

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Thank you to CARTO members for their effort against SARS

On behalf of the College, I would like to express sincere appreciation to the dedicated Respiratory Therapists of Ontario who have been called upon to provide service to the Ontario public, that is above and beyond the normal call of duty, during the recent SARS outbreak.

Respiratory Therapists, as key members of the health care team, have risen to the challenge provided by SARS. Many Therapists have had their personal, as well as their professional lives, directly affected by this call to duty. We are grateful for their service and hopeful that the SARS outbreak will be quelled.

In the global neighborhood in which we live, we must be ever vigilant. I am proud to say with certainty that, if called upon, I believe that the Respiratory Therapists of Ontario will again respond to provide essential care to patients.



Keith Olimb, RRT/RRCP
CARTO President

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president's message



Keith Olimb
CRTO President

Having recently completed the first half of my term as CRTO President I am pleased to offer this brief message.

There have been so many issues that we have dealt with as a board over the past six months that it is difficult indeed to summarize them. Suffice to say that thanks to the tireless efforts of all involved, our College has undergone a sea change, resulting in much positive progress.

During the remainder of my term I would like to see us come to closure regarding formal mediation. Although the majority of the issues have been dealt with or are well in hand, I believe it is essential that we continue to work closely with the professional association on matters of mutual concern.

One outstanding matter that requires our attention is the issue of our fee structure, which is set out in the Bylaws. Steps have been taken to begin the process of a comprehensive review of all fees including the annual membership fee. This review will require the input of the membership and we will look forward to your future comments in this regard. Council does need to ensure that the College's revenue (which of course is solely from the members' fees) is sufficient to support its mandate under the RHPA, and also any unknown directives that the Ministry may send our way in the future.

We have all been challenged to perform to our optimum with the SARS situation. We should all be proud of the professional recognition we have gained and of how well we have met this challenge.

On behalf of the College I thank you for your continued support of our efforts. Your college will continue to strive to provide a high level of service to each member and to the Ontario public.

A handwritten signature in blue ink, appearing to read "Keith", written in a cursive style.

www.crto.on.ca

registrar's message

College and Council Highlights: FOR YOUR INFORMATION

Discussions with RTSO and CSRT

These discussions continue on a very cordial and co-operative basis, and we will keep you up to date as they develop. CRTO Committees continue to deal with the few unresolved issues presented by the RTSO during mediation and in their January 2002 submission. There have been a number of meetings with the RTSO, especially to deal with the College's proposed revised CQI Portfolio Form. The CSRT has also reviewed the Portfolio form and the issue of Titles and Designations.

CRTO Communications, including the Newsletter and Web Site

The web site is being continually updated in its content. The "look and feel" and user-friendliness of the site will soon be improved. Surveys of members are being conducted online through the site, and we are able to make some changes in-house, thus saving costs. We always welcome comments and suggestions for improvement. Our future long-term goals include integrating online services such as renewals and QA tools, as well as publishing the public portion of the Register, based on a request from the Ministry.

Legislation

PIPEDA

Elsewhere in this issue, you will find a synopsis of the College's activities in dealing with the coming into force of the Federal privacy legislation, known as PIPEDA. There will be ongoing guidance for Members on how this will affect their practices.

Professional Incorporation

This is now in place, as are the By-laws which pertain to incorporation of professional practices. At this point no members of the College have requested to have their practices incorporated.

Regulations

Guidelines: Advertising, Conflict of Interest and Delegation Guidelines from the Ministry of Health and Long-Term Care (MOHLTC)

We still await these guidelines from the Ministry.

Amendments: Registration Regulation Amendments

The proposed amendments re labour mobility and title and designation, approved for consultation by Council in February and June, respectively, are included in this mailing. Please read these carefully and send us your comments.

Accreditation, Entry to Practice examinations, Competency Profiles and Labour Mobility

These issues are intimately intertwined, and are being reviewed on an ongoing basis. As noted above, they are also under discussion with the RTSO, CSRT, the National Alliance of Regulators in Respiratory Therapy. The proposed National Competency Profile is currently being validated by 700 RRTs from across Canada. It will be the basis for labour mobility and the Mutual Recognition Agreement. The College is now using the CoARTE service of the CSRT for accreditation of Ontario programs.

Federation of Health Regulatory Colleges of Ontario

The College actively participates in the Federation, which has been dealing with various Ministry initiatives as well as its regular working groups.

Registration Examinations

The recent major CCE exam session was held in June. The Registration Committee will be reviewing the issue of Registration exams at its coming meetings, and will report later this year to Council.

In closing this issue of the Highlights, I would like to express my sincere thanks to all the CRTO Staff for their continuing dedication and hard work, and to the President, Council and Committees of the College, for their ongoing support.

Gord Hyland
CRTO Registrar & CEO

introducing new council members

Susan Bryson (public member)

Susan Bryson is just recently returning to the work force after a year long maternity leave. Susan is very active within both the Streetsville Rotary Club and the community of Streetsville. She just completed a term as Rotary President and is currently serving as Past President. Susan also does bookkeeping from her home, including contract work for some local restaurants. Susan has a Bachelor of Arts from the University of Toronto and is very excited about her recent appointment to the College. Susan has been appointed to the Complaints, Registration and Patient Relations Committees.

John Schenk (public member)

John Schenk is a lawyer and a father and husband. He has practiced law at Wingham, Ontario for over twenty-five years. He has been active in his community including serving as a town councillor, a trustee of the hospital board in Wingham, co-chair of Huron United Way, a member of the Wingham Airport Commission and president of the Huron Law Association. Most recently he has served as chair of the discipline committee and as vice-president of the College of Occupational Therapists of Ontario.

Gary Weeks (public member)

Born in Toronto, Gary Weeks now lives in Cambridge, Ontario. No stranger to board activities, Gary is currently on the Board of Directors of the Community Care Access Centre of Waterloo Region and Vice President of OPSEU region #2 - Retirees Division. Gary previously taught Sociology at Conestoga Community College and during

his tenure was Coordinator of Social Sciences, Chairman of the College Council and Vice-President and Treasurer of the Faculty Association. Gary has also worked in industry in the field of production management, farm implement and truck manufacture. Gary's interests are photography, boating, theatre, swimming and reading. Gary has been appointed to the Quality Assurance, Discipline, Fitness to Practice and the Patient Relations Committees.

