

Standards of Practice



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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How these standards were developed

These standards were originally drafted in 1996, were revised in 2004 and again in 2010. The most recent revisions were completed by a working group of **Respiratory Therapists** (RTs) from across the province of Ontario. These RTs came from a variety of practice settings and represent the diversity of the profession. The standards were established by consensus of the working group and confirmed by a review of the current literature and generally accepted practices. A draft was circulated to the Membership and other key stakeholders in June of 2010. A review of the drafts and final documents was done by the **College of Respiratory Therapists of Ontario's** (CRTO) Patient Relations, Quality Assurance and Registration Committees. Final approval was given by the College Council in September 2010.

These Standards of Practice will be reviewed regularly and revised every 5 years at a minimum, or as required. Note that the words and phrases denoted by **bold** lettering can be cross-referenced in the Glossary at the end of the document.

Acknowledgement

The CRTO wishes to acknowledge the following working group members who assisted in the revision of the CRTO **Standards of Practice**:

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Mary Bayliss, RRT – Deputy Registrar
Carole Hamp, RRT – Professional Practice Advisor

In fond memory of **Gary Tang, RRT**.
The CRTO would like to acknowledge the contribution of Gary as part of the Standards of Practice working group.

The **Regulated Health Professions Act (RHPA)** requires each regulatory College to develop and maintain Standards of Practice. These Standards outline the level of quality and safety expected of professional services provided to the public by its Members. Standards of Practice promote the continuing competence of self-regulated health care professionals by helping Members to identify continuing quality improvement opportunities. The College of Respiratory Therapists of Ontario (CRTO) uses the phrase "standards of practice" to refer to legislation, regulations, standards, position statements, policies and practice guidelines. Collectively, these pieces establish a framework for the practice of Respiratory Therapy in Ontario.

Objects of the College

The RHPA sets out in the Health Professions Procedural Code (Schedule 2) eleven (11) "Objects" that apply to all health regulatory Colleges in the province of Ontario (RHPA, 1991). The following three (3) objects relate specifically to the College's obligation to set and maintain standards:

- develop, establish and maintain programs and standards of practice to assure the quality of the practice and the profession;
- develop, establish and maintain standards of **professional ethics** for the Members; and
- develop, establish and maintain standards and programs to promote the ability of Members to respond to changes in practice environments, advances in technology and other emerging issues.

The Importance of the Standards of Practice to CRTO Members

The *Standards of Practice* outline the framework for legal and professional practice for all CRTO Members, in all categories of registration. S.1 (2) of the *Professional Misconduct* regulation (O. Reg. 753/93) states that it is an act of professional misconduct if the Respiratory Therapist is found to be:

Contravening a standard of practice of the profession or a published standard of the College, or failing to maintain the standard of practice of the profession.

Members are therefore professionally **accountable** to practice in accordance with these standards. The CRTO may refer to this publication, when necessary, to determine whether appropriate standards of practice and professional responsibility have been met and/or maintained by its Members.

These standards are intended to inform the Respiratory Therapists of their accountabilities and to inform the public what they can expect when receiving care from a Respiratory Therapist. These standards apply to all RTs, regardless of their role, job description and area of practice.

Assumptions

Respiratory Therapists:

- possess a specialized body of **knowledge**;
- are committed to maintaining a high standard of professional practice through self-governance;
- are committed to lifelong learning and the development of knowledge, **skills** and abilities throughout their career;
- are committed to on-going professional development;
- are committed to the principle of accountability in their professional practice; and
- are committed to practicing in an **ethical** manner.

The components of the “Standards of Practice”?

It is essential to note that Respiratory Therapists are governed not only by the CRTO Standards of Practice document but also by all applicable federal and provincial legislation and regulations. An RT is also required to practice in accordance with the CRTO’s guidelines, policies, position statements and other relevant material published by the College. The above mentioned material includes, but is not limited to the:

- ***Regulated Health Professions Act (RHPA);***
- ***Respiratory Therapy Act (RTA);***
- *Public Hospitals Act, 1990;*
- *Personal Health Information Protection Act, 2004;*
- *Health Care Consent Act, 1996;*
- *Ont. Regulation 596/94 – General;*
- *Ont. Regulation 753/93 –Professional misconduct;*
- All CRTO Professional Practice and Clinical Best Practice Guidelines;
- The CRTO’s *Commitment to Ethical Practice* document; and
- All CRTO Policies, Position Statements and other relevant material published by the College.

* Please note that the above documents may be amended at any time and the individual practitioner is responsible for being aware of any changes relevant to his/her practice.

For a list of the above documents and their links, please see the CRTO website at: www.crto.on.ca/legislation.aspx.

