

# Certification Programs for Advanced Prescribed Procedures Below the Dermis

## PROFESSIONAL PRACTICE GUIDELINE



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

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***As a member of the College of Respiratory Therapists of Ontario, you are professionally accountable to practise in accordance with the standards of practice of the profession. The CRTO uses the phrase "standards of practice" to refer to the legislation, regulations, standards, policies and guidelines that establish practice parameters. This Practice Guideline may, therefore, be used by the CRTO to determine whether appropriate standards of practice and professional responsibility have been met and/or maintained.***

## INTRODUCTION

The *Regulated Health Professions Act* (RHPA) sets out the framework for the regulation of health professions in Ontario. The primary purpose for the regulation of a health profession is to protect the public by ensuring that practitioners meet minimum qualifications and standards of practice. In order to focus on the issue of public protection the RHPA identifies thirteen “controlled acts”. These controlled acts consist of a variety of activities that if performed incorrectly could result in serious harm to the public.

The *Respiratory Therapy Act* (RTA) authorizes respiratory therapists to perform some of the controlled acts. The College recognizes that some controlled acts require greater expertise to perform than others and that incorrect performance of some controlled acts place the public at greater risk of harm than the performance of others. In order to provide the public with adequate protection with respect to the performance of the most serious of the controlled acts that may be performed by respiratory therapists, the College requires that Members performing these controlled acts undergo a certification program.

This guideline is intended to provide direction to Members wishing to perform advanced procedures below the dermis and to individuals who are developing required certification programs in order to ensure that minimum requirements are met.

## WHAT IS AN ADVANCED PRESCRIBED PROCEDURE BELOW THE DERMIS?

One of the controlled acts authorized to respiratory care practitioners is performing a prescribed procedure below the dermis. "Prescribed" in this case means listing the specific procedures in regulation. Part VII of Ontario Regulation (O. Reg) 596/94 sets out the prescribed procedures authorized to respiratory care practitioners as:

1. Basic Procedures:
  - i. Arterial puncture
  - ii. Capillary puncture
  - iii. Tracheostomy tube change for an established stoma
  - iv. Transtracheal catheter change for an established stoma
  
2. Added Procedures:
  - 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
  - vii. Tracheostomy tube change for a fresh stoma that is less than seven days but not less than 24 hours
  - viii. Manipulation or reposition of a cannula balloon
  
3. Advanced Procedures:
  - i. Insertion of a cannula
  - ii. Chest needle insertion, aspiration, reposition and removal
  - iii. Chest tube insertion, aspiration, reposition and removal

You will note that these procedures are separated into three categories — basic, added and advanced. This is the only authorized act that is divided into categories. If you perform procedures in any of the above categories, there are specific requirements that you must fulfil. These requirements are outlined in the regulation (O.Reg 596/94; Part VII), this practice guideline, and the *Interpretation of Authorized Acts Practice Guideline*.

Based on the risk to the public, advanced prescribed procedures below the dermis require significant safeguards to be in place prior to respiratory therapists undertaking the procedures. One of these safeguards is the successful completion of a certification program that has been approved by the Registration Committee of the College.

## WHEN IS A CERTIFICATION PROGRAM REQUIRED?

A Member is required to successfully complete an approved certification program prior to the independent performance of any advanced prescribed procedure below the dermis that respiratory therapists are authorized to perform under Ontario Regulation 596/94, Part VII. These procedures are:

1. Insertion of a cannula\*
2. Chest needle insertion, aspiration, reposition and removal
3. Chest tube insertion, aspiration, reposition and removal

\*Note that insertion of a cannula is limited to the following vessels:

- radial artery
- femoral artery
- brachial artery
- popliteal artery
- post tibial artery
- dorsalis pedis artery
- peripheral vein
- subclavian Vein
- internal jugular vein
- femoral vein
- umbilical artery or vein

## WHEN IS A CERTIFICATION PROGRAM NOT REQUIRED?

Many employers require Members to undergo a certification process prior to performing controlled acts that are not advanced prescribed procedures below the dermis. While there are benefits of such certification to both members and their employers, this certification is at the discretion of each employer. The College does not require Members to have successfully completed a certification program prior to the independent performance of basic and added prescribed procedures as set out in Ontario Regulation 596/94, Part VII or other controlled acts that respiratory therapists are authorized to perform.