Dorothy Angel (public member)

Dorothy is a graduate of Wilfred Laurier University and the University of Waterloo /University of St. Jerome's where she earned a Business Administration Diploma and Bachelor of Arts Degree respectively. Dorothy is the owner/operator of Angel Business Services which provides paralegal services to the legal community in the area of real estate, companies, wills and estates. Dorothy has used her legal experience as an instructor at Conestoga College, as a Sheriff's Officer/Clerk for the Ministry of the Attorney General and as a Freelance legal assistant. Dorothy also brings to the College a wealth of board experience gained as Chair and School Board Trustee for the Waterloo Catholic District School Board, Director/Treasurer of the Huron Natural Area, and member of the Education Excellence Committee, all in Waterloo region. Dorothy also served as a member of Council of the College of Physiotherapists of Ontario from 1996-2002.

We welcome you all to the Council of the College.

HOW TO CONTACT CRTO STAFF

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CRTO updates

Patient Relations Committee (PRC) Update

The Patient Relations Committee have reviewed and revised a number of Professional Practice Guidelines (PPGs) over the past few months. As mentioned in the last issue of “The Exchange”, the PRC recommended to Council that the PPG on *Delegation of Controlled Acts* be amended to permit members to delegate the procedures of non-invasive CPAP and bi-level positive airway pressure to other health care professionals who are not authorized the controlled act of administering a substance by inhalation. Council approved this amendment at the last Council meeting in February 2003.

Similarly, the PRC has drafted an amendment to the PPG entitled *Responsibilities Under Consent* that addresses the particular issue of consent and resuscitation (CPR). This draft amendment was presented to Council at the June 2003 Council meeting. Following legal opinion it will be forwarded to members for consultation and feedback prior to returning to Council for approval.

In addition to all of the recent changes and revisions to the PPGs, the committee has drafted a position statement on *Bloodborne Pathogens*, which was presented to the Council for approval at the last Council meeting. You will find this draft position statement on page 7. We look forward to receiving your comments and feedback on it.

Finally, the PRC is excited to embark upon the much-anticipated Communications Strategy. This communications strategy has been put on hold for several years as the College dealt with other issues. A mandate of the PRC is to develop a communications strategy, which educates the public about the respiratory therapy profession and the CRTO. Considering the last couple of months with the SARS outbreak, this is an opportune time to heighten the awareness of our profession to the public of Ontario. The RTSO (Respiratory Therapy Society of Ontario) has been invited to participate in the development of the strategy and we are happy to report that Gail Lang, RTSO President has agreed to participate in the Communications Strategy Working Group, which is scheduled to meet during the summer months. The goal of the working group will be to implement some form of communication during Respiratory Therapy Week in September 2003.

Mary Bayliss RRT, RRCP, CAE
Professional Practice Advisor

Quality Assurance

The Quality Assurance Committee spent much of the past few months revising the Professional Portfolio form. Happily, when presented to Council at their most recent meeting, it was approved for use by all members as the basis for the Continuous Quality Improvement (CQI) module of the Quality Assurance Program. Please refer

to a separate article within this Issue for more information on the Professional Portfolio, and note that the new form is included in this package.

The Quality Assurance Committee also discussed the random selection process for members to submit their Professional Portfolios for assessment. The resources available to the College, and the Committee, had to be taken into account. After much discussion the Committee felt that 10% of the membership (approximately 200 Portfolios) would be a manageable number that will adequately reflect a cross section of the members. At their June 13th meeting, Council approved this proposal. Members who received special consideration under the Fresh Start initiative are assured that those arrangements stand.

In support of the revised Professional Portfolio, the Quality Assurance Committee advertised for members of the College to apply to become Portfolio Reviewers. We received 20 nominations from across the province and are pleased to report that all have been approved for the roles. Reviewers will be required to successfully complete a two-day training program prior to assessing any Portfolios.

The Quality Assurance Committee will now be focusing on the review and development of the Assessment Module of the Quality Assurance Program. The Committee will be researching other types of assessment tools, including those used by other regulatory colleges, to

determine what would be of most value to members and the public. Look for further updates to come, along with opportunities for you to participate in the process.

Melanie Jones

Coordinator of Quality Assurance

Registration Update

As you may have noticed the Annual Registration process for 2003-2004 underwent many changes. I would like to thank all members for their patience and many helpful suggestions for future registration periods. The College is taking your suggestions into consideration for the next registration process.

One of the issues the Registration Committee has been occupied with is the development of a new National Competencies Profile (NCP). A number of College members received calls from the CRTO staff during the month of April inquiring whether they would be interested in the validation process that is to be carried out by Kiraly-Pike consultants. The College thanks these members for their willingness to participate in this process.

As attempts to facilitate communication between you and your College, the CRTO website is proving to be a valuable source of information and medium through which you can express your concerns or opinions. The Registration Committee has recently posted a number of surveys to help in their decision making process. Please feel free to visit the website frequently at www.crto.on.ca. Also, once there, please click on 'Member Information' and then on 'Change of Information' to provide the College with your current email address. In the event that College needs to get in touch with you or simply send out important information quickly to

■ FINALLY! A New Professional Portfolio Form

The Quality Assurance Committee is pleased to include the revised Professional Portfolio form in this package. Several months' work has gone into the redevelopment and re-design of the document. The Committee would like to thank all those who submitted feedback on the draft document that was circulated to members late last year, the members who participated in the Focus Group which followed, and the RTSO and CSRT.

Members of the College asked us to make the Professional Portfolio less repetitive, and to provide clearer instructions on how to complete the form. The result is a document that includes the "guide" within the Portfolio and highlighted examples. Allowances have also been made for members to use other formats and processes (i.e. the CSRT's NCPD Learning Log) to compliment the College's form.

The Quality Assurance Committee recognizes that each member has his or her own learning and recording style - the hope is that the new form will make the process of documenting their reflection easier. The Professional Portfolio will also be available to download in MSWord® pdf from the College website: www.crto.on.ca The criteria used by the Portfolio Reviewers will also be available online in the near future.

