Two-day		
	Delivery		
	(Canada - Change Country)		
	Print-At-Home (No additional fee!)		

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Have questions or need more information? Please contact Kendra Stephenson, Stakeholder Relations Coordinator at [stephenson@crto.on.ca](mailto:stephenson@crto.on.ca) or call 416-591-7800 ext. 30. **Follow us on Twitter @TheCRTO for the latest presenter, topic and event information.**

## Timeline Series: pre-CRTO to 1994



In Ontario, 2014 marks a milestone in self-regulation with the CRTO's 20th anniversary. Over the next few months we will take a step back to explore some significant landmarks in the Respiratory Therapy (RT) profession, CRTO achievements and some fun facts and events that were going on at the time.

As most of you will know, the RT profession is relatively young - especially compared to a profession like physicians. Respiratory Therapy in North America originally evolved from advancements in technology during World War II when the oxygen mask was used to treat combat-induced pulmonary edema. Thus, the profession originally began its development during the 1940s, a decade of international upheaval that saw both the beginning and end of WWII.

The 1950s were busy years, with recovery from the war bringing many advancements and memorable moments. There were hospital-based programs for inhalation therapy technologies (like bulk compressed gas systems), the first prototype Ambu Bag was designed and the DZ oxygen analyzer became available commercially. This was also the decade that birthed Rock n' Roll with influential greats like Chuck Berry, James Brown, Buddy Holly and of course Elvis Presley, to name a few. The silver screen produced Ben-Hur, South Pacific and Singin' In the Rain. The 50s also marked the golden age of television with classics debuting like the Honey-mooners, Leave It to Beaver and Guiding Light, after moving from radio to TV. Then in 1954, Hurricane Hazel (not the Mississauga mayor) wreaked havoc from Cuba to Ontario and everything in between. Hazel is still the most famous hurricane in Canadian history to this day, 60 years later.

The 1960s saw Beatlemania and Woodstock Festival, while new TV shows included Star Trek, Gilligan's Island & the Flintstones. Canada adopted the maple leaf flag, O Canada became the national anthem and official Social Insurance Cards were issued across the country. The silver screen became more adventurous, releasing films like Psycho and Goldfinger, while still churning out great family movies such as Mary Poppins. With the RT profession's official birth in Canada circa 1964, this was also an important decade for Respiratory Therapy. In addition to the Canadian debut of RTs, Brian Arthur Sellick published an influential paper in the Lancet describing "cricoid pressure". The Canadian Society of Inhalation Therapy Technicians (CSITT) was also formed and Canadian Medicare was put into effect.

## Timeline Series: pre-CRTO to 1994

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As we roll into the 1970s, Drs. H.J.C. Swan and William Ganz of Los Angeles introduced the pulmonary artery catheter into clinical practice. In Toronto, Canadians witnessed the completion of the world's tallest freestanding building at the time: the CN Tower. At this time, seat belts became mandatory and the compact disc was invented, although they would not be widely used until sometime thereafter. The Rolling Stones, Janis Joplin and Eric Clapton serenaded us, while entertaining TV shows and movies included Happy Days, Three's Company, Jaws and Grease.



Next, Archie Brian first developed the concept of the laryngeal mask airway having become disillusioned with endotracheal intubation in the early 1980s. The profession officially changed names from Respiratory Technologist to Respiratory Therapist in the 80s, prompting the CSRT to also change its name. Terry Fox began his marathon of hope while music by Madonna, U2, Michael Jackson and Bon Jovi played on. Canada officially adopted the metric system, the Loonie coin was born and the first Canadian went into space. Movies that formed pop culture of the decade included E.T., Back to the Future, Terminator and Die Hard - but who can forget TV shows that spanned the decades? Some are still airing new episodes like The Simpsons, while other beloved shows such as Cheers and Seinfeld have become re-run favourites.

With the 90s came the widespread use of the World Wide Web, not to mention the invention that would forever change how we live and communicate: the cell phone. Popular bands included Nirvana, Pearl Jam and Boys II Men. New records were set in movie theatres across North America with some of the top earning movies of all time: Titanic, Lion King, Twister and Jurassic Park. For the TV fans, there was no shortage of popular, long-running series in the 90s. Cable saw George Clooney in ER and Jennifer Aniston in Friends, not to mention 90210 and Melrose Place. On the Respiratory Therapy side, the 1990s brought many changes to the profession and healthcare in general, including the birth of the College of Respiratory Therapists of Ontario (CRTO) in 1994.