## WHICH MEMBERS MAY PERFORM ADVANCED PRESCRIBED PROCEDURES BELOW THE DERMIS?

### **Registered Respiratory Therapists**

(i.e., Holders of a general certificate of registration)

Subject to terms, conditions or limitations on an individual Member's certificate of registration, advanced prescribed procedures below the dermis may be performed by members who hold a valid General certificate of registration only if they have successfully completed an approved certification or re-certification program for each specific procedure within the past two years.

### **Graduate Respiratory Therapists**

(i.e., Holders of a graduate certificate of registration)

Holders of a graduate certificate of registration must not perform advanced prescribed procedures below the dermis even if they have successfully completed an approved certification program.

### **Practical Respiratory Therapists**

(i.e., Holders of a limited certificate of registration)

Advanced prescribed procedures below the dermis may be performed by Members who hold a valid Limited certificate of registration, only if they have successfully completed an approved certification or re-certification program for the specific procedure within the past two years AND they have been individually authorized by the Registration Committee to perform the specific procedure.

## COMPONENTS OF A CERTIFICATION PROGRAM

The College does not wish to limit the flexibility of organizations in designing certification programs that meet their particular needs. At the same time, the College wants to ensure that each organization's unique certification programs contain some standard and minimum components. The following is a description of those components:

1. The member must demonstrate knowledge and clinical competence for all components of each procedure. Competence may not be extrapolated from one body site to another (for example competence to perform radial arterial cannulation does not confer competence to perform femoral arterial cannulation).
2. Before performance of any advanced prescribed procedure below the dermis, there must be an appropriate system in place for instruction, evaluation, ongoing evaluation and documentation of knowledge, skill and abilities/judgement.
3. The Certification Program curriculum must consider:
  - hours of instruction
  - methods of instruction
  - assessment of knowledge and experience
  - ratio of theory to practice experience
4. The Certification Program curriculum content must include:
  - objectives
  - nature and purpose of procedure
  - conditions specific to the individual institution/facility, under which the procedure is to be performed
  - associated anatomy, physiology, pathophysiology and pharmacology
  - indications and contraindications
  - risk factors and potential complications, management of complications
  - technique - demonstration, supervised training, skill evaluation
5. The Member must be certified and periodically re-certified for each procedure. The re-certification must take place at least every 2 years. The certification and re-certification process must include a demonstration of competency and may include a review of related experience, verbal and/ or written evaluation of knowledge.

## OBTAINING APPROVAL FOR A CERTIFICATION PROGRAM

### PLEASE NOTE:

To better meet the needs of patients and our Members the College has developed **Clinical Best Practice Guidelines (CBPG)** that can be utilized as the learning package component for certification programs of the following procedures:

- Radial & Femoral Artery Cannulation
- Peripheral & Femoral Vein Cannulation
- Umbilical Artery & Vein Cannulation
- Chest Needle & Chest Tube Insertion (aspiration, reposition and removal)

If submitting a certification package for any of the above procedures, you may follow method A or B as described below:

- A. Follow the established process of submitting to the CRTO a certification program/process that you have developed based on the criteria outlined in the previous section “Components of a Certification Program”.

**or**

- B. Utilize one of the above CRTO Clinical Best Practice Guidelines as the learning package and append your facilities policy for the procedure.

### Step for A

1. Complete the Checklist A for the Performance of Advanced Prescribed Procedures below the Dermis by Members of the CRTO which is available on our Web site under Professional Practice Guidelines.
2. Submit to the CRTO’s Professional Practice Advisor (either by mail or electronically) the following:
  - The completed Checklist A,
  - The Learning Package that you have developed, and
  - Your facilities’ Policy for the procedure.

### Step for B

1. Complete the Checklist B for the Performance of Advanced Prescribed Procedures Below the Dermis by CRTO Members of the CRTO” which is also available on our Web site under Professional Practice Guidelines.
2. Submit to the CRTO’s Professional Practice Advisor (either by mail or electronically) the following:
  - The completed Checklist B, and
  - your facilities’ Policy for the procedure.

## RECORD KEEPING

### **Institution**

Each organization that has obtained approval for a certification program must retain a complete copy of the program along with a record of the date it was implemented. Each subsequent version of a certification program must go through the College's approval process and be retained along with previous versions.

### **Member**

Members must keep documentation related to certification and re-certification processes in their professional portfolio. Members are required to keep this documentation for the duration of their professional career.

### Important points to consider...

- Please note that if you are submitting a certification package for any vessel **other** than those covered in the CRTO CBPGs listed on page 5, you must follow **process A** and develop your own package for submission.
- The CBPGs **do not** affect any certification programs that have already been approved by the CRTO. However, you may want to review the relevant CBPGs to see if there is anything in your certification program that could be updated.
- If you are making significant revisions to your existing packages, you need to contact the Professional Practice Advisor at the CRTO to see if it will need to be re-submitted.
- Health care practices are constantly evolving. It is up to you as a professional to keep up-to-date in current practice standards. Please contact the CRTO if you notice anything in our practice guidelines that might need revising.
- Any additional training or credentials that you may obtain (e.g., Anaesthesia Assistant) does not alter the fact that in order to perform these procedures, you still need to complete a CRTO approved certification program for advance prescribed procedures below the dermis.
- It is an expectation that the RT ensures that the learning package they are using has been approved by the CRTO, and the employer's policy governing the procedure has received final organizational approval **prior to beginning the process of certification.**

## Checklist A

### For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO

**Please note:** a separate form must be completed and submitted for each procedure.

<b>Contact Information:</b>	
Facility	
Address	
Contact Person	
Telephone	Fax
E-mail Address	
<b>Procedure:</b>	
<b>Insertion of cannula:</b>	
<input type="checkbox"/> radial artery	<input type="checkbox"/> dorsalis pedis artery
<input type="checkbox"/> brachial artery	<input type="checkbox"/> femoral artery
<input type="checkbox"/> popliteal artery	<input type="checkbox"/> peripheral vein
<input type="checkbox"/> post tibial artery	<input type="checkbox"/> umbilical artery or vein
<input type="checkbox"/>	<input type="checkbox"/> femoral vein
<input type="checkbox"/>	<input type="checkbox"/> subclavian vein
<input type="checkbox"/>	<input type="checkbox"/> internal jugular vein
<input type="checkbox"/> Chest needle insertion, aspiration, reposition and removal	
<input type="checkbox"/> Chest tube insertion, aspiration, reposition and removal	
<b>Patient Population:</b>	
<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric
<input type="checkbox"/>	<input type="checkbox"/> Neonatal
<b>Submission:</b>	
<input type="checkbox"/> Initial	
<input type="checkbox"/> Revision to an approved program	
Date of Previous submission (if applicable): _____	
<b>Authorization:</b>	
<input type="checkbox"/> The procedure is an advanced procedure below the dermis as defined by O. Reg 596/94, Part VII.	
<input type="checkbox"/> The procedure is authorized by the CRTO for performance by Respiratory Therapists.	
<input type="checkbox"/> The procedure is being performed by members of the CRTO who are permitted to perform advanced prescribed procedures (ie. General certificate of registration).	

**Checklist A - For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO (continued)**

<p><b>Curriculum:</b></p> <ol style="list-style-type: none"> <li>1. The certification curriculum considers the following:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Hours of instruction</li> <li><input type="checkbox"/> Methods of instruction</li> <li><input type="checkbox"/> Assessment of knowledge and experience</li> </ul> </li> <li>2. The certification curriculum content includes:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Performance based objectives</li> <li><input type="checkbox"/> Nature of purpose of the procedure</li> <li><input type="checkbox"/> Conditions specific to the individual institution/facility under which the procedure is to be performed</li> <li><input type="checkbox"/> Associated anatomy, physiology, pathophysiology and pharmacology</li> <li><input type="checkbox"/> Indications and contraindications</li> <li><input type="checkbox"/> Risk factors and potential complications</li> <li><input type="checkbox"/> Management of complications</li> <li><input type="checkbox"/> Technique - demonstration, supervised training, skill evaluation</li> </ul> </li> </ol>
<p><b>Quality Assurance:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The initial certification process requires the member to demonstrate that he/she possesses the appropriate clinical competence for all components of the procedure.</li> <li><input type="checkbox"/> The certification process has a system for initial instruction, evaluation and re-evaluation (re-certification).</li> <li><input type="checkbox"/> A re-certification (minimum schedule of every 2 years) process is in place that includes a hands-on demonstration of competence and may include a review of related experience and a verbal/written evaluation of knowledge.</li> </ul>
<p><b>Records:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The process identifies the individual(s) within the institution who is (are) responsible for certifying and re-certifying those members performing the procedure.</li> <li><input type="checkbox"/> Records of instruction, certification and re-certification are maintained and retained by the institution.</li> </ul>
<p><b>Name:</b> _____ <b>Title:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>

## Checklist B

### For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO

**Please note:** a separate form must be completed and submitted for each procedure.

<b>Contact Information:</b>	
Facility	
Address	
Contact Person	
Telephone	Fax
E-mail Address	
<b>Procedure:</b>	
<b>Insertion of cannula:</b>	
<input type="checkbox"/> radial artery	<input type="checkbox"/> umbilical artery
<input type="checkbox"/> femoral artery	<input type="checkbox"/> umbilical vein
<input type="checkbox"/> peripheral vein	<input type="checkbox"/> femoral vein
<input type="checkbox"/> Chest needle insertion, aspiration, reposition and removal	
<input type="checkbox"/> Chest tube insertion, aspiration, reposition and removal	
<b>Patient Population:</b>	
<input type="checkbox"/> Adult	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Neonatal	
<b>Submission:</b>	
<input type="checkbox"/> Initial	
<input type="checkbox"/> Revision to an approved program	
Date of Previous submission (if applicable): _____	
<b>Authorization:</b>	
<input type="checkbox"/> The procedure is being performed by members of the CRTO who are permitted to perform advanced prescribed procedures (ie. General certificate of registration).	

**Checklist B - For the Performance of Advanced Prescribed Procedures Below the Dermis by Members of the CRTO (continued)**

**Curriculum:**

1. The certification curriculum considers the following:

- Hours of instruction
- Methods of instruction
- Assessment of knowledge and experience

**Quality Assurance:**

- The initial certification process requires the member to demonstrate that he/she possesses the appropriate clinical competence for all components of the procedure.
- The certification process has a system for initial instruction, evaluation and re-evaluation (re-certification).
- A re-certification (minimum schedule of every 2 years) process is in place that includes a hands-on demonstration of competence and may include a review of related experience and a verbal/written evaluation of knowledge.

**Records:**

- The process identifies the individual(s) within the institution who is (are) responsible for certifying and re-certifying those members performing the procedure.
- Records of instruction, certification and re-certification are maintained and retained by the institution.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**

**GLOSSARY**

<b>authority/authorizes</b>	the right to act — usually related to terms, limitations or conditions imposed on a certificate of registration — individually specified (by a Committee panel) or related to an entire class of certificates of registration (specified by Council or a Committee panel)
<b>authorized act</b>	a controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are 4 acts authorized to respiratory care practitioners by the <i>Respiratory Therapy Act</i> , that are created from 3 controlled acts defined in the RHPA]
<b>College</b>	College of Respiratory Therapists of Ontario
<b>competence</b>	having the requisite knowledge, skills and judgement/abilities to perform the procedure
<b>controlled act</b>	one of 13 acts defined in the RHPA [section 27(2)] when it is performed "with respect to an individual"
<b>CRTO</b>	College of Respiratory Therapists of Ontario
<b>Member</b>	a Member of a regulatory college under the RHPA
<b>O.Reg</b>	for the purposes of this practice policy statement, refers to regulations made under the Respiratory Therapy Act
<b>professional portfolio</b>	an on-going collection of information and documentation that is mandated by the Quality Assurance Program
<b>respiratory care</b>	equivalent to respiratory therapy
<b>Respiratory Therapist</b>	a member of the CRTO
<b>RHPA</b>	<i>Regulated Health Professions Act</i>
<b>RTA</b>	<i>Respiratory Therapy Act</i>



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This practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this practice guideline are welcome and should be addressed to:

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