Competency Standards & Indicators

Competency is the sum total of an individual practitioner's knowledge, skill and **judgement**. The purpose of these **competency** standards and indicators is to outline the responsibilities of each Respiratory Therapist when performing their professional duties. These standards, as well as all other published material from the CRTO, provide a guide to the competencies that an RT requires to practice safely, effectively and in the best interest of the **patient/client** for which they are providing care.

1. Accountability

Respiratory Therapists are accountable to the public (patient/clients/family members), their profession, the CRTO, their employer(s), colleagues and other healthcare professionals. They also have personal obligations (for example, childcare responsibilities) that may impact on their practice and these must be accounted for in order to ensure that optimal patient/client care can be provided at all times. Respiratory Therapists are expected to uphold these accountabilities by:

- 1.1 assisting other RTs and the CRTO in upholding the spirit and the letter of the law, the **RHPA**, the **RTA**, their respective regulations and the standards of practice set out by the CRTO;
- 1.2 self reporting findings of professional negligence, incompetence, incapacity, malpractice or professional misconduct;
- 1.3 self reporting when found guilty of an **offence**;
- 1.4 self reporting any information required to maintain professional registration;
- 1.5 self reporting if they have been disciplined, suspended, required to resign, terminated or subjected to similar actions at his/her place of employment or in relation to a contract of employment;
- 1.6 complying with all **current** provincial and federal legislation for the protection of patient/clients, healthcare providers, the general public and the environment;
- 1.7 reporting sexual abuse of a patient/client by a regulated health professional to the appropriate College;
- 1.8 reporting to the College whenever, for reasons of professional misconduct, incompetence or incapacity, s/he terminates the employment of a Member;
- 1.9 reporting a Member of the CRTO to the College where s/he has reason to suspect incompetence, professional misconduct or incapacity;

- 1.10 reporting incidents of unsafe professional practice or professional misconduct physical, verbal, emotional and/or financial abuse of a patient/client by a regulated or non-regulated healthcare provider to the appropriate authority;
- 1.11 cooperating with College investigations or inquiries into the professional conduct, **competence** or capacity of any other Member of a regulated health profession;
- 1.12 aspiring to a high level of professional efficacy at all times;
- 1.13 recognizing when professional or personal difficulties are impacting negatively on the ability to provide competent care and seeking help when needed;
- 1.14 demonstrating compassion, trust and honesty in his or her interactions;
- 1.15 maintaining and applying current and relevant scientific and professional knowledge and skill in every aspect of practice;
- 1.16 identifying and objectively seeking to address potential **conflicts of interest**;
- 1.17 providing professional service only when free from the influence of alcohol, drugs or other substances, or any condition that might impede the delivery of safe service;
- 1.18 recognizing that self-regulation is a privilege and that each Member has a continuing responsibility to merit the retention of this privilege;
- 1.19 demonstrating leadership by providing, facilitating and advocating for the best possible care to patient/clients (e.g., becoming actively involved in local LHINs);
- 1.20 maintaining competence for activities/procedures s/he performs and refraining from performing activities/procedures for which s/he is not competent;
- 1.21 contributing to the well being of the community, groups and individuals by advancing and supporting health promotion and research;
- 1.22 rendering assistance to any person where an urgent need for healthcare exists;
- 1.23 engaging in continuous quality improvement to maintain and improve his/her quality of care;
- 1.24 conducting all professional activities, programs and relations honestly and responsibly, and by avoiding any actions that might discredit the profession;
- 1.25 contributing to the development of Respiratory Therapy practice through ongoing continuing education and research.

2. Knowledge

Each Respiratory Therapist must be able to utilize his/her basic education, experience and professional development activities to demonstrate **understanding** and **analysis** of:

- 2.1. the role of the Respiratory Therapist;
- 2.2. the relationships of the Respiratory Therapist with the patient/client and family, groups and the community;
- 2.3. the **collaborative** relationship of Respiratory Therapists with other healthcare disciplines;
- 2.4. equipment used in the practice of cardio-respiratory care;
- 2.5. medical gas systems and contingency plans;
- 2.6. the underlying principles, practices and associated risks of cardiopulmonary therapeutic and diagnostic procedures;
- 2.7. research and evidence based practice in the practice of Respiratory Therapy;
- 2.8. the concepts of normal function, acute and chronic illness and situations of crisis;
- 2.9. detailed cardio respiratory function, dysfunction and associated risk factors;
- 2.10. variations in normal and abnormal results applicable to Respiratory Therapy;
- 2.11. general health wellness and promotion;
- 2.12. major issues in Respiratory Therapy and health;
- 2.13. the ethical and legislative framework that influences the practice of Respiratory Therapy;
- 2.14. major issues in healthcare delivery systems and resource management; and
- 2.15. current infection control standards.