## Timeline Series: pre-CRTO to 1994

A lot went into the development of RT self-regulation and the creation of the CRTO before 1994 – starting with an idea within the provincial government. In Ontario, ideas become laws through the process below:



The idea of self-regulation for the Respiratory Therapy profession followed this progression, outlined below:

- The Regulated Health Professions Act (RHPA) received Royal Assent on November 25, 1991 and became law on December 31, 1993.
- Respiratory Therapy and five other health professions became self-regulated at that time; each had profession-specific Acts (e.g., the Respiratory Therapy Act or RTA). The RTA was also proclaimed on December 31, 1993.
- The Transitional Council of the CRTO was appointed by the Lieutenant Governor in Council to form and organize the College; within one year of proclamation the CRTO was required to hold elections for Council and non-Council representatives.
- The Transitional Council developed in consultation with the membership the first regulations under the RTA, including: Registration, Professional Misconduct, Prescribed Procedures, Annual Fees, Statutory Committees and Election of Council Members. [See the graphic illustrating How Ideas Become Laws above.]



## Timeline Series: pre-CRTO to 1994

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- Six electoral districts were mapped out based on the Ontario District Health Councils that were in place at the time.
- The Transitional Council held a logo contest; nineteen submissions from students of Conestoga College were received, of which the 'clouds' was the chosen winner.

### ***What criteria were used to determine which health professions to regulate?***

#### **1. A profession responsible to the Ministry of Health.**

#### **2. Regulation is needed because:**

- profession performs activities that pose risk of harm to public,
- profession is not supervised by another regulated profession, and
- there is no more effective way to regulate the profession.

#### **3. The profession has a body of knowledge that can form the basis for standards of practice.**

#### **4. The profession is able to regulate itself, in that:**

- its leaders put public good above professional self-interest,
- its members comply with standards and rules, and
- there are adequate members to support the cost of self regulation.



**Television:** Golden age of TV with shows like the *Honeymooners* & *Leave It to Beaver*. *Wizard of Oz* airs on TV for first time.

**Movies:** *Ben-Hur* & *South Pacific*

**Music:** Elvis Presley becomes the face of Rock n' Roll with others like Richie Valens & Buddy Holly

**Events:** Hurricane Hazel hits Toronto, Vietnam War begins, Aéro Aero's first flight

**Television:** *Flintstones*, *Gilligan's Island* & *Star Trek*

**Movies:** *Psycho*, *Mary Poppins*, *Goldfinger*

**Music:** Beatlemania & Woodstock Festival

**Events:** Social Insurance Cards issued, Maple Leaf Flag adopted and O Canada becomes national anthem

**Television:** *M\*A\*S\*H*, *Happy Days* & *Three's Company*

**Movies:** *Jaws*, *Alien* & *Grease*

**Music:** The Rolling Stones, Janis Joplin & Eric Clapton

**Events:** Completion of the CN Tower, seatbelts become mandatory & Compact Discs (CDs) invented

**Television:** *Cheers*, *The Simpsons* & *Seinfeld*

**Movies:** *E.T.*, *Back to the Future*, *Terminator* & *Die Hard*

**Music:** Michael Jackson, U2, Madonna & Bon Jovi

**Events:** Terry Fox begins Marathon of Hope, metric system officially adopted, first Canadian in space & the Loonie coin is born

**Television:** *90210*, *ER*, *Friends* & *Melrose Place*

**Movies:** *Titanic*, *Lion King*, *Twister* & *Jurassic Park*

**Music:** Nirvana, Backstreet Boys & Pearl Jam

**Events:** Cell phones and the World Wide Web invented, Gulf War begins, & Kim Campbell becomes the first female Prime Minister

