The College of Respiratory Therapists
of Ontario (CRTO), through its
administration of the Regulated Health
Professions Act and the Respiratory Therapy
Act, is dedicated to ensuring that respiratory
care services provided to the public by its
Members are delivered in a safe and ethical
manner. We believe that the following
position as outlined, partnered with the
guidance provided, serves both the interest
of the public and the Members of the College.
BACKGROUND
For several decades Registered Respiratory Therapists have worked alongside Anesthesiologists in Ontario operating rooms. The traditional role of the Operating Room Respiratory Therapist has included providing technical support to the Anesthesiologist for the proper use and maintenance of the anesthetic gas machine, in addition to also providing airway management. Over the past several years this role in the operating room has evolved to include a more advanced and specialized role with increasing responsibilities to the Respiratory Therapist. In some Ontario hospitals Respiratory Therapists have undergone additional training in order to perform activities such as the provision of conscious sedation, administration of anesthetic gases and medications, insertion and management of arterial lines and assessment of the depth of anesthesia under the guidance of an Anesthesiologist and under the authority of medical directives. The title for this role varies within institutions. Although the title of “Anesthesia Assistant” is not a legislated protected title, it is associated with this role in some facilities in Ontario.

The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice of Respiratory Therapy and the legislation, standards and policies of the College.

Controlled Acts
The Respiratory Therapy Act defines the practice of Respiratory Therapy as:

“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.”

There are four controlled acts authorized to Respiratory Therapists under the Respiratory Therapy Act, they are:

1. Performing a prescribed procedure below the dermis.

2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.

3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.

4. Administering a substance by injection or inhalation.
The Respiratory Therapy Act requires a valid order for all controlled acts authorized to Respiratory Therapists with the exception of suctioning. This order can be written, verbal, may include an order for a protocol or may be in the form of a medical directive. The order must come from a member of the College of Physicians and Surgeons, the Royal College of Dental Surgeons, the College of Midwives or the College of Nurses in the Extended Class. Depending on the area of practice there may be additional legislative requirements related to orders, for example, the Public Hospitals Act. (ref. Professional Practice Guideline Orders for Medical Care)

**Entry to Practice Competencies**

Many of the procedures that Respiratory Therapists perform in the area of anesthesia are entry to practice competencies which are taught in Respiratory Therapy programs. These include competencies related to pharmacology, medical gases, the technical components of the use and maintenance of anesthetic gas machines, airway management and the performance of anesthesia management.

**POSITION STATEMENT**

The College of Respiratory Therapists of Ontario is of the position that the role of Respiratory Therapists as Anesthesia Assistants falls within the scope of practice of Respiratory Therapy. Furthermore, the CRTO believes that RTs assuming the role and responsibilities as Anesthesia Assistants is in the public’s best interest, especially since in some hospitals this model of care has resulted in decreased waiting times and improved access to surgical procedures such as cataract removals. As such, the CRTO has supported and will continue to support its Members, the Respiratory Therapy Society of Ontario and academic institutions in their endeavors with the Ontario Ministry of Health and Long Term Care, to recognize and facilitate the role of Registered Respiratory Therapists as Anesthesia Assistants in Ontario.

As accountable professionals, our Members are committed to the delivery of safe and ethical health care. Some employers across Ontario have chosen to provide formalized training and certification processes for their Respiratory Therapists who practice in the area of anesthesia or as specialized Operating Room Respiratory Therapists. Although the CRTO does not specifically require additional certification or “proof” of formalized training from its Members to carry out or to enhance their practice, the CRTO supports and encourages a consistent and measurable process to enhance the skills of its members.

In addition, it is an expectation of the College that all of its Members practise only in the areas of Respiratory Therapy in which they are educated and experienced. Continuing competency and ongoing quality improvement initiatives such as certification programs, are
recognized through the College's Quality Assurance program. Participation in the College's QA program is not only mandatory but establishes a Member's accountability to the College and to the public of Ontario in providing excellence in the delivery of Respiratory Therapy.

If you have any questions or comments regarding the role of Respiratory Therapists as Anesthesia Assistants, please contact us.

Comments on this position statement are welcome and should be addressed to the Professional Practice Advisor of the College of Respiratory Therapists of Ontario.