This revised Professional Portfolio form should begin to be used from the date of receipt, although you are not expected to transfer information from any previously completed Portfolios. Education Sessions are being planned around the province for autumn 2003 - watch the website for more information. Questions regarding the Professional Portfolio can be directed to Melanie Jones, Coordinator of Quality Assurance, at jones@crto.on.ca or by phone at extension 30, or Mary Bayliss, Professional Practice Advisor at bayliss@crto.on.ca or extension 24 .

you, your email address will prove helpful.

Finally, I would like to extend a big thank you to the educational institutions, which have been working alongside the College to facilitate smooth registration for their recent graduates. The College recognizes that with the outbreak of SARS, hospital facilities have found it difficult to meet the needs of some final year students. Thank you to everyone involved for working together to get our much-needed RTs in the workplace.

Have a wonderful summer,

Monifa Morgan

Registration Officer

Investigations and Hearings Report

Since the issuing of the December 2002 Exchange, Committees of the College have dealt with the following referrals related to complaints, employer reports and discipline:

The Executive Committee has considered two employer reports and two Registrar's referrals. One matter concerns an individual who is not a member of the College.

Six complaints are being considered by the Complaints Committee. One complaint involves multiple members. Another complaint involving 8 members is being

considered as the result of a review by the Health Professions Appeal and Review Board, where it was the Board's decision to refer the matter back to the Complaints Committee for reconsideration. The College is still awaiting the decision of the Board in one other matter.

There have been no referrals to the Discipline Committee in 2003. Two matters are on hold by consent of both the College and the Members, pending the outcome of the HPARB matters recently referred back to the Complaints Committee.

There have been no referrals to the Fitness to Practice Committee in 2003.

Christine Robinson

Manager of Policy and Investigations

CORE COMPETENCIES EVALUATION

Toronto, London & Ottawa

On June 17th to 19th more than 120 candidates took the College's Core Competencies Evaluation for the purposes of obtaining their General certificates of registration. From all accounts the two days of Objectively Score Clinical Evaluations (OSCE) and one day of written tests went smoothly. Many thanks are extended to the respiratory therapists who acted as raters and invigilators for the College – especially the members who were joining us for the first time.

Candidates can expect to receive their results by mail approximately 4 to 6 weeks following the CCE. Any inquiries regarding the Core Competencies Evaluation may be directed to Melanie Jones, Coordinator of Quality Assurance & Examinations, at jones@crto.on.ca

Dear Member:

The Patient Relations Committee is looking for feedback on the following proposed Position Statement on Bloodborne Pathogens. Please forward your comments and feedback to Mary Bayliss no later than September 10th, 2003

PROPOSED POSITION STATEMENT

BLOODBORNE PATHOGENS

Respiratory Therapists have an ethical obligation to protect their patients/clients from any potential transmission of bloodborne pathogens. The College encourages all members to take every possible precaution to prevent transmission of infection from themselves to their patients. In addition the College makes the following recommendations:

- All members must be vigilant and rigorously adhere to universal precautions
- All members providing direct patient care are encouraged to keep their immunizations up to date (e.g. Hepatitis B, Influenza A & B, measles, mumps, rubella). Immunization reduces the risk of respiratory therapists becoming infected and possibly transmitting infections to their patients.
- Members have an obligation to know their serologic status with respect to bloodborne pathogens such as HIV, Hepatitis B and Hepatitis C, although they are not obligated to disclose their serologic status to their patients.
- Members who are serologically positive for bloodborne pathogens such as HIV, Hep B and Hep C, should seek expert advice to assist with assessing the risk of transmitting the infectious agent to others including their patients/clients.
- Members who are serologically positive for bloodborne pathogens and who perform high-risk exposure-prone procedures may voluntarily disclose this information to the College. The College will strike an expert panel to give the member advice with respect to his/her practice. The expert panel may include, but would not be limited to specialists from the local public health, occupational health, respiratory therapy, infection control, infectious diseases and an expert in risk assessment and ethics. Factors that would be considered by the expert panel include for example, the specific infection and viral load and a risk analysis of the individual's work activities.

professional practice section

FAQ's

Q1 Automatic External Defibrillators (AEDs) are becoming more readily available and are now found in many public places such as shopping malls and golf courses. Is it permissible to use AEDs?

A1 That will really depend on where you would use an AED. There are a few issues with respect to Automatic External Defibrillators (AEDs). Defibrillation is considered a procedure within the controlled act of applying a form of energy. This is a controlled act that is not authorized to respiratory therapists. Therefore, respiratory therapists require delegation from another regulated health care professional that is already authorized to perform this procedure - i.e., physicians. As an aside, our nursing colleagues are in the same situation. They also require delegation to perform defibrillation.

AEDs are now becoming very common in the community and are also being introduced into hospitals. They have been designed for the layperson to use. Under clause 29(1)(a) of the Regulated Health Professions Act (RHPA), an exception is made that would allow respiratory therapists to perform this procedure in the community in the case of "rendering first aid or temporary assistance in an emergency". The Good Samaritan Act, 2001, would also in essence protect respiratory therapists from being sued for negligence if acting in some emergency situations and if acting in good faith. This Good Samaritan Act would NOT apply in hospital settings.

In hospital/health care facility settings, respiratory therapists would be liable for any negligence and would be held to College standards therefore, respiratory therapists should obtain proper training on the use of AEDs and receive delegation from another HCP authorized to perform defibrillation - i.e., physician(s). Respiratory therapists are permitted to accept the delegation of defibrillation and we encourage you to review the Professional Practice Guideline (PPG) entitled Delegation of

Controlled Acts, which is found on our web site at www.crto.on.ca. This PPG outlines what is required (e.g., documentation) when a respiratory therapist accepts delegation of a controlled act.

Q2 Are respiratory therapists permitted to transport, check or hang blood products?

A2 Provided that the respiratory therapist is working within their scope of practice, then the answer is yes, respiratory therapists may check and hang blood products. (Transporting blood products is not a controlled act and therefore falls under the public domain).