3. Knowledge Application

The application of relevant knowledge requires that each Respiratory Therapist be able to use the equipment necessary to perform his/her professional duties safely and effectively. It also necessitates careful assessment, planning, implementation and evaluation of all activities related to the RTs practice.

A) Equipment Use

The Respiratory Therapist, in consultation with equipment manuals, guidelines, the **healthcare team** and other relevant personelle, selects maintains and operates equipment to provide safe, effective care. The RT must also evaluate and monitor equipment performance to determine its on-going effectiveness and consistency with the goals of therapy. When utilizing equipment for the provision of patient/client care, the RT is responsible for:

- A.1. selecting equipment appropriate for its use, the patient/client and the goals of therapy;
- A.2. verifying that equipment meets operational specifications prior to use;
- A.3. verifying all equipment is **appropriately** cleaned, disinfected and/or sterilized as per current infection prevention and control standards;
- A.4. monitoring equipment throughout use to ensure continued safe and effective operation;
- A.5. regularly and routinely checking, assessing and recording:
 - A.5.1. the patient/client's response to the applied technology
 - A.5.2. that equipment is functioning and properly connected
 - A.5.3. that appropriate alarms are activated
 - A.5.4. the equipment settings are consistent with any order
 - A.5.5. that circuit/tubing and other equipment is changed as required to meet current infection control standards;
- A.6. having current **expertise** regarding the equipment used in his/her current practice and recognizing options for respiratory support, including an understanding of physiological effects, so as to recommend, select, set or adjust equipment for optimum efficacy; and
- A.7. verifying that equipment is properly maintained and calibrated by appropriately trained personnel.

B) Assessment

A Respiratory Therapist, in consultation with the healthcare team and other relevant individuals collects, confirms and records sufficient data about the condition of the **patient/client** and relevant situation(s) for initial and on-going assessment. When undergoing assessments, the RT is responsible for:

- B.1. exercising **sound** judgment in modifying an assessment to suit the situation;
- B.2. collecting relevant data about the patient/client's:
 - B.2.1. perception of and satisfaction with his or her health
 - B.2.2. goals and expectations as they relate to his or her health
 - B.2.3. growth, development, physiological and mental status
 - B.2.4. ability to perform activities of daily living
 - B.2.5. methods and manner of communication
 - B.2.6. physical, social, cultural, spiritual and emotional environment;
- B.3. collecting relevant data from:
 - B.3.1. patient/client
 - B.3.2. patient/client's family
 - B.3.3. other healthcare providers
 - B.3.4. other relevant individuals
 - B.3.5. records
 - B.3.6. reference material
 - B.3.7. diagnostic and monitoring equipment
 - B.3.8. the Member's own knowledge and experience;
- B.4. collecting relevant data by:
 - B.4.1. interviewing
 - B.4.2. consulting
 - B.4.3. auscultating
 - B.4.4. percussing
 - B.4.5. palpating
 - B.4.6. observing
 - B.4.7. monitoring
 - B.4.8. measuring;
- B.5. recording relevant data to:
 - B.5.1. identify in general and in detail the patient/client's level of function
 - B.5.2. identify variations, patterns, trends or changes in the patient/client's function
 - B.5.3. identify relevant risks affecting and factors contributing to health;
- B.6. confirming validity of the data collected through comparison with clinical findings, test results, and information obtained through communication with the patient/client and other healthcare providers; and
- B.7. collecting data about the human and material resources available and accessible for the care of the patient/client.

C) Planning

The Respiratory Therapist, in consultation with the healthcare team, identifies priorities, sets goals, determines strategies and interventions necessary for optimal patient/client care. When determining plans of care, the RT is responsible for:

- C.1. exercising sound judgment in modifying the plan to suit the patient/client's situation;
- C.2. ensuring that the goals of the plan are acceptable to the patient/client;
- C.3. considering which available resources are most effective and efficient for the plan;
- C.4. selecting and sequencing strategies or interventions according to their effectiveness, efficiency, feasibility, and suitability in relation to the priorities and goals of the plan; and
- C.5. contributing to the development of an individualized plan by determining and taking into consideration:
 - C.5.1. the best possible outcome in relation to Respiratory Therapy
 - C.5.2. evidence based strategies or interventions
 - C.5.3. target and review dates for achievement.