pre1960



1960s



1970s



1980s



1990s



1994



- **1940s:** The RT profession evolves out of World War II
- **1950s:** Hospital-based training programs for inhalation therapy technology develop in response to advances in medical procedures and technologies (e.g., bulk compressed gas system<sup>1</sup>)
- **1954:** Dr. Henning Ruben designs the first prototype Ambu Bag
- **1961:** Brian Arthur Sellick publishes a paper in the *Lancet* describing "cricoid pressure"
- **1964:** Canadian Respiratory Therapy is born in Montreal, Quebec
- **1964:** The Canadian Society of Inhalation Therapy Technicians (CSITT) forms
- **1967:** First Heart Transplant
- **1968:** Canadian Medicare put into effect
- **1970:** CSITT becomes the Canadian Society of Respiratory Technologists
- **1970:** Drs. H.J.C. Swan and William Ganz of Los Angeles introduce the pulmonary artery catheter into clinical practice.
- **1980:** Archie Brian develops the concept of the laryngeal mask airway having become disillusioned with endotracheal intubation
- **1991/1993:** The *Regulated Health Professions Act* (RHPA) receives Royal Assent (1991) and becomes law (1993).
- **1993:** Respiratory Therapy and five other health professions become self-regulated; each with profession-specific Acts such as the *Respiratory Therapy Act* (RTA)
- **1993:** Transitional Council of the CROTO is appointed by the Lieutenant Governor in Council to form and organize the the CROTO
- **1994:** The Transitional Council developed, in consultation with the Membership, the first regulations under the *RTA*
- **1994:** Six electoral districts are mapped out based on the Ontario District Health Councils in place at the time
- **1994:** The Transitional Council holds a logo contest; 19 submissions are received, with the 'clouds' logo chosen as winner
- **1994:** The College of Respiratory Therapists of Ontario (CROTO) is officially born with the sitting of its first elected Council

<sup>1</sup> West, A.J. (2013). Public Health in Canada: Evolution, meaning and a new paradigm for Respiratory Therapy. *Canadian Journal of Respiratory Therapy*, 49(4), 7 - 10.

# Prescribed Procedures Regulation Revisions

On March 28, 2014 the Ministry of Health and Long-Term Care (MOHLTC) approved the CRTC's revised Prescribed Procedures Regulation (O. Reg 596/94). The performance of prescribed procedures below the dermis is one of the controlled acts authorized to Respiratory Therapy through the Respiratory Therapy Act.

The Prescribed Procedures Regulation lists the procedures authorized to RTs by the nature of their training and role as health care providers ("prescribed" in this context meaning "listed in regulation"). The original Regulation categorized those procedures as basic, added or advanced based on the amount of training required to perform them safely and the risks associated with the procedures.

However, over the 20 years since the Regulation was drafted, the practice of Respiratory Therapy and practice in general has evolved. Some of the procedures originally listed are now rarely seen in clinical practice, while others that were considered advanced at the time - such as the insertion of arterial lines - have become commonplace and part of the entry-to-practice training of RTs. As a result, the Regulation has been updated and amended to better align the current practice of Respiratory Therapy with the needs of patients.

There have been substantial changes to the Regulation. For a detailed list, see the chart below.

## Summary of Changes

### *Basic Procedures*

- "Insertion of a cannula" was moved to the basic category, along with removal, manipulation, aspiration and suturing as this procedure is now entry-to-practice and common RT practice. This enables Registered Respiratory Therapists (RRTs) to perform procedures like an arterial line or IV insertion without the requirement of a CRTC approved certification program. Also, Graduate Respiratory Therapists (GRTs) may now perform these procedures to obtain skills essential to their practice.
- "Tracheostomy tube change for an established stoma" was removed from the regulation and placed in the Controlled Acts Regulation (please see section below).
- "Tracheostomy tube change for an established stoma" was removed from the regulation and placed in the Controlled Acts Regulation (please see section below).

# Prescribed Procedures Regulation Revisions

## *Added Procedures*

- Removing the added classification eliminates confusion about which procedures require advanced certification, and are prohibited from being performed by GRTs and Practical Respiratory Therapists (PRTs). Added procedures are now listed as either:
  - o Basic – can be performed by all GRTs, and can be performed by PRTs only if prior permission is granted by the CRTO and;
  - o Advanced – cannot be performed by either GRTs or PRTs.
- “Tracheostomy tube change for a fresh stoma that is less than seven days but not less than 24 hours” was removed from the Regulation and placed in the Controlled Acts Regulation (please see section below).

## *Advanced Procedures*

- Other procedures below the dermis are now common clinical practice (e.g., intraosseous needle insertion and bronchoscopic tissue sample) have been included in list of advanced procedures. Newer procedures (e.g., subcutaneous electrode placement) that reflect the evolution of RT clinical practice since 1994 have also been added to the advanced list.

## *Controlled Acts Regulation*

It was identified that the Regulation dealing with procedures below the dermis was not the optimal place to authorize tracheal procedures. Therefore, the MOHLTC removed tracheal procedures from the Prescribed Procedures regulation and placed it in the Controlled Acts Regulation (s. 14, O. Reg. 87/14). As a result, these procedures are not fully authorized to RTs at this time. However, this change provides an exemption that allows RRTs to do the following:

1. Perform a tracheostomy tube change for a stoma that is more than 24 hours old; and
2. Perform a tracheostomy tube change for a stoma that is less than 24 hours old.



# Prescribed Procedures Regulation Revisions

The table below illustrates who is permitted to perform tracheal procedures under the exemption in the Controlled Acts Regulation:

Tracheal Procedure	RRT	GRT	PRT
Perform a tracheostomy tube change for a stoma that is more than 24 hours old.	✓	✓	*
Perform a tracheostomy tube change for a stoma that is less than 24 hours old.	✓		

*\*can be performed if permitted by the terms, conditions and limitations on the Member's certificate of registration.*

## What Hasn't Changed

- *You still need to complete a Certification Program for Advanced Procedures:* Successful completion of an approved certification program is still required prior to any RT performing an Advanced Procedure. The existing Clinical Best Practice Guidelines will still be available from the CRTO website as a reference. They will not be updated and at a future date will be removed from the CRTO website.
- *You still need an order:* Any prescribed procedure must be appropriately authorized prior to performance (I.e., you still need an order to perform them).
- *You must be competent to perform a procedure:* As with any activity, (regardless of whether a procedure is authorized to the profession) you must ensure that prior to performing the activity, you have the knowledge, skills and judgment to perform the procedure safely and competently.

## Terms, Conditions and Limitations

RTs with terms, conditions or limitations on their certificates of registration related to prescribed procedures below the dermis will have their certificates reissued with updates to reflect these Regulation changes. Terms, conditions or limitations will be maintained at the same level as they are currently. The Public Register and your online printable certificate will also reflect these updates.

## Notifying Your Employer

The CRTO will be sending notices to employers outlining how these changes affect Respiratory Therapists. In addition, each RT is responsible for informing their employer(s) of any change to the terms, conditions or limitations on their certificate of registration.

# Prescribed Procedures Regulation Revisions Chart

PREVIOUS REGULATION (SINCE 1994)	NEW REGULATION (APPROVED MARCH 28, 2014)	WHAT CHANGED?
<b>BASIC PROCEDURES</b>		
i. Arterial puncture. ii. Capillary puncture. iii. Tracheostomy tube change for an established stoma. iv. Transtracheal catheter change for an established stoma.	<b>i. Arterial, venous and capillary puncture.</b> <b>ii. Insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula.</b> <b>iii. Insertion, suturing, aspiration, repositioning, manipulation and removal of a venous cannula.</b>	<ul style="list-style-type: none"> <li>• Arterial and capillary puncture remains the same and venous puncture (venipuncture) was moved from Added Procedures.</li> <li>• Tracheostomy tube change for an established stoma -removed from Prescribed Procedures regulation and placed in Controlled Acts Regulation. This allows for the continued performance of trach tube changes – see Summary.</li> <li>• Transtracheal catheter change for an established stoma - removed from Prescribed Procedures regulation.</li> <li>• “Insertion” moved from Advanced Procedures category, and “removal”, “manipulation”, “aspiration” and “suturing” moved from Added Procedures category.</li> </ul>
<b>ADDED PROCEDURES</b>		
i. Removal of a cannula. ii. Manipulation or repositioning of a cannula. iii. Aspiration from a cannula. iv. Venipuncture. v. Suturing to secure indwelling cannulae. vi. Transtracheal catheter change for a fresh stoma that is less than seven weeks.	N/A	<ul style="list-style-type: none"> <li>• Added Procedures category removed from Prescribed Procedures regulation and procedures i. to v. are moved to Basic Procedures.</li> <li>• Transtracheal catheter change for a fresh stoma that is less than seven weeks - removed from Prescribed Procedures regulation.</li> <li>• Tracheostomy tube change for a fresh stoma that is less than seven days but not less than 24 hours. - removed from Prescribed Procedures regulation and placed in Controlled Acts Regulation. This move allows for the continued performance of trach tube changes – see Summary.</li> </ul>

# Prescribed Procedures Regulation Revisions Chart

PREVIOUS REGULATION (SINCE 1994)	NEW REGULATION (APPROVED MARCH 28, 2014)	WHAT CHANGED?
<b>ADDED PROCEDURES CONT'D</b>		
<p>vii. Tracheostomy tube change for a fresh stoma that is less than seven days but not less than 24 hours.</p> <p>viii. Manipulation or reposition of a cannula balloon.</p>	N/A	<ul style="list-style-type: none"> <li>Manipulation or reposition of a cannula balloon - moved to Advanced Procedures category.</li> </ul>
<b>ADVANCED PROCEDURES</b>		
<p>i. Insertion of cannula.</p> <p>ii. Chest needle insertion, aspiration, reposition and removal.</p> <p>iii. Chest tube insertion, aspiration, reposition and removal</p>	<p>i. Manipulation or reposition of a cannula balloon.</p> <p>ii. Chest needle insertion, aspiration, reposition and removal.</p> <p>iii. Chest tube insertion, aspiration, reposition and removal.</p> <p>iv. Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.</p> <p>v. Intraosseous needle insertion.</p> <p>vi. Subcutaneous electrode placement for interoperative and perinatal fetal monitoring.</p>	<ul style="list-style-type: none"> <li>Manipulation or reposition of a cannula balloon - moved from Added category.</li> <li>Insertion of cannula - Divided up into arterial and venous cannulas and moved to Basic Procedures.</li> <li>New procedures: Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing; Intraosseous needle. Insertion; and Subcutaneous electrode placement for interoperative and perinatal fetal monitoring.</li> </ul>

## For More Information

The [CRTO website](http://cрто.on.ca) contains descriptions of the changes in the regulation and links to the amended Regulation. Please contact Carole Hamp, Manager of Quality Practice if you have additional questions or concerns. She can be reached at [hamp@cрто.on.ca](mailto:hamp@cрто.on.ca) or 416.591.7800 ext. 33.

# Certification for Advanced Procedures

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## Practice FAQ

### Question

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If I am certified to perform an advanced procedure in one hospital, does that mean I am certified to perform it in any other hospital that I work in?

### Answer

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The Prescribed Procedures regulation requires Registered Respiratory Therapists (RRTs)\* to complete a CRTO approved program prior to performing any procedure listed as “advanced”. As far as the CRTO is concerned, if you are competent to perform a procedure in one facility, you are likely competent to perform it in another. However, RRTs also have a responsibility their employer; therefore in order to perform the advanced procedure in a different location, the practice site would need to have a policy permitting RRTs to do so. Generally this means the RRT would already have completed a CRTO approved program for performing an advanced procedure.

*\*please note that Graduate Respiratory Therapists (GRT) and Practice (Limited) Respiratory Therapists (PRT) are not permitted to perform an advanced prescribed procedure.*

# Terms, Conditions and Limitations & Prescribed Procedures

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## Practice FAQ

### Question

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I am an RRT but have terms, conditions and limitations on my certificate of registration that says I “may not perform added or advanced prescribed procedures below the dermis”. Now that “insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula” are a **basic procedure**, does that mean I can put insert arterial lines?

### Answer

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Any restriction placed on a Member’s practice will remain the same despite the changes in the Prescribed Procedures regulation. This means that if you were not able to perform a procedure below the dermis prior to the regulation change, then you are still not able to perform it. If you wish to have the restriction specific to arterial lines lifted, then you will first need to make a formal request to the CRTO Registration Committee.



# Your fellow RTs hard at work helping you!

The CRTO would like to thank the following Members for the valuable assistance they have provided the CRTO over the past few months. We are very grateful for the contribution to the CRTO that the professional insight of these RT Members has provided.

## QA PORTfolio Reviewers

Tracy Bonifacio  
Louise Brady  
Linda Febrey  
Anne Marie Hayes  
Jeff Hunter

Ray Janisse  
Glynis Kirtz  
Amanda Lajoie  
Vanessa Lamarche  
Lise LaRose

Jackie Parent  
Doug Patterson  
Kathy Rajsigl  
Patti Redpath-Plater  
Kathy Walker

Jane Wheildon  
Karen Wiens

## QA Working Groups

Gary Cumings  
Shelley Prevost  
Shaundra Anderson  
Christopher Dunlop

Jennifer Wallace  
Rosanne Leddy  
Patti Redpath-Plater  
Khalid Mateen

Elisa Ilic  
Kim Bryk  
Shona Anderson-Wong  
Shawna MacDonald

Saira Aziz

## IEHP Competency Assessment Working Group

Alean Jackman  
Lori Peppler-Beechey  
Allison Chadwick  
Saira Butt

Denise Murphy  
Michelle Sinclair  
Myron Steinmann  
Yvonne Drasovean

Jocelyn Hurst  
Dale Schwartz  
Michelle Stephens  
Derry Thibeault

Andrea White-Markham

## The CRTO e-Exchange

Gary Cambridge  
Corinna D'souza

Steve Jarvis  
Michael Keim

Ginny Myles  
Susan O'Neil

## RT Week Events

Carol-Ann Whalen

## ELECTIONS NOTICE

2014 is an election year! Elections will be held in the fall for Districts 3, 4 and 6 using electronic voting.

If you're interested in running, nomination forms will be available in the coming months. Check out the elections material on the CRTO [website](#) for more information or contact Kevin with any questions.

***“The best part of self-regulation is the opportunity to become involved and really make a difference in my profession.” - CRTO Member***

The CRTO is in need of Members to help develop and/or review important College programs. If you would like to be part of the future of your profession and can spare *anywhere from a few hours to a few days* during the year please fill out the form below and fax it to the College at (416) 591-7890.

Surname	Given Name	CRTO No.
Address		
City	Province	Postal Code
Telephone	Email	
General area of practice/interest		
<p>I am interested in the following areas (check all that apply):</p> <ul style="list-style-type: none"><li>Quality Assurance Program<ul style="list-style-type: none"><li>PORTfolio Reviewer</li><li>Professional Standards Assessment Item Reviewer</li><li>Professional Standards Assessment Item Writer</li></ul></li><li>Professional Practice<ul style="list-style-type: none"><li>Practice Guideline Working Group</li><li>Standards Review Working Group</li></ul></li><li>Focus Groups</li><li>Piloting New Initiatives</li></ul>		

Thank you in advance for your interest! We will be in touch.

# Registration Changes

September 1, 2013 to May 1, 2014

## New Members

The College would like to congratulate and welcome the following new Members:

## General Certificates of Registration (GRT) Issued:

ABBASI, Qasim  
AHMED, Ayan  
ANDERSON, Edward  
BAINBRIDGE, Suzanne  
BOLAND, Vira  
BROWNLEE, Jamie  
CHEUNG, Shirley Sin Chong  
DAVIDOVICH, Yuli  
DE VERA, Anna Marie  
DINNES, Courtney  
DONNAN, Brian  
DOWNEY-SHEFFIELD, Beverley  
DUARTE, Maria  
DUCHARME, Alexa  
FAQIR AHMAD, Susan  
FAWNS, Natalie  
FONG, Rebecca  
FRANCIS, James  
GARDEN, Nicole  
GENIER, Billie  
GRISEBACH, David  
JORDAN, Jo-Lee  
JUNG, Jang Woo  
KALEEMULLAH, Syed  
KAMBER, Daniel  
KOLSAWALA, Shazia  
KURPIEL, Marzena  
LEUNG, Vivian  
MACDONALD, Emma  
MICHAEL, Sheena  
MIDDLETON, Natasha  
NIGRO, Samantha  
PATEL, Jamie  
PAWLOWSKI, Jennifer

REPA, Sarah  
RISK, Matthew  
ROOVERS, Justin  
SANDERS, Erika  
SCHNEIDER, Justin  
STAFFORD, Brian  
TROWBRIDGE, Leeann  
TURGEON, Martin  
VALADE, Kelly  
WILKINS, Brandon  
WU, Hin Cheung  
ZIA, Karim

## Graduate Certificates of Registration (GRT) Issued:

BROWNE, Vanessa  
CLARIDGE, Mélanie  
DEL ROSARIO, Sherwin Paul  
DUBSKY, Christopher  
FAIZY, Uzair  
JOLLOW, Lisa  
JU, Anbang  
KENNEDY, Colleen  
KIERS, Angela  
LATHAM, Michael  
MCCALLUM, Rebeka  
MCILROY, Nicole  
MILIUS, Mircha  
MOATTAR, Zoya  
PANTELEAKOS, Vicky  
PILIPCHUK, Natalya  
PRÉVOST, Vanessa  
REYNOLDS, Julia  
RODRIGUES, Rebecca  
SEGUIN, Kelsey  
SYED, Ayesha  
VERVILLE-FISET, Justine  
WESTPHAL, Stephanie  
WOOD, Rachel  
ZEINSTR, Melissa

## Resigned:

BALASUBRAMANIAM, Aishwini  
BESNER, Lyne  
BOYLE, Kenneth  
CHAU, Cham  
CHESLOCK, Kathryn  
CLEAVELEY, David  
CUDMORE, Jane  
DE LEO, Jessica  
DICKIE, Janet  
FASSAERT, Mary  
FRIEL, Brian  
GALLANT, Anita  
GRAHAM, Elisabeth  
HADARO, Judit  
HOEHNE, Ingrid  
IRVINE, Katherine  
ISIC, Aida  
LAMBERT, Diane  
LANDINGIN, Alyssa  
LANDRY, Marika  
LECLAIRE, Rachel  
LINDSAY, Linda  
LITTLE, Jennifer  
MARSHALL, Stacey D.  
MCCORMICK, James  
MISCAVISH, Lindsay  
MONCRIEFFE, Michael  
MOORING, Jean  
ODISHO, Odisho  
OUELLETTE, Monique  
PATAFIO, Nancy  
PERRAS, Kayla  
POWERS, Caroline  
REESOR, Ted  
ROLDAN, Paul  
RUSHTON, Jodi  
RUSNICK, Brian  
STONEMAN, Mandy  
VAFIADES, Patricia

# Registration Changes

September 1, 2013 to May 1, 2014

## Suspended:

BAI, Yin  
BÉDARD, Roch Gerald  
BROWNING, Susan Gayle  
BURNS, Matthew  
CHARANIA, Irina  
CHARLES, Pierre  
COSTANZO, Giacinto  
COWLEY, John  
HEWITT, Kimberley  
LADEROUTE, Deborah  
LEE, Amy  
MAYER, Marc  
MIRANDA, Ysmael  
MIZZI, Kailee  
MORTON, Jennifer  
NAGHIZADEH, Azada  
NESBITT, Stephanie  
NIELSEN, Johnny  
PERUSINI, Giovanni  
PORTER, Alison

REDIX, Tony  
RIGBY, Morgan  
SMAJIC, Aida  
SOSNOWSKI, Katarzyna  
SOSNOWSKI, Jacek  
STUCKLESS, Michael  
THOMPSON, Mark  
TO, Tai  
VALENTE, Anthony  
WAN, Pak  
WEATHERBEE, Ryan  
WEISS, Claudia  
WHITELEY, Miranda Jean  
WONG, Philip  
WOODLEY, Debra

## Revoked:

ABUBAKAR, Warsame  
AGARD, Donell  
AHUJA, Neenu  
BARNARD, Derek

BRIDGE, Cynthia  
CZYZ, Patrycja  
DALTON, Kerry  
DOUGLAS, Karen  
EL KOCHAIRI-ORTIZ, Luz  
FETTES, Leigh  
GABBAY, Rina  
HUSSAINI, Munira  
KIERYLO, Pawel  
MALONE, Megan  
MULLALY, Adam William  
PAGE, Wendy  
SCOTT, Tracy  
SITKO, Emily  
STILL, Joyce  
TA, Quyen  
TINANI, Naresh  
TURCOTTE, Tara  
WU, Zhengrong  
YEAMAN, Sara  
ZETTEL, David

## Upcoming Events

Throughout the year the CRTO is notified of several events that are of interest to RTs. We post these opportunities on our website at [www.crto.on.ca/members/professional-development/upcoming-professional-events/](http://www.crto.on.ca/members/professional-development/upcoming-professional-events/).

**Please remember that you can use the AHPDF to apply  
for reimbursement for the cost of a conference!**