Checking and hanging blood products would fall under the controlled act of: administering a substance by injection or inhalation, and this controlled act is authorized to respiratory therapists (Respiratory Therapy Act, 1991). The CRTO's professional practice guideline (PPG) entitled *Interpretation of Authorized Acts* describes this particular controlled act and provides additional information and guidance.

Q3 Advanced Prescribed Procedures below the Dermis and certification programs – What does it all mean?

A3 We recognize that there is some confusion about this particular controlled act that respiratory therapists are authorized to perform. In 1999, an Ontario Regulation made under the Respiratory Therapy Act (Prescribed Procedures), was passed into law. Under the Regulation, procedures defined as "Prescribed Procedures Below the Dermis", are categorized as: Basic, Added, and Advanced. In addition, the Regulation outlines the requirements that must be met for any respiratory therapist wishing to perform the following three procedures:

1. Insertion of a cannula (e.g. arterial lines, peripheral IVs, and umbilical vessels),

2. Chest needle insertion, aspiration, reposition and removal, and
3. Chest tube insertion, aspiration, reposition and removal.

The Regulation stipulates that in order for a respiratory therapist to perform any of these three advanced procedures, a member must successfully complete a certification process that has been approved by the Registration Committee of the College. In addition, the regulation stipulates that the member must recertify at least every 2 years.

We have heard from some members that they were under the impression that if they were performing any of the above three procedures prior to the Regulation coming into effect, they were not required to submit a certification program/process to the College for approval. This is incorrect – there is no "grand fathering" clause built into the Regulation. This means that all members who were performing the procedure prior to 1999, will still need to successfully complete a College-approved certification program.

Where do you go from here if you are currently performing any of these procedures or if you want to start doing them?

The College has a list of facilities who are willing to share their College-approved certification programs- you do not need to reinvent the wheel...so to speak. We will also be posting certification "templates" for radial arterial lines and peripheral IV lines on our website in the coming months, which should facilitate all members complying with this regulation.

How important is it to get your certification approved?

Failure to comply with the required elements of the Regulation is considered grounds for professional misconduct, therefore, we strongly encourage you to contact the College as soon as possible to discuss the process of getting a certification program approved.

List of Amended

Professional Practice Guidelines (PPGs)

Over the past several months the following Professional Practice Guidelines have been amended. The newly revised PPGs are available on our web site: www.crto.on.ca. Once we expect no further revisions or amendments, a copy will be forwarded to you by mail. We would encourage you to discard previous copies of the following PPGs and refer to the latest version on our website. If you do not have access to our website, please contact us and we will fax or mail you a copy. If you have any questions or concerns please do not hesitate to contact Mary Bayliss at ext. 24 or bayliss@crto.on.ca

- Interpretation of Authorized Acts (Revised November 2002)
- Certification Programs for Advanced Prescribed Procedures Below the Dermis (Revised November 2002): Accompanied Checklist has also been revised to reflect the new PPG – also found on the web site.
- Delegation of Controlled Acts (Revised February 2003)

PPA'S TEST YOUR KNOWLEDGE...

Take the Professional Practice Advisor's quiz to assess your knowledge on College-related standards.

1. It is permissible to accept an order for medical care for a controlled act by a RN (EC) in the ICU?
a) True b) False
2. CRTO members must submit a certification program to the College to be approved by the Registration Committee for which of the following procedures?
a) Neonatal intubation c) IV line insertion
b) Arterial punctures d) Trach tube changes
3. Which of the following requirements must be met to enable CRTO members to perform the controlled act of defibrillation/cardioversion?
a) Delegation from a physician
b) College – approved certification program
c) No specific requirements are required
d) CRTO members are not permitted to perform this controlled act under any circumstances.

ANSWERS: 1b, 2c, 3a
References: PPGs Orders for Medical Care, Certification Programs for Advanced Prescribed Procedures below the Dermis & Delegation of Controlled Acts; and the Public Hospitals Act.



COLLEGE OF
RESPIRATORY THERAPISTS
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April 16, 2003

Hon. Tony Clement, Minister
Ministry of Health and Long Term Care
10th Floor, Heparin Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4
and to:
The President
The Ontario Hospital Association
200 Front St. West, Suite 2800
Toronto, Ontario M5V 3L1

Dear Mr. Clement and the OHA:

Joint Statement and Update from the Respiratory Therapy Society of Ontario (RTSO) and the College of Respiratory Therapists of Ontario (CRTO) regarding Mediation:

The RTSO and the CRTO are pleased to provide this positive update to both the Minister and the Ontario Hospital Association regarding the mediation, which began in 2001. Most of the outstanding issues have now been resolved, but some remain. It was agreed at the most recent meeting, Feb. 21, 2003, that the mediation would be continued until these few last issues are resolved. The following are the salient points from the last mediation meeting, and the issues still outstanding:

Regarding Item #1 of Registration Regulation Issues - Reverse the professional designation RRCP to RMT, the RTSO asked for an update and clarification. CRTO indicated that the College had surveyed the members, the issue is on the next Registration Committee agenda, and a recommendation to Council will likely follow. In addition, the CRTO needs to resolve "RRT" ownership issues with CSRT and there is ongoing dialogue between the two organizations. Any change will require a Registration Regulation amendment. The RTSO clarified that the opposition to RRCP was because it reflected provincial, rather than National, standards, rather than the term itself.

Regarding Item #2 of Registration Regulation Issues - Accept the CSRT National Examination as the entry to practice standard in Ontario, CRTO indicated that the issue of College's entry to practice examination is on the next Registration Committee agenda. Implications of labour mobility, national competency profile development and national vs provincial examinations were discussed.

Regarding Item #3 of Registration Regulation Issues - Immediately revise the accreditation process and its impact this will have on upcoming graduates of the Respiratory Therapy programs in Ontario, it was noted that the contract with CSRT for accreditation services has been signed. Workshops for program reviewers are being held and on-site visits are being scheduled. Provincial specific requirements are being drafted and will be part of the CoARTE's accreditation requirements.

Regarding Item #4 of Quality Assurance Program Issues - Re-design all of the components that will comprise the QA program by working carefully with any members who participate in this process, CRTO reported that the professional portfolios forms are being revised as a result of input from members, the RTSO, and a focus group. The Core Competencies Evaluation has been discontinued in the assessment component of the QA program and the QA Committee will be looking at other forms of assessment. It was noted that the portfolios would be reviewed by respiratory therapy "reviewers". The RTSO accepted an opportunity to comment on the Professional Portfolio prior to it going to Council and will continue to be involved in the redevelopment of this program.

Regarding Item #5 of Relationship and Trust Issues with Members, it was noted that no complaint review decisions re QA had been received from IPARH as yet.

Regarding Item 6 of Relationship and Trust Issues with Members - Reverse the demand to collect legal costs from the RTSO, this request was considered by Council and it was agreed to waive the costs owed to the CRTO.

Regarding Item #7 of Relationship and Trust Issues with Members - Reduce the annual fee, it was noted that the College is doing its best to control expenditures, but that fee could not be lowered at this time.

In response to a question concerning the list of names in the College newsletter of those members who have been suspended or revoked due to non-payment of fees, the College noted that this is standard practice for regulatory Colleges. The RTSO commented very positively on the new format of *The Exchange* newsletter.

Regarding Item #12, a Code of Conduct for Council and non-Council Committee members has been developed and approved by Council.

It was decided to continue in the mediation mode until all the issues have been resolved. It was also noted that the parties need to provide an update to both the Ministry and the CEIA on the status of mediation, and it was agreed that a joint letter be drafted, and that the OHA be asked to circulate it to the member hospitals.

The RTSO and the CRTO thank both the Ministry and the OHA for their assistance in going forward with mediation, and hope that this update is informative.

Gail Lang
Gail Lang, President, RTSO

Kath Olinb
Kath Olinb, President, CRTO

Proposed Amendments to Ontario Regulation 596/94 — Part VIII — Registration Labour Mobility, Titles and Designations.

The College of Respiratory Therapists of Ontario is proposing amendments to Ontario Regulation 596/94 - Part VIII – Registration, to accommodate the provisions of the Mutual Recognition Agreement and revise the titles and designations requirements. Background

information and the proposed text of the amendments are included as inserts with this issue of *The Exchange*. As part of the consultation process we would like to receive your input and welcome your comments. Contact information is included on the inserts.

member spotlight

In this issue of the Exchange, we are pleased to spotlight not just one CRTO member, but three. The SARS crisis has been very difficult on our members and the following 3 stories will highlight and focus on the dedication of respiratory therapists and the significant role you have played during this outbreak.



Gary Ackerman
RRT, RRCP
Lynne Ackerman
RRT, RRCP

What makes these two individuals unique, is that they are both RTs, they have been happily married for 26 years and more recently they have endured the hardship of working in 2 separate SARS-affected hospitals. Juggling careers, children and SARS-quarantines, I think you will agree that their story is engaging and uplifting!

Gary and Lynne met while attending the former Toronto Institute of Medical Technology TIMT (now called the Michener Institute). Although they met while in the RT program, they did not start to date until after they graduated and in Lynne's own words "Gary smartened up and noticed me". Gary and Lynne have been married for 26 years, have 2 children who continue to keep them busy and are active in their church community.

Gary has worked in a variety of hospitals in the Toronto area, including Oshawa General, The Hospital for Sick Children and for the past 24 years at Sunnybrook & Women's College Health Centre. Gary has assumed many roles at the Sunnybrook site: department manager, charge therapist and staff therapist. Currently he works mainly in the critical care area and has some administrative and educational responsibilities. Gary is also a non-council committee member for the CRTO.

Lynne also worked at Oshawa General before moving on to St. Michael's & Wellesley Hospitals in Toronto. Lynne moved to York Central Hospital after having the kids and has been

there full-time for the past 17 years. Lynne has recently completed the COPD Educators Program at the Michener Institute and is an active member of the Ontario Respiratory Care Society (ORCS).

Gary & Lynne's Stories...in their own words.

Gary's Story:

It seems like a long time ago when I first heard of SARS patients being diagnosed and treated, and the closure of Scarborough Grace Hospital. My first impressions were that the infection would be controlled in one hospital and the impact on most of us would be minimal.

Then came our first SARS patient, a businessman returning from Hong Kong with symptoms of a bad infection who was admitted and isolated in our hospital and transferred to the critical care unit. That shift I was working in the area of the ICU that had negative pressure rooms. There was a lot of information available on SARS and what was believed to be the appropriate protective equipment required. I do remember contacting infection control to ensure the available N95 masks did meet the recommended standards from Health Canada. In my mind I was convinced that the virus was no more contagious than many other infections that we deal with. I was wrong.

My coworkers and I had several occasions to see the patient that day including a reintubation and bronchoscopy. We took the recommended precautions at the time and were careful to minimize our exposure time in the room, but I know now we were just lucky.

The next unsettling event I recall was listening to the news just before Easter and learning that York Central Hospital (where Lynne works) was going to be completely closed to all patients because of a SARS admission and unprotected exposure of some staff. It became official the next day and Lynne was placed on work quarantine for 10 days. This included wearing a N95 mask at home, no sharing of dishes, towels or sleeping in the same bed and keeping at least one metre from anyone. After the initial shock and some rescheduling Lynne resigned herself to the reality of work and home for 10 days.

It was however, not so calm at work. The procedures related to infection control seemed to change on a daily basis and Lynne and I shared updates from work on guidelines and recommendations from Health Canada and the Ontario Ministry of Health. It was a real struggle for Lynne and her coworkers as her hospital did not have

the resources and personnel in infectious diseases that we had at Sunnybrook and Women's. One patient care ward at Sunnybrook and Women's was completely converted to care for SARS patients by installing a portable negative pressure system with HEPA filter in each room. Unfortunately several patients deteriorated and required ICU admission, intubation and ventilation.

A major setback came when we received the terrible news that several of our coworkers including RTs, RNs and MDs had been infected and admitted to our hospital for treatment. This resulted in the ICU and SARS ward being changed to a level 2 status and all ICU RT staff were placed on work or home quarantine. This meant we could go to work travelling alone and go directly to the ICU and stay there for the entire shift. (fortunately food was provided). Once again infection control procedures changed including disposable goggles and face shields, strict procedures for degowning when leaving a patient's room, a dedicated RT in the isolation hall and changing scrubs when leaving this area. During this turbulent time there was a great deal of anxiety, frustration and tension as we all dealt with our deep concern for our friends and coworkers and worried about our own safety.

Everyone was dealing with the stress differently and there were many disagreements within the ICU everyday. Despite this difficult environment everyone continued to provide the best patient care possible. We survived our quarantine and most of our patients slowly recovered and were transferred back to the ward. Our coworkers also recovered enough to be discharged home and as of this writing there have been no further admissions.

I would like to thank my coworkers, friends and family for their help and support during this very difficult time and I would like to honour the brave and dedicated Respiratory Therapists that became ill just by doing their job.

Lynne's Story:

It seems like this whole SARS thing started a long, long time ago. In actual fact it has been only been a couple of months. Tomorrow is May 16th and this is the day that the Provincial Operations Centre (POC) says we are to start the new norm. The new norm eh? Before that there was the old norm and for these past few months there was no norm at all. I am going to tell you about my experience when we were in the "no norm" period.

I guess for me it started about March 28th. Before that I was aware of SARS. I knew other hospitals had it and I even knew that we had transported a case to another hospital due to our lack of negative pressure rooms. Other than that I was pretty optimistic that it would soon go away. I had even heard on the news that if there were no new cases after the weekend, we would be home free. I told my colleagues that exact news. Four days after that epiphany, our hospital was closed and I found myself in quarantine. The only place I was allowed to go was to work. That was Friday March 28th.

I can remember the emotions I went through, disbelief, "this can not be happening, this is ridiculous I don't have SARS and will never have it"; anger, "how can this be happening? The hospital should have been more careful"; fear, "I was exposed to that patient, will I also end up contracting SARS?"; and finally acceptance, "Okay, I will put myself in quarantine and go to work, how bad can 10 days be."

In some ways having my spouse as a healthcare professional may have made the whole situation more tolerable. Several of my colleagues' spouses and children were treated as if they too were in quarantine. In one case a co-worker's husband was sent home because of her being in quarantine. Another co-worker's child was not allowed to use the usual car-pool to get to school. These kinds of incidences occurred regularly to the healthcare professionals who were quarantined. In my case, Gary's employer was very understanding. One positive thing we had on our side is that our two children are at university. Our son came home the first weekend, but after having to see me in a mask every-time we spoke he soon returned to school and that was the last I saw of him until I was out of quarantine. I missed our daughter's big university musical production due to being in quarantine - I am waiting to see it on video.

Gary and I lived through the quarantine not once but twice: the first time with me, the second time with him. I guess there were some upsides to the whole ordeal. I did get my living room decorated, which I have waited 7 years to do and I also did a lot of studying for my COPD Educator course. When I think back, being in quarantine was the easy part of living through SARS. The hard part of SARS was going to work. Not knowing what you were dealing with, but knowing that it was very dangerous and contagious was difficult. I remember the time Gary came home after he had performed a bronchoscopy on a SARS patient. I made light of it saying; "what are they trying to do - get rid of the old RTs first?" I was glad that in ten days he was still healthy. When I connected our first SARS patient to the ventilator I wasn't sure that our filters or the N-95 masks would be sufficient enough to prevent SARS from being transmitted. I was glad that in ten days I was still healthy. There were many, many times that I called Gary at work to find a solution to a problem we were having to see how his facility handled it. Having that support helped immensely and eased a very stressful period. I feel that for 2 months I ate, slept and drank SARS.

Apparently SARS is over and we are in the "new norm". Were we prepared for what SARS brought us? I think not. Are we more prepared now? I think so. As a health care professional my first priority is for the well being of my patients, it always has been and will continue to be my primary focus in the future. SARS has taught me that to be able to do this I must make sure that I take all the precautions available to me. Seeing and hearing about fellow colleagues falling ill to SARS was very troubling and hit very close to home. By the Grace of God, Gary and I remained healthy. We continue our careers in the "new norm", a little wiser perhaps, but mostly we realize that working as health care professionals is not without its inherent and sometimes unforeseeable dangers.

NOTE: Gary & Lynne submitted their "stories" at the end of the first round of SARS. Regrettably, the second phase of the SARS outbreak has since hit the Toronto area. We will keep our fingers crossed that it will be contained quickly and that all respiratory therapists, indeed all health care professionals remain safe, healthy and SARS-free.

A CRTO member's personal fight against SARS



Jake Tran
RRT, RRCP, BSc., MEd

The last few months have been difficult for GTA area respiratory therapists, but none so difficult than Jake Tran's experience with SARS.

Jake Tran is a graduate of the Michener Institute's respiratory therapy program and has worked at VitalAire Healthcare since graduation in 1997. Jake also has undergraduate and graduate degrees from the University of Toronto and is currently considering pursuing an MBA. Whew...Jake certainly meets the definition of a "life-long learner".

Jake also works at Scarborough Grace Hospital on a casual basis and this is where his story begins. Jake had picked up some shifts during March Break at Scarborough Grace and on one fateful day he spent time with a patient in acute CHF. (This patient was later confirmed to have SARS.) As is the usual practice, Jake set-up BiPAP on this patient. Four days later, Jake started experiencing significant GI symptoms but was afebrile and did not have any respiratory symptoms. Jake decided to go to his local Emergency department to be checked out - at this time SARS was not suspected. On March 24th, 8 days after contact with the patient with CHF, Jake developed a fever of 38.5 C, and 2 days later became severely SOB. After struggling to walk up a few stairs at home, Jake decided to check his O₂ saturation and was shocked to see that it was only 84%.

Jake's symptoms quickly escalated to include a productive cough, severe SOB and the GI symptoms continued. Jake's fiancé Sabrina (also a respiratory therapist and CRTO member) drove him to the hospital. At this point "I figured I must have SARS as this was not a common flu". Jake had family notify the hospital that he was on his way in and that he suspected he had SARS. He was immediately put into isolation and placed on oxygen at 5Lpm N/P and his oximetry improved to 92%. By the morning he was on 40% O₂ and was becoming increasingly short of breath. He was transferred to ICU and 24 hours later he eventually required 100% O₂. He was initiated on a cocktail of drugs to try and

combat SARS – this included IV steroids, antibiotics and ribavirin. It was determined that in addition to SARS, Jake had a superimposed bacterial infection. Eventually Jake began to stabilize, his O₂ requirements decreased and once he was on 60% he was transferred back to the wards. Unfortunately his recovery was relatively short lived because 2 days later his condition worsened and once again he was transferred back to ICU. He spent an additional 5 days in ICU receiving maximum dose IV steroids and eventually his CXR started to clear. Although he was feeling better, the constant coughing was difficult to tolerate and he developed subcutaneous emphysema as a result. He admits that although "subQ" doesn't hurt it is a "weird" feeling! He was sent back to the floors and began the slow road to his full recovery.

On April 21st, Jake was discharged home following 4 weeks in the hospital. He had to spend an additional 10 days in home-quarantine, but this was OK to Jake because he was still tired and became SOB doing any type of activity.

How is Jake doing now? Today his O₂ saturation was 97% on room air and his CXR and CT scan shows mild alveolitis and fibrosis as well as what appears to look like BOOP (bronchiolitis obliterans organizing pneumonia). The good news is that his Respiriologist feels that he will make a 95% recovery.

Jake has some interesting perspectives on some of the "new norms" that many of our members are now practising under. He remembers being placed on 100% O₂ by a dry nebulizer, "it was so dry I couldn't sleep". The noise and the dry gas flow was difficult to tolerate. Having roles reversed and becoming a patient also gave Jake a new perspective on things. He respectfully asks all respiratory therapists to "please use xylocaine when inserting an art-line...it hurts!"

Jake would like to take this opportunity to thank some of the people who helped him during his illness: Dr. Forse, Dr. Yee and all the nursing staff for their care and compassion. Last but certainly not least Jake thanks all of the respiratory therapists at Markham Stouffville Hospital for their support, encouragement, friendship and above all else the outstanding care they gave him while he battled SARS.

Jake is feeling and looking great and looking forward to getting back to work and visiting his clients. He will not return to work until August – doctor's orders! Jake also begins a new journey this summer when he and Sabrina walk down the isle in August. Congratulations Jake and Sabrina and thank you so much Jake for sharing your story with us.

NOTE: Jake's story is also described in a June 27th, 2003 Toronto Star article entitled "Pitching in, helping out", by Nancy J. White.

June 30, 2003

Dear Colleague:

NOTICE OF ELECTION OF COUNCIL MEMBERS AND NON-COUNCIL COMMITTEE MEMBERS

The date for the election of Council members and Non-Council Committee Members for Districts 1, 2 and 5 has been set for October 1, 2003. This is your opportunity to become actively involved with the College. As a Council member or Non-Council Committee Member you will have an opportunity to learn more about your profession and to be involved in setting policies which will guide the work of the College in the public interest and the direction of the profession. The term for each position in districts 1, 2 and 5 is three (3) years. The following is a breakdown of the number of positions available for election and the counties included in each district.

District	Council	Non-Council	Counties in District
1	1	3	Territorial districts of Kenora, Rainy River and Thunder Bay.
2	1	3	Territorial districts of Cochrane, Timiskaming, Sudbury, Algoma, Manitoulin, Parry Sound and Nipissing; and the District Municipality of Muskoka
5	2	3	Regional municipalities of Halton, Hamilton-Wentworth, Niagara, Waterloo and Haldimand-Norfolk; and the Counties of Brant, Dufferin and Wellington.

Yours truly,

Gord Hyland
Registrar and CEO

NEW

CRTO INFORMATION SHEETS:

**Reporting Obligations under the
Regulated Health Professions Act — Termination and Sexual Abuse**

The Regulated Health Professions Act (RHPA), the umbrella legislation for all regulated health care professions in Ontario, requires the mandatory reporting of information about regulated health professionals under certain circumstances. The College has developed information sheets to answer questions related to those responsibilities and they are included as inserts with this mailing of the Exchange.

Christine Robinson, Manager of Policy and Investigations, receiving a plaque of acknowledgement for her services as Acting Registrar from December 2001 to April 2002, from Bill Butler, Past President of the CRTO at the June 13, 2003 Council Meeting.



CRTO Calls for Recognition of Respiratory Therapists in the SARS Crisis

In light of recent media reports regarding SARS and the lack of recognition given to respiratory therapy/respiratory therapists, Mary Bayliss, the CRTO's Professional Practice Advisor, sent this letter to various television and radio stations and national newspapers in mid June.

Dear Editor,

For the past several weeks now many of your readers have learned about how "doctors and nurses" are bravely fighting the SARS battle in Toronto. While I'm happy that our nursing and physician colleagues are being recognized for their efforts, it is very disappointing that the media is not informing the public about all of the other health care professionals that are on the front-line in the effort to control this outbreak. Trust me when I say that hospitals could not function with doctors and nurse alone! This is a fact! Other health care providers such as Respiratory Therapists (NOT technicians), medical laboratory technologists, radiographers, service assistants, housekeeping staff, ECG technicians are but a few examples of the significant number of individuals who are also contributing to the care of patients with SARS.

There are approximately 1800 active, practising Respiratory Therapists in this province. We are a small group with a small voice but our profession has been hit very hard by this crisis. As our name suggests, Respiratory Therapists have been directly involved in the care of SARS patients - helping to assess, treat and monitor the progress of the disease. Contrary to what has been reported recently in the

media, it is more often the Respiratory Therapist who performs the high-risk procedure called "intubation". This procedure involves inserting a breathing tube into a patient's windpipe and then connecting them to a breathing machine called a ventilator. In fact, several Respiratory Therapists have contracted SARS as a result of this high-risk procedure.

While we do not wish to take away or in any way diminish the efforts of our nursing and physician colleagues, we would appreciate it if the media would make an effort to recognize and acknowledge the efforts of all health care professionals and to accurately reflect the roles that each of these professionals play in the health care team.

Thank you for your attention to this matter.

