

Interpretation of Authorized Acts

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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*The words and phrases denoted by **bold** lettering can be cross referenced in the Glossary at the end of the document.*

INTRODUCTION

THE LEGISLATION: CONTROLLED ACTS, AUTHORIZED ACTS & REGULATIONS

Controlled Acts

The [Regulated Health Professions Act](#) (RHPA) identifies thirteen **controlled acts** that pose significant risk of harm to the public of Ontario [RHPA section 27(2)]. These acts may only be performed by the regulated health professionals who are authorized by their profession specific Acts. The self-governing health professions (regulated health professions) are identified in the RHPA (RHPA schedule 1).

There are 2 situations whereby an individual may, under certain situations and circumstances, perform a controlled act procedure in the absence of having that **authority** granted to them as a regulated health care professional.

1. **“Exceptions”** The RHPA identifies certain “exceptions” to performing controlled act procedures, where any individual may perform controlled acts even if they do not have the necessary authority to do so. These exceptions are specifically defined by the RHPA and are discussed in detail in the context of the scope of practice of Respiratory Therapy and in this professional practice guideline (see section; Exceptions)
2. **“Delegation”** In this case, authority to perform a controlled act is obtained through the process of delegation from a regulated health professional who has the authority to perform the controlled act to another person (regulated or unregulated) who does not have this authority (see the Professional Practice Guideline: [Delegation of Controlled Acts](#))

Authorized Acts

The [Respiratory Therapy Act](#) (RTA) is the profession-specific legislation that lists the five controlled acts authorized to Respiratory Therapists (RTs) in Ontario. These five controlled acts are referred to as the profession’s **authorized acts** and are listed in TABLE 1.

Regulations under the RTA

The College of Respiratory Therapists of Ontario (CRTO) recognizes that some authorized acts to RTs require greater expertise to perform than others, and that incorrect performance of these controlled acts may place the public at greater risk of harm than the performance of others. As such, additional legislation known as **regulations** have been put in place by the College under the RTA. The regulations further define the criteria required to be met by RTs before they carry out these authorized acts (and procedures associated with them) in their practice. When procedures and/or other criteria are specifically defined in regulations, they are referred to as being **prescribed**. The authorized acts of “*performing prescribed procedure below the dermis*” and “*administering a prescribed substance by inhalation*” are two authorized acts to RTs that are further defined in regulations.¹ (see Professional Practice Guideline: [Certification Programs for Prescribed Procedures Below the Dermis](#).)

The Public Domain

E.g. Administering an Oral Medication
E.g. Spirometry
E.g. Assisting a patient to ambulate

If a procedure is not a controlled act, then it is considered to be in the **public domain** and may be performed by anyone whether they are regulated or not. As a regulated health professional however, you must adhere to the accepted standards of practice while performing activities that fall within the public domain.

Summary

The role of the College is to administer the [Regulated Health Professions Act](#) and the [Respiratory Therapy Act](#) to ensure that Respiratory Therapy services provided to the public by its Members are delivered in a safe and ethical manner. TABLE 1: *Controlled Acts, Authorized Acts and Regulations* summarizes the legislation related to the thirteen controlled acts defined by the RHPA, the five authorized acts defined by the RTA, and the CRTO regulations associated with these authorized acts. Together these pieces of legislation govern the practice of Respiratory Therapy in Ontario.

¹ Although the RTA has been amended to include the fifth authorized act “administering a prescribed substance by inhalation”, at the time of publication of this document (February, 2011) the prescribed substances have not yet been listed in regulation. As such, RTs do not yet have the authority to independently “administer prescribed substances by inhalation”. At this time, RTs must continue to obtain the authority to “administer substances by inhalation” (including oxygen) via orders and/or medical directives.

TABLE 1: Controlled Acts, Authorized Acts and Regulations

(Note: **Exceptions** to performing controlled acts are described below this table)

CONTROLLED ACTS RHPA	IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?	IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?
<p>1. Communicating to the individual or his/her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his/her personal representative will rely on the diagnosis.</p>	<p>No.</p>	<p>Delegation (see PPG Delegation of Controlled Acts)</p>
<p>2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.</p>	<p>Yes, partial.</p> <p>The RTA states: #1. Performing a prescribed procedure below the dermis.</p> <p>Ont. Reg. 596/94 Part VII - <i>Prescribed Procedures</i> applies to this authorized act.</p> <p>This regulation outlines which procedures below the dermis an RT can perform, and under what circumstances. (see PPG Certification Programs for Advanced Prescribed Procedures Below the Dermis)</p>	
<p>3. Setting or casting a fracture of a bone or a dislocation of a joint.</p>	<p>No</p>	<p>Not within scope of practice of RT.</p>
<p>4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.</p>	<p>No</p>	<p>Not within scope of practice of RT.</p>

TABLE 1: Controlled Acts, Authorized Acts and Regulations (continued)

CONTROLLED ACTS RHPA	IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?	IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?
<p>5. Administering a substance by injection or inhalation.</p>	<p style="text-align: center;">Yes.</p> <p>The RTA states: #4. Administering a substance by injection or inhalation.</p> <p>Note: There are no regulations that define which substances an RT can administer by injection or inhalation however, RTs are accountable to acting within their scope of practice and according to the standards of practice of the profession. (see Position Statement Scope of Practice and Maintenance of Competency). RTs also require an order from one of the four regulated health professionals specified in the Act to administer a substance (see PPG</p>	
	<p style="text-align: center;">Yes.</p> <p>The RTA states: #5. Administering a prescribed substance by inhalation.</p> <p>Note: Although the RTA has been amended to include this authorized act, at the time of publication of this document (February 2011) the prescribed substances have not yet been listed in regulation. As such, RTs do not yet have the authority to independently “administer prescribed substances by inhalation”.</p> <p>RTs must continue to obtain the authority to “administer substances by inhalation” (including oxygen) via orders and/or medical directives until the prescribed substances have been listed in the regulation.</p>	

TABLE 1: Controlled Acts, Authorized Acts and Regulations (continued)

CONTROLLED ACTS RHPA	IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?	IF THE CONTROLLED ACT IS <u>NOT</u> AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?
<p>6. Putting an instrument, hand or finger,</p> <ul style="list-style-type: none"> i. beyond the external ear canal, ii. beyond the point in the nasal passages where they normally narrow, iii. beyond the larynx, iv. beyond the opening of the urethra, v. beyond the labia majora, vi. beyond the anal verge, or vii. into an artificial opening into the body. 	<p style="text-align: center;">Yes, partial.</p> <p>The RTA states: #2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.</p>	<p>Delegation required for other parts of acts.</p>
	<p style="text-align: center;">Yes.</p> <p>The RTA states: #3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.</p> <p>(see PPG Orders for Medical Care)</p>	
<p>7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.</p>	<p>No</p>	<p>Delegation</p>
<p>8. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.</p>	<p>No</p>	<p>Not within scope of practice of RT.</p>
<p>9. Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.</p>	<p>No</p>	<p>Delegation of Dispensing only.</p> <p>(see PPG Dispensing Medications)</p>

TABLE 1: Controlled Acts, Authorized Acts and Regulations (continued)

CONTROLLED ACTS RHPA	IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?	IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?
10. Prescribing a hearing aid for a hearing impaired person.	No	Not within scope of practice of RT.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.	No	Not within scope of practice of RT.
12. Managing labour or conducting the delivery of a baby.	No	Not within scope of practice of RT.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.	No	Delegation

EXCEPTIONS TO THE LEGISLATION

According to the RHPA, no one is allowed to perform a controlled act in providing health care services to an individual unless the person is authorized by a health profession act (e.g. Respiratory Therapy Act) to perform the controlled act, the act has been properly delegated to them or, unless there is an exception to performing the controlled act under the RHPA. The exceptions as listed in the RHPA are:

EXCEPTION #1: Giving first aid or temporary assistance in an emergency. You may perform a controlled act in giving first aid provided you have the competency (knowledge, skills and judgement) to perform the procedure.

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

EXCEPTIONS TO THE LEGISLATION (continued)

(EXCEPTION #2 continued)

(Students do not require delegation to perform controlled acts provided they are enrolled in a program to become Respiratory Therapists, the controlled act is within the Respiratory Therapy scope of practice AND a member of the College is supervising or directing them.)

EXCEPTION #3: Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment. If you are performing a controlled act in treating a person by prayer or spiritual means in accordance with the principles of your religion you do not need to have the act delegated to you.

EXCEPTION #4: treating a member of the person's household and the act is controlled act 1, 5 or 6 (*as numbered in the RHPA*):

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

#5 Administering a substance by injection or inhalation;

#6 Putting an instrument, hand or finger;

- beyond the external ear canal,
- beyond the point in the nasal passages where they normally narrow,
- beyond the larynx,
- beyond the opening of the urethra,
- beyond the labia majora,
- beyond the anal verge, or
- into an artificial opening into the body.

EXCEPTION #5: Assisting a person with his or her routine activities of living and the act is controlled act 5 or 6 (*as numbered in the RHPA*). The acts that may be performed when assisting an individual with his or her activities of daily living are:

#5 Administering a substance by injection or inhalation,

#6 Putting an instrument, hand or finger;

- beyond the external ear canal,
- beyond the point in the nasal passages where they normally narrow,
- beyond the larynx,
- beyond the opening of the urethra,
- beyond the labia majora,
- beyond the anal verge, or
- into an artificial opening into the body.

SCOPE OF PRACTICE

The intent of the RHPA is to provide a regulatory framework that protects the public while at the same time remains flexible and allows for the evolution of the professions. Each profession's specific Act identifies which of the controlled acts are authorized to them and contains a broad scope of practice statement. The controlled acts model recognizes that there are overlapping scopes of practice among various professions.

The scope of practice outlined in the *Respiratory Therapy Act* (RTA) is intended to be interpreted in a broad manner and states:

The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation. [RTA section 3]

In terms of the controlled acts, this means that RTs, subject to any terms, conditions or limitations imposed on their individual certificates of registration (see Professional Practice Guideline: [Registration and Use of Title](#)), may perform any of the authorized acts to RTs (and any procedures associated with these acts), in the course of engaging in the practice of Respiratory Therapy, as long as they have the authority to do so.

Consider the following examples that describe when an RT may be acting within versus outside of their scope of practice.

Administering epinephrine by injection to treat an allergic reaction is considered practicing within the scope of Respiratory Therapy.

Administering a local anaesthesia by injection to an individual's foot in order to assist a Chiropractor to perform an elective procedure may be considered practicing outside the scope of Respiratory Therapy.

Both of these situations involve the controlled act "administering a substance by injection" which is an authorized act for RTs, however, while treating an allergic reaction falls within an RTs scope of practice, elective pain relief for foot care does not.

SCOPE OF PRACTICE (continued)

While the scope of practice as defined by the RTA is broad, each RT should take the time to reflect on their individual scope of practice that is influenced by elements such as where they work and their job responsibilities that require specific competencies (knowledge, skills, judgement and abilities). It is within this individual scope that RTs should limit their practice to ensure that they are competent, accountable and can provide safe and ethical patient care. For more information about acting within your scope of practice and expanding scope of practice, the College has developed a Position Statement entitled [Scope of Practice & Maintenance of Competency](#) to support you.



Authority and Authorizing Mechanisms (Direct Orders and Medical Directives)

The RTA authorizes RTs to perform five controlled acts, three of the acts require additional **authorizing mechanisms** such as **orders** or **medical directives**.

RTA	ORDER/MEDICAL DIRECTIVE REQUIRED?
#1. Performing a prescribed procedure below the dermis.	Yes
#2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.	Yes
#3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.	No
#4. Administering a substance by injection or inhalation.	Yes
#5. Administering a prescribed substance by inhalation.	No

The RTA s 5(1) states that RTs require an order from one of the following regulated health care professionals² before they perform authorized acts:

- (a) *a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;*
- (b) *a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or*
- (c) *a member of a health profession that is prescribed by regulation. 1998, c. 18, Sched. G, s. 44 (3).*

Specific guidance regarding orders and medical directives can be found in the Professional Practice Guideline: [Orders for Medical Care](#) and the Position Statement: [Medical Directives and the Ordering of Controlled Acts](#) respectively.

² The practice of other Regulated Health Care Professionals such as Midwives and Nurses of the Extended Class are governed by their own legislation and standards of practice. For more information on the practice of these authorizing practitioners, please visit their respective College websites. A complete list of Health Regulatory Colleges can be found on the [Federation of Health Regulatory Colleges of Ontario's](#) website.)

Other Legislation

It is a standard of practice that RTs practice within the ethical and legislative framework that influence the practice of Respiratory Therapy. In other words, you must ensure that you satisfy any other legislative requirements regarding the authority to perform controlled acts, authorized acts and procedures that may be required by your practice setting for example, the *Public Hospitals Act* or the *Independent Health Facilities Act*.

Employers and Authority

Your employer may have policies related to your authority to perform procedures including controlled acts, authorized acts and acts that fall within the public domain. If your employer's policies are more restrictive than the College's requirements— you should abide by your employer's policies. Where your employer's policies are more permissive than the requirements of the College — you must adhere to the requirements of the College.

Summary

When considering whether or not an activity should be performed, Members can be guided by asking questions related to these key areas:

1. Is it clinically appropriate, i.e., in the best interest of the patient?
2. Is it within the scope of practice of Respiratory Therapy?
3. Is it within my individual scope of practice?, i.e., Do I have the requisite competencies (knowledge, skills & abilities) to undertake the activity?
4. Does my certificate of registration permit me to perform it?
E.g., Do you hold the type of certificate of registration required and there are no terms, conditions, or limitations on your certificate of registration preventing your performance of the procedure
5. Is it a controlled act or within the public domain?
6. If the activity is a controlled act, am I legislatively authorized to perform the activity or do I require delegation?
7. Do I have the authority? Are authorizing mechanisms in place to enable my practice? Is an order required and does my employer have a policy by which I have the authority to perform it?

PROCEDURES AND SKILLS INCLUDED IN THE CONTROLLED ACTS AUTHORIZED TO RESPIRATORY THERAPISTS

The following list of the skills and procedures that are included in the five authorized acts will assist you in understanding the types of procedures and skills that Members of the College may perform. All five authorized acts may be performed on adult, pediatric and neonatal populations. You are accountable to the standards of practice of the profession.

Authorized Act #1 - Performing a prescribed procedure below the dermis.

The first controlled act authorized to Respiratory Therapists is *performing a prescribed procedure below the dermis*. Recall, “prescribed” in this case means listed in regulation.

Part VII of Ontario Regulation 596/94 lists the procedures included under the controlled act of “*performing a prescribed procedure below the dermis*” and separates them into three categories: basic, added and advanced. This is the only authorized act that has categories within it. The categories are based on the potential for harm and each successive category has additional requirements in place as safeguards. You must adhere to these requirements when you perform the procedures in the different categories.

1. Basic Procedures

The basic procedures are:

- a) ***Arterial puncture***
- b) ***Capillary puncture***
- c) ***Tracheostomy tube change for an established stoma***
You may change a tracheostomy tube when the stoma has been in place for more than seven days.
- d) ***Transtracheal catheter change for an established stoma***
You may change a transtracheal catheter when the stoma has been in place for more than seven weeks.

2. Added Procedures

The added procedures are:

- a) ***Removal of a cannula***
You may remove a cannula or line from arteries and veins
- b) ***Manipulation or repositioning of a cannula***
You may manipulate or reposition a cannula or line that is already in place. You may also manipulate or reposition the following types of cannulae that are already in place for example:
 - ECMO cannula
 - cardiac bypass cannula
 - auto-transfusion cannula

**PROCEDURES AND SKILLS INCLUDED IN THE CONTROLLED ACTS
AUTHORIZED TO RESPIRATORY THERAPISTS (continued)**

- c) **Aspiration from a cannula**
You may aspirate air or bodily fluid from a cannula that is already in place. You may also aspirate air or bodily fluid from the following types of cannulae that are already in place for example:
- ECMO cannula
 - cardiac bypass cannula
 - auto-transfusion cannula
- d) **Venipuncture**
You may perform venous punctures to obtain blood, including scalp veins in infants.
- e) **Suturing to secure indwelling cannulae**
You may suture to secure a cannula that is in place in an artery or vein and may suture an ECMO cannula that is in place. You may also remove sutures.
- f) **Transtracheal catheter change for a fresh stoma**
You may change a transtracheal catheter for a stoma that is less than seven weeks
- g) **Tracheostomy tube change for a fresh stoma**
You may change a tracheostomy tube for a stoma that is more than 24 hours and less than seven days old, provided you perform the procedure in a health care facility where a physician is available to appropriately intervene in the treatment of any complications arising from the procedure. You must not change a tracheostomy tube in a stoma that is less than 24 hours old.
- h) **Manipulation or reposition of a cannula balloon**
You may manipulate or reposition a Pulmonary Capillary Wedge Pressure (PCWP) balloon to determine wedge pressure or to unwedge a wedged balloon. You may manipulate or reposition an Intra Aortic Balloon Pump (IABP) balloon to adjust mechanical cardiac assistance or to reposition the balloon in life-threatening situations (e.g. IABP balloon in aortic valve).

3. Advanced Procedures

Recall, 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.

*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

PROCEDURES AND SKILLS INCLUDED IN THE CONTROLLED ACTS AUTHORIZED TO RESPIRATORY THERAPISTS (continued)

The advanced procedures are:

a) ***Insertion of a cannula***

You may insert a cannula into arteries and vein.

b) ***Chest needle insertion, aspiration, reposition and removal***

You may insert, aspirate from and reposition a needle in the chest cavity when there is a life-threatening air leak. You may remove a needle from the chest cavity.

c) ***Chest tube insertion, aspiration, reposition and removal***

You may insert, aspirate from, reposition and remove a chest tube.

Which Members may perform advanced prescribed procedures below the dermis?

Registered Respiratory Therapists (RRT)

(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 (GRT)

(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 (PRT)

(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.

TABLE 2: WHO CAN PERFORM PRESCRIBED PROCEDURES BELOW THE DERMIS?

This table summarizes which members may perform which procedures.

PROCEDURE / CERTIFICATE	GENERAL (RRT)	GRADUATE (GRT)	LIMITED (PRT)
Basic Procedures: <ul style="list-style-type: none"> • Arterial puncture • Capillary puncture • Tracheostomy tube change - established stoma • Transtracheal catheter change - established stoma 	may perform	may perform	may perform if authorized by the Registration Committee
Added Procedures: <ul style="list-style-type: none"> • Removal of a cannula • Manipulation or repositioning of a cannula • Aspiration from a cannula • Venipuncture • Suturing to secure indwelling cannulae • Transtracheal catheter change - fresh stoma (< seven weeks) • Tracheostomy tube change - fresh stoma (> 24 hours and < seven days) • Manipulation or reposition of a cannula balloon 	may perform	may perform if authorized by the Registration Committee	may perform if authorized by the Registration Committee
Advanced Procedures: <ul style="list-style-type: none"> • Insertion of a cannula • Chest needle insertion, aspiration, reposition and removal • Chest tube insertion, aspiration, reposition and removal 	may perform only if an approved certification program is successfully undertaken*	may not perform	may perform only if an approved certification program is successfully undertaken AND specifically authorized by the Registration Committee*

* The certification program must be pre-approved by the Registration Committee of the College and you must successfully complete recertification at least every twenty four months.

Authorized Act #2 - Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.

The second controlled act authorized to RTs is “*intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.*” “Beyond the larynx” is interpreted by the CRTO as **at or below** the level of the larynx whether you are referring to the airway or the esophagus including access by oral, nasal and artificial opening routes.

For example, you may perform:

- Endotracheal intubation, including nasal, oral, retrograde and bronchoscopic assisted techniques
- Laryngeal mask insertion
- Nasogastric tube insertion and the insertion of specially designed nasogastric tubes with EMG electrodes that cross the diaphragm for the purpose of Neurally Adjusted Ventilatory Assist (NAVA)
- Nasal airway insertion
- Esophageal obturator insertion
- Feeding tube insertion
- Transesophageal balloon insertion

Authorized Act #3 - Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.

The third controlled act authorized to RTs is “*suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.*” Beyond the larynx is interpreted as **at or below** the level of the larynx whether you are referring to the airway or the esophagus including access by oral, nasal and artificial opening routes.