D) Implementation

The Respiratory Therapist, in consultation with the healthcare team, will safely and effectively perform strategies and interventions by:

- D.1. exercising sound judgment in modifying implementation of the plan to suit the patient/client's situation;
- D.2. promoting ventilation and respiration by:
 - D.2.1. performing cardiopulmonary resuscitation
 - D.2.2. establishing and maintaining a patent airway
 - D.2.3. suctioning
 - D.2.4. administering oxygen and other therapeutic gas mixtures
 - D.2.5. administering medication
 - D.2.6. assisting with deep breathing, coughing and splinting
 - D.2.7. performing chest physical therapy
 - D.2.8. using manual resuscitation devices
 - D.2.9. using mechanical ventilation devices and modalities
 - D.2.10. applying positive pressure ventilation
 - D.2.11. using drainage devices
 - D.2.12. assisting with bronchoscopies
 - D.2.13. pacing the phrenic nerve;
- D.3. promoting hemodynamic stability by:
 - D.3.1. inserting, stabilizing and removing cannulae
 - D.3.2. manipulating and repositioning cannulae or cannulae balloons

- D.3.3. aspirating or sampling from a cannula
- D.3.4. administering blood products, other volume expanders and medications
- D.3.5. recognizing the impact of Respiratory Therapy interventions on hemodynamic conditions;
- D.4. promoting cardiopulmonary stability by:
 - D.4.1. assisting with the application of cardiac pacing devices
 - D.4.2. performing electrical defibrillation
 - D.4.3. performing electrical cardioversion
 - D.4.4. supporting circulation
 - D.4.5. administering medication
- D.5. administering medication by inhalation, through artificial airways, by injection, intravenously (including above the drip chamber), through **natural body orifices** and topically;
- D.6. performing:
 - D.6.1. pulmonary function testing
 - D.6.2. bronchoprovocation testing
 - D.6.3. cardiopulmonary function testing
 - D.6.4. cardiovascular function testing
 - D.6.5. polysomnography
 - D.6.6. metabolic studies
 - D.6.7. skin tests for allergic response;
- D.7. sampling, collecting and handling blood and/or other appropriate specimens;
- D.8. promoting tissue integrity by:
 - D.8.1. providing tracheal stoma care
 - D.8.2. using protective devices
 - D.8.3. providing skin care in conjunction with Respiratory Therapy procedures;
- D.9. promoting respiratory health and patient/client independence through education, coaching and counseling;
- D.10. promoting body alignment by:
 - D.10.1. assisting with positioning
 - D.10.2. assisting with mobilization
- D.11. promoting general well-being by:
 - D.11.1. encouraging a balance between rest, sleep and activity
 - D.11.2. supporting positive self-concept and effective coping
 - D.11.3. providing relevant nutritional instruction
 - D.11.4. assisting the patient/client with hygiene
 - D.11.5. advocating a healthy environment.

E) Evaluation

The Respiratory Therapist, in consultation with the healthcare team needs to determine the effectiveness of strategies and interventions and evaluate his/her performance of individual procedures and overall practice by:

- E.1. identifying the expected and unexpected results of his or her actions/performance;
- E.2. comparing results with the best possible outcome and determines the extent to which they have been achieved;
- E.3. confirming the validity of his or her observations with clinical findings, test results and information obtained from the patient/client or relevant others;
- E.4. exercising sound judgment in modifying the plan;
- E.5. recommending discharge from respiratory care when it is no longer required;
- E.6. participating in evaluating the quality of his or her practice;
- E.7. participating in developing methods for evaluating the quality of Respiratory Therapy;
- E.8. advocating improvements in policies and procedures related to patient/client care; and
- E.9. advocating improvements in Respiratory Therapy or healthcare delivery systems.

4. Therapeutic & Professional Relationships

This refers to the relationship between the Respiratory Therapist and the patient/client/family members, as well as the relationship the RT maintains with other members of the healthcare team. These relationships are based on trust, respect and **empathy** and require appropriate use of the power that the RT may have over the patient/client, co-workers and/or students. The RT appropriately manages these therapeutic and/or professional relationships by:

- 4.1 upholding a respectful attitude for the **dignity** of the patient/client by maintaining a high standard of professional conduct;
- 4.2 introducing him/herself to the patient/client with name and professional designation and addressing patient/client in their preferred manner;
- 4.3 communicating all relevant information clearly to patient/clients through verbal, non-verbal, and/or written means, facilitating access to information and assisting the patient/client to understand all relevant information;
- 4.4 refraining from making false, conscious, deliberately misleading or deceptive statements, orally or in writing;
- 4.5 maintaining clear and appropriate **professional boundaries** in the RT - patient/client relationship;
- 4.6 obtaining **informed consent** for care, treatment and participation in research;
- 4.7 maintaining privacy and ensuring **confidentiality** except where the sharing of information is permitted by law (e.g., is reasonably necessary for the provision of healthcare) or where reporting of health information is required by law (i.e., RHPA, Child and Family Services Act (CFSA), etc.);
- 4.8 facilitating patients/clients participation in the development of his/her **plan of care**;
- 4.9 treating all patients/clients equitably without regards for age, race, religion, gender, body type, sexual orientation, type of illness or level of physical or cognitive ability;
- 4.10 treating patients/clients with dignity and with respect for their right to privacy, **autonomy** