Interpretation of Authorized Acts

PROFESSIONAL PRACTICE GUIDELINE

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO
Professional Practice Guideline

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

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

It is important to note that employers may have policies related to an RT’s authority to perform certain procedures; including controlled acts, authorized acts and acts that fall within the public domain. If an employer’s policies are more restrictive than the CRTO’s expectations, the RT must abide by the employer’s policies. Where an employer’s policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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Introduction

The Legislation: Controlled Acts, Authorized Acts and Regulations

Controlled Acts

The *Regulated Health Professions Act, 1991* (RHPA) identifies 13 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 care professionals who are authorized by their profession specific Acts. The self-governing health care professions (regulated health care professions) are identified in the *RHPA* (RHPA schedule 1).

There are two situations when an individual may, under certain situations and circumstances, perform a controlled act procedure without having 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 this Professional Practice Guideline (PPG) in the context of the scope of practice of respiratory therapy (see section entitled Exceptions to the Legislation, page 10)

2. **“Delegation”** In this case, a health care professional (regulated or unregulated) who does not have the legislated authority to perform a specific controlled act can obtain authority from a regulated health care professional who does through a delegation process. For more information, please see the Delegation of Controlled Acts PPG.

Authorized Acts

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

Despite the authorization granted to Rts by the RHPA and the RTA, all Respiratory Therapists must abide by the Terms, Limits and Conditions on their certificate of registration, and not practice beyond their competence.
Regulations under the RTA

The College of Respiratory Therapists of Ontario (CRTO) recognizes that some acts authorized 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. To address this, additional legislation known as regulations have been put in place by the CRTO 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 procedures below the dermis” and “administering a prescribed substance by inhalation” are two authorized acts to RTs that are further defined in regulations. [For more information, please see the Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG and the Oxygen Therapy Clinical Best Practice Guideline (CBPG)].

The Public Domain

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

Examples of tasks that are part of the Public Domain:
- Administering an oral medication;
- Spirometry (with no bronchodilators)

Summary

The role of the CRTO 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 13 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.
**TABLE 1: Controlled Acts, Authorized Acts and Regulations**

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

<table>
<thead>
<tr>
<th>CONTROLLED ACTS UNDER THE RHPA</th>
<th>IS THIS CONTROLLED ACT AUTHORIZED TO RTS UNDER THE RTA?</th>
<th>IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTS, HOW CAN RTS PERFORM THIS CONTROLLED ACT?</th>
</tr>
</thead>
</table>
| 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 of his/her personal representative will rely on the diagnosis. | No. | Delegation  
(Please see Delegation of Controlled Acts PPG) |
| 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. | Yes, Partially.  
The RTA states:  
#1. Performing a prescribed procedure below the dermis.  
O. Reg. 596/94 Part VII - Prescribed Procedures applies to this authorized act. This regulation outlines which procedures below the dermis an RT can perform, and under what circumstances. (Please see Certification Programs for Advanced Prescribed Procedures Below the Dermis PPG) | |
<table>
<thead>
<tr>
<th><strong>CONTROLLED ACTS UNDER THE RHPA</strong></th>
<th><strong>IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?</strong></th>
<th><strong>IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.</td>
<td>No.</td>
<td>Not within scope of practice of Respiratory Therapy.</td>
</tr>
</tbody>
</table>
| 5. Administering a substance by injection or inhalation. | Yes. | The RTA states:  
#4. Administering a substance by injection or inhalation.  

Note:  
There are no regulations that define which substances an RT can administer by injection or inhalation; however, RTs are accountable for acting within their scope of practice and adhering to the CRTO standards.  

(Please see the [Scope of Practice and Maintenance of Competency Position Statement & Orders for Medical Care PPG](#)) |

Yes.  
The RTA states:  
#5. Administering a prescribed substance by inhalation.  
The *Prescribed Substances* regulation lists oxygen as the substance that RTs can “independently” administer.  

(Please see the [Oxygen Therapy Clinical Best Practice Guideline](#)) |
<table>
<thead>
<tr>
<th>Controlled Acts RHPA</th>
<th>Is this Controlled Act Authorized to RTs under the RTA?</th>
<th>If the Controlled act is not Authorized to RTs, how can RTs perform this Controlled Act?</th>
</tr>
</thead>
</table>
| 6. Putting an instrument, hand or finger,  
   i. beyond the external ear canal,  
   ii. beyond the point in the nasal passages where they normally narrow,  
   iii. beyond the larynx,  
   iv. beyond the opening of the urethra,  
   v. beyond the labia majora,  
   vi. beyond the anal verge, or  
   vii. into an artificial opening into the body. | Yes, partially.  
   The RTA states:  
   #2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx. | Delegation required for other parts of acts. |
| 7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act. | No. | Delegation |
| 8. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers. | No. | Not within scope of practice of Respiratory Therapy. |
| 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. | No. | Delegation of Dispensing only.  
   (Please see Dispensing Medications PPG). |
<table>
<thead>
<tr>
<th><strong>CONTROLLED ACTS RHPA</strong></th>
<th><strong>IS THIS CONTROLLED ACT AUTHORIZED TO RTs UNDER THE RTA?</strong></th>
<th><strong>IF THE CONTROLLED ACT IS NOT AUTHORIZED TO RTs, HOW CAN RTs PERFORM THIS CONTROLLED ACT?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.</td>
<td>No.</td>
<td>Not within scope of practice of Respiratory Therapy.</td>
</tr>
<tr>
<td>13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.</td>
<td>No.</td>
<td>Delegation</td>
</tr>
</tbody>
</table>
Exception to the Legislation

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

EXCEPTION #1: Rendering first aid or temporary assistance in an emergency.

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

Please Note:

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 CRTO is supervising or directing them.

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

EXCEPTION #4: Treating a member of the person’s household and the act is controlled act 1, 5 or 6. These controlled acts are as follows:

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.
Scope of Practice

The intent of the RH PA is to provide a regulatory framework that protects the public while also remaining flexible and allowing for the evolution of the professions. Each profession's specific Act identifies which 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 that:

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]

This means that RTs may perform any of the acts authorized to the profession (as well as any procedures associated with those acts) in the course of engaging in the practice of respiratory therapy, provided they have the authority and competency to do so. The ability to perform authorized acts is also subject to any terms, conditions and limitations imposed on an RTs certificate of registration. For more information, please see Registration and Use of Title) PPG.

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

For example...

Administering epinephrine by injection to treat an allergic reaction is considered practising within the scope of respiratory therapy. However, administering a local anaesthesia by injection to an individual’s foot to assist a Chiropodist in performing an elective procedure may be considered practising outside the scope of respiratory therapy.

Both of these situations involve the controlled act “administering a substance by injection” which is an act authorized to RTs. However, while treating an allergic reaction falls within an RT’s scope of practice, elective pain relief for foot care does not.
While the scope of practice as defined by the RTA is broad, each RT’s individual scope of practice is influenced by elements such as where they work and the specific competencies (knowledge, skills, judgement and abilities) that their job responsibilities require. RTs should limit their practice according to their individual scope of practice to ensure they are providing safe, competent and ethical patient care. For more information, please see the *Scope of Practice & Maintenance of Competency* Position Statement.
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 direct orders or medical directives.

Table 2: Authorizing Mechanisms

<table>
<thead>
<tr>
<th>RTA</th>
<th>Order/Medical Directive Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1. Performing a prescribed procedure below the dermis.</td>
<td>Yes.</td>
</tr>
<tr>
<td>#2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.</td>
<td>Yes.</td>
</tr>
<tr>
<td>#3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.</td>
<td>No.</td>
</tr>
<tr>
<td>#4. Administering a substance by injection or inhalation.</td>
<td>Yes.</td>
</tr>
<tr>
<td>#5. Administering a prescribed substance by inhalation.</td>
<td>No.</td>
</tr>
</tbody>
</table>

The RTA [s.5(1)] states that RTs require an order from one of the following regulated health care professionals¹ before they perform these 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 care 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 Orders for Medical Care PPG and the Medical Directives and the Ordering of Controlled Acts Position Statement.

¹ The practice of other regulated health care professionals, such as Midwives and Nurses of the Extended Class [RN(EC)] 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 that RTs practice within the ethical and legislative framework influencing the practice of respiratory therapy. In other words, RTs must ensure that they satisfy any other legislative requirements regarding the authority to perform controlled acts, authorized acts and procedures that may be required by their practice setting (e.g., Public Hospitals Act, Independent Health Facilities Act).

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., you hold the type of certificate of registration required and you do not have 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 that gives me the authority to perform it?
Procedures and Skills Included in the Controlled Acts Authorized to Respiratory Therapists

The following list of skills and procedures included in the five authorized acts will assist RTs in understanding the types of procedures and skills CRTO Members may perform. All five authorized acts may be performed on adult, pediatric and neonatal populations. RTs are accountable to the standards of practice of their 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 two categories: basic and advanced. Table 3 outlines which procedures are contained within the *Prescribed Procedures* regulation and provides some examples of specific procedures. The list of examples is not exhaustive and is offered simply for clarification. If you have any questions about a particular procedure, please contact the CRTO.

**Table 3: Prescribed Procedures Below the Dermis**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC</strong></td>
<td></td>
</tr>
<tr>
<td>i. Arterial, venous and capillary puncture.</td>
<td>• Arterial Blood Gas.</td>
</tr>
<tr>
<td>ii. Insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula.</td>
<td>• Arterial line.</td>
</tr>
<tr>
<td>iii. Insertion, suturing, aspiration, repositioning, manipulation and removal of a venous cannula.</td>
<td>• Peripheral IV</td>
</tr>
<tr>
<td></td>
<td>• Internal Jugular Vein cannulation</td>
</tr>
</tbody>
</table>
### Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVANCED</td>
<td></td>
</tr>
</tbody>
</table>
| i. Manipulation or repositioning of a cannula balloon. | • Pulmonary Capillary Wedge Pressure (PCWP).  
• Intra-Aortic Balloon Pump (IABP) |
| ii. Chest needle insertion, aspiration, reposition and removal. |                                               |
| iii. Chest tube insertion, aspiration, reposition and removal. |                                               |
| iv. Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.* |                                               |
| v. Intraosseous needle insertion. |                                               |
| vi. Subcutaneous electrode placement for interoperation and perinatal fetal monitoring. |                                               |

*Please Note:* Tissue biopsy is not included as part of this procedure because it requires the sample to be taken below the mucous membrane, which is not authorized to RTs. To perform a tissue biopsy, RTs require delegation.

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**Regional Anesthesia**

The insertion of spinal, epidural blocks and peripheral nerve blocks are not authorized under the current *Prescribed Procedures* regulation. Therefore, RRTs require delegation to perform these procedures. The injection of medication through these routes, however, falls under *administering a substance by injection or inhalation*, which is authorized to RTs.
Requirements for Performing Prescribed Procedures Below the Dermis

- The certificate of registration for Registered Respiratory Therapists (RRTs), Graduate Respiratory Therapists (GRTs) and Practical (Limited) Respiratory Therapists (PRTs) must be free of any terms, conditions and limitations preventing them from performing a prescribed procedure below the dermis.

- To perform any procedure classified as advanced, an RRT must have completed a CRTO approved certification program within the past two years.

- GRTs and PRTs must not perform advanced prescribed procedures below the dermis even if they have successfully completed an approved certification program.

- PRTs must not perform a basic procedure unless the member is permitted to do so by the terms and conditions of his/her certificate of registration.

Tracheostomy Tube Changes

Tracheostomy tube changes (tracheostomy tube change for an established stoma and tracheostomy tube change for a fresh stoma) were listed in the previous version of the Prescribed Procedures regulation. However, this procedure is now listed in the Controlled Acts regulation (Ontario Regulation 107/96) as an exemption under s.14. For more information, please see Prescribed Procedures Regulation Changes on the CRTO website.

Table 4: Prescribed Procedures Below the Dermis & Tracheostomy Tube Changes.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>RRT</th>
<th>GRT*</th>
<th>PRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic prescribed procedures.</td>
<td>✓</td>
<td>✓</td>
<td>**</td>
</tr>
<tr>
<td>Advanced prescribed procedures.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracheostomy tubes change for a stoma that is more than 24 hours old.</td>
<td>✓</td>
<td>✓</td>
<td>**</td>
</tr>
<tr>
<td>Tracheostomy tubes change for a stoma that is less than 24 hours old.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* GRTs require general supervision to perform controlled acts and are not permitted to delegate any controlled acts.

** PRTs are only able to perform this procedure if permitted to do so by the terms and conditions of their certificate of registration.

Please Note...

Due to the fact that tracheostomy tube changes are now listed as an exemption in the Controlled Acts regulation, respiratory therapists (RRTs, GRTs and PRTs) are no longer permitted to delegate tracheostomy tube changes.

Please note that the timelines regarding tracheostomy tube changes of > and < 24 hours refers to surgical tracheostomies, not Percutaneous Tracheostomies. When changing percutaneous tracheostomy tubes, RTs must ensure they are doing so in accordance with their organizational policy with respect to timelines.
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 referring to the airway or the esophagus including access by oral, nasal and artificial opening routes.

For example, RTs may perform:
- Endotracheal intubation, including nasal, oral 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; and
- 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 referring to the airway or the esophagus including access by oral, nasal and artificial opening routes.

RTs may perform suctioning, including nasopharyngeal, tracheal, nasogastric, and bronchoscopic. The RTA 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 (e.g., Public Hospitals Act). In addition, RTs must comply with their 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. RTs may administer the following substances by inhalation:
   - Liquids (e.g., surfactant, epinephrine instillation)
   - Powders (e.g., Turbuhaler™, Diskus™)
   - Aerosols (e.g., wet nebulization, bronchodilators, narcotics, antibiotics, bronchoprovocators (methacholine))
   - Gases
     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)

* please see section on Hyperbaric Oxygen Therapy under Authorized Act #5.

2. RTs 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)

Non-invasive Positive Pressure Ventilation (NIPPV)

It is the position of the CRTO that air that has been augmented, whether by changing the concentration of the constituent gases (e.g., adding oxygen) or by adjusting the pressure beyond atmospheric, constitutes “administering a substance by...inhalation”. Therefore, the application of NIPPV is a controlled act and should only be performed by health care professionals who have the statutory authority (4th authorized act in the Respiratory Therapy Act) as well as the requisite education, training and clinical competence.

Please Note...

The vaccines administered by RRTs must only be those recommended in established guidelines (e.g., ATS, CTS) for the management of cardiorespiratory and associated disorders (e.g., Influenza, Pneumococcal Pneumonia).
Authorized Act #5 - Administering a prescribed substance by inhalation.

The RTA was amended to include a 5th authorized act “administering a prescribed substance by inhalation” [“prescribed” means listed in a regulation]. The Ontario Regulation 596/94 Part VII.1 – Prescribed Substances currently lists oxygen as the substance RTs can administer. RTs have always been able to administer oxygen on the order of a physician, midwife, dentist or nurse practitioner. The difference now is that the 5th authorized act, similar to suctioning, does not have the requirement of an order. This means that RTs, depending on where they work, can independently initiate, titrate or discontinue oxygen based solely on their own professional judgement.

However, it is important to understand, however, that there are other pieces of legislation and policies limiting where RTs can independently administer oxygen. The most applicable piece of legislation in this instance is the Public Hospitals Act, which stipulates that every act performed in a public hospital requires an order and limits who can provide those orders. This restriction does not apply to non-public hospital/community practice settings (e.g., Home Care, Family Health Teams, private community-based clinics, etc.).

In addition, the Home Oxygen Program (HOP) Policy & Administration Manual (May 2011) currently stipulates that the initiation and discontinuation of oxygen must be ordered by a physician, and that any changes to the prescription are the responsibility of the ordering physician.
Hyperbaric Oxygen Therapy (HBOT)

For some time now, RTs have administered therapeutic oxygen in a hyperbaric practice setting under the 4th authorized act ("administering a substance by injection or inhalation"). As previously mentioned, the Public Hospitals Act still requires RTs to obtain an order from a valid authorizer to administer oxygen in this environment. As such, there is no change to the existing practices in hyperbaric settings within hospitals in Ontario.