Sincerely,

Mary Bayliss RRT, RRCP, CAE
Professional Practice Advisor
College of Respiratory Therapists of Ontario Ordre Des
Therapeutes Respiratoires de L'Ontario

Update on Privacy Legislation

For almost all respiratory therapists the federal privacy act, the *Personal Information Protection and Electronic Documents Act* (PIPEDA), will take effect this coming January 2004, and respiratory therapists covered by the act will need to have their policies and procedures in place by then. The College is aiming to assist its members in complying with the legislation and there are currently three initiatives that you should be aware of:

1. A practice standards working group of the Federation of Health Regulatory Colleges of Ontario is developing a document to assist members with understanding and implementation of the privacy legislation. We anticipate that the document will be available for CRTO members this fall.
2. The CRTO's legal counsel, Richard Steinecke, has drafted a document entitled, *What Every Respiratory Therapist Needs to Know About Privacy Legislation*, for our members' guidance. The document is posted on the CRTO website. Those members without Internet access can contact Christine Robinson, at ext 21, for a paper copy.
3. Richard Steinecke will be a presenter at a Federation of Health Regulatory Colleges of Ontario seminar on getting ready for the new privacy legislation on November 7, 2003. The seminar will be broadcast live to seven locations throughout the province and will include a step-by-step workbook that will assist respiratory therapists in developing and implementing privacy policies. See the enclosed flyer or visit www.wdysevents.com/privacyseminar for registration details.

registration changes as of May 31, 2003 (since December 15, 2002)

NEW MEMBERS

ABDULRAHMAN, Abdulqadir
AGNEW, Joanne
AGUILAR, Edwin Mauricio
AHMER, Syed J.
ALI, Mohamed Haji-K
ANDERSON, Stacey A.
ANTKOWIAK, Barbara Jadwiga
BASQUE, Julie-Anne
BOLDUC, Patrice
BOUDREAU, Renée Lucille D.
BRYDGES, Christina Louise
BYGDEN, Ingrid M.
CALLISTER, Rachel A.
CHAN, Angela Lai Ping
CHEN, M. Philip James
CHEN, Netty Lulu
CHRISTENSEN,
Christina Elaine
CHRISTIE, Cari Sue
CLOSE, Jada Marie
CLOSE, Megan Hope
COGAN, Pamela
CRAWFORD, Leah
CROMBEZ, Marissa Katherine
CURTIN, Kevin
DAYTON, Jeanette
DE PINTO, Luigi Giovanni
DIAZ, Sheila
DICKINSON, Lisa Michelle
DOBKOWSKI, Leck
DRASOVEAN, Yvonne
FERREIRA, Anabela
FINLAY, Jennifer
FLANNAGAN,
Geoffrey Gordon
FORGUES, Natalie B.
FOWLER, Tara N.
FRENCH, Kelly Lynne
GINTY, Shannon
HARRIS, Kerrie

HUDZIECZKO, Allison E.
HUGHES, Ryan J.
KENT, Jaime Adele
KEYZERS, Matthew K.
KONSTANTAKOS, Stamatina
LABADIE, Tiffany Anne
LAM, Phoebe Ying-Kwun
LAMB, Christina
LAROSE, Lise Marie
LAU, Philip S.
LAVICTOIRE, Melanie D.
LEE, Bianca Ho Yan
LEE, Elisha K.
LI, Diana
LITTLE, Jennifer
MACKIE, Monique Marie
MADDEN, Kelli Kathleen Ann
MARRS, Daphne Antonia K.
MARTIN, Sean Thomas
MCKINLEY, Karen Lori
MENDOZA, Ana Lee
MIDDLETON, Kevin Gordon
MIN, Hae-Jin Gina
NAYLOR, Heather Elizabeth
NG, Marianne
PANCIUK, Lisa J.
PHUNG, Thien Thu Nhat
PIRAINO, Tom
PROWSE, Crystal Gail
PYCOCK, Alison Ashley
QURESHI, Anis
RIVEST, Tara Leanne
ROBIDOUX, Renée
SAARVALA, Jody
SACOUMAN, Nikki Marguerite
SALAMONE, Salvatore
SAMPAIO, Natalie E. (Lita)
SCHIEFER, Karla Maria
SCHMIDT, Joan A.
SCOTT, Jennifer
Leslie Suzanne

SHAPIRO, Andrea G.
STALLAERT, Carol Ann
STANLEY, Sarah Elizabeth
STORTINI, Tammy Lynn
SUTCH, Tara Janelle
WALLIS, Kelly E.

RESIGNED

ADAMS, Daniel V.
AGNEW, Joanne
BUCZEL, Ryan Marcus
CARROLL, Timothy
CORTES, Lisa
DODGE, Robyn B.
FRIEST, Amy Elizabeth
JOHNSTON, Sheila M.
KNUDSEN, John Brooks
KUDLA, Christine
LE, Trang (Jan) Hanh
LEBLANC, Kimberley
MAHEU, David
MERKLEY, Cynthia Elaine
MORNEAULT, Lynne
OAKES, Jennifer Chiemi
PARKER, Cindy J.
WALPOLE, Daniel
WEISS, Karl J.

SUSPENDED DUE TO NON-PAYMENT OF REG. FEES

ASHTON, James
BALEGA, Steve
BISNAUTH, Savitri
BURTON, Penny
FREY, John
GAGNE, Derek

GHANEM, Fayez
HAUGHTON, Katherine
JONES, Patricia
KASUKURTHY, Johnson
LAWLESS, Sandra
LEVAC, Mireille
LEWCZUK, Christine
MACDONALD, Margaret
MACDONALD, Rod
PANZICA, Angelo
SCHARF, Maria
SIMNES, Reg

REVOKED DUE TO REGISTRATION RULES

CAIN, Heather
ELRICK, Linda
GRANT, Sharlene
HARTWIG, Tina
KARUNANITHY,
Kanapathipllai
KENTTALA, Lee-Ann M.
KITKA, John
KRISCHE, Jennifer
MACKAY, JoAnn
MOORE, Penelope
PORCHERON, Darlene
REARDON, Sylvie
ROWE, Derrick F.
SINGH, Onkar
VANKERREBROECK, Deborah
WIJAYANAYAGAM,
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