You may perform suctioning, including nasopharyngeal, tracheal, nasogastric, and bronchoscopic. The *Respiratory Therapy Act* does not require an order for this authorized act, however, other pieces of legislation may have an impact on whether or not an order is required. In addition, you must comply with your employer’s policies and procedures regarding suctioning.

Authorized Act #4 - Administering a substance by injection or inhalation.

The fourth controlled act authorized to RTs is *administering a substance by injection or inhalation*

1. You may administer the following substances by Inhalation:
 - Liquid
e.g., surfactant, xylocaine, or epinephrine instillation
 - Powder
e.g., Turbuhaler™, Diskus™

Authorized Act #4 - Administering a substance by injection or inhalation (continued)

- Aerosol
e.g., wet nebulization, bronchodilators, narcotics, antibiotics, bronchoprovocators (methacholine)
- Gas
 - a) anesthetic e.g. nitrous oxide
 - b) non anesthetic e.g. oxygen, heliox, nitric oxide, compressed air
 - c) specialized e.g. carbon monoxide, helium, nitrogen
 - d) pressurized e.g. invasive and non-invasive positive pressure ventilation (including CPAP, bilevel positive airway pressure and hyperbaric oxygen)
- Vapour
e.g., anesthetic agents such as isofurane, sevoflurane, desflurane
e.g., water

2. You may administer substances by injection, including:

- Intravascular – direct, below drip chamber, above drip chamber, under pressure
e.g., D5W, Normal Saline, Ringers Lactate, blood products
- Intramuscular
e.g., Vaccines, Vitamin K, Narcan, Epinephrine
- Intradermal
e.g., TB test
- Sub-cutaneous
e.g., Xylocaine, Heparin

Authorized Act #5 - Administering a prescribed substance by inhalation.

The fifth controlled act authorized to Respiratory Therapists is “*administering a prescribed substance by inhalation.*” Recall, “prescribed” in this case means listed in regulation.

Although the RTA has been amended to include the fifth authorized act “*administering a prescribed substance by inhalation,*” at the time of publication of this document (February 2011) the prescribed substances had not yet been listed in regulation. As such, RTs do not have the authority to independently “*administer prescribed substances by inhalation.*” RTs must continue to obtain the authority to administer substances by inhalation (including oxygen) via orders and/or medical directives at this time.

For clarification about procedures or activities that are not listed in this guideline, please contact the College.

GLOSSARY (Suggested Definitions)

Authority	The authority to perform procedures within existing legislative frameworks. Legislative authority includes orders, directives and delegation. Setting-specific authority includes assignments, role description, privileges and the like.
Authorized Act	A controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are five acts authorized to Respiratory Therapists by the <i>Respiratory Therapy Act</i> , that are created from 3 controlled acts defined in the RHPA]
Authorizing Mechanisms	Orders, directives and delegation are authorizing mechanisms used to sanction and enable performance of procedures where such sanctioning is required by law, practice convention or circumstances.
Controlled Act	One of 13 acts defined in the RHPA [section 27(2)] when it is performed "with respect to an individual".
Delegation	Under the RHPA delegation is not specifically defined, but is understood to be a process whereby a regulated health professional authorized to perform a controlled act procedure under a health profession Act confers that authority to someone - regulated or unregulated - who is not so authorized. (see PPG Delegation of Controlled Acts)
Exception	The exceptions under the RHPA identify specific circumstances when orders and delegation are not required for the performance of controlled act procedures. Some facilities and institutions may choose to require orders for these controlled acts as a further patient safety measure.
Medical Directive	A medical order for a range of patients who meet certain conditions.
Member	A member/registrant of a regulatory college under the RHPA.

GLOSSARY (Continued)

Orders	An order is a direction from a regulated health professional with legislative ordering authority that permits performance of a procedure by another. There are two types of orders: Direct Orders and Medical Directives
Prescribed	“Prescribed” means listed in the regulations.
Public Domain	Activities that are not controlled acts fall into the public domain.
Regulation	Rules and regulations of general validity which are formally adopted and proclaimed by formal legislative or jurisdictional bodies (including case law).

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College of Respiratory Therapists of Ontario
Ordre des thérapeutes respiratoires de l'Ontario

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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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