The 5th authorized act, in combination with the Prescribed Substances regulation, now permits RTs to independently administer therapeutic oxygen. This means that in a hyperbaric setting outside of a hospital, RTs can administer oxygen without the additional requirement of an order for the oxygen from a physician or other authorizer. Administration of HBOT, however, must occur in accordance with a diagnosis, pre-treatment screening and prescribed treatment profile (e.g., dive depth/pressure, time, etc.) that have been established by the most responsible physician (MRP). Therefore, RTs cannot independently initiate HBOT, but can implement this treatment in collaboration with the MRP.

HBOT is considered to be within the scope of practice of respiratory therapy; however, it requires competencies beyond those possessed by an RT at an entry-to-practice (i.e., graduate) level. In both the hospital and community setting, obtaining credentials as a Certified Hyperbaric Technologist (CHT) from the National Board of Diving and Hyperbaric Medical Technology, which is recognized by the Undersea and Hyperbaric Medical Society (UHMS), is considered the industry standard, and is the benchmark that any RT administering hyperbaric oxygen is expected to perform to.

In the Oxygen Therapy CBPG, the CRTO has endorsed the list of 14 indications for hyperbaric oxygen therapy that are established by the UHMS. Health Canada supports the application of HBOT that is based on the UHMS guidelines and warns against “off label” uses that have not been scientifically proven to be effective. The CRTO does not endorse “off label” use of hyperbaric therapy and the engagement of an RT in such activity may be considered professional misconduct.

For more information, please refer to the Oxygen Therapy CBPG and the Independent Administration of Oxygen FAQ.

For clarification about procedures or activities that are not listed in this guideline, please contact the CRTO.
### GLOSSARY (Suggested Definitions)

<table>
<thead>
<tr>
<th><strong>Authority</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorized Act</strong></td>
<td>A controlled act, or portion of a controlled act, that is authorized within a health care profession Act for a health care professional to perform [there are five acts authorized to Respiratory Therapists by the Respiratory Therapy Act, that are created from three controlled acts defined in the RHPA]</td>
</tr>
<tr>
<td><strong>Authorizing Mechanisms</strong></td>
<td>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.</td>
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<tr>
<td><strong>Controlled Act</strong></td>
<td>One of 13 acts defined in the RHPA [section 27(2)] when it is performed &quot;with respect to an individual&quot;.</td>
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<tr>
<td><strong>Delegation</strong></td>
<td>Under the RHPA delegation is not specifically defined, but is understood to be a process whereby a regulated health care professional authorized to perform a controlled act procedure under a health care profession Act confers that authority to someone - regulated or unregulated - who is not so authorized. (see Delegation of Controlled Acts PPG)</td>
</tr>
<tr>
<td><strong>Exception</strong></td>
<td>The exceptions and exemptions 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.</td>
</tr>
<tr>
<td><strong>Medical Directive</strong></td>
<td>A medical order for a range of patients who meet certain conditions.</td>
</tr>
<tr>
<td><strong>Member</strong></td>
<td>A member/registrant of a regulatory College under the RHPA.</td>
</tr>
<tr>
<td><strong>Orders</strong></td>
<td>An order is a direction from a regulated health care professional with legislative ordering authority (audiologists, chiropodists, podiatrists, dentists, midwives, optometrists, physicians, registered nurses in the extended class, and those identified in regulation) that permits performance of a procedure by another. There are two types of orders: Direct Orders and Medical Directives.</td>
</tr>
<tr>
<td><strong>Prescribed</strong></td>
<td>&quot;Prescribed&quot; means listed in the regulations.</td>
</tr>
<tr>
<td><strong>Public Domain</strong></td>
<td>Activities that are not controlled acts fall into the public domain.</td>
</tr>
<tr>
<td><strong>Regulation</strong></td>
<td>Rules and regulations of general validity which are formally adopted and proclaimed by formal legislative or jurisdictional bodies (including case law).</td>
</tr>
</tbody>
</table>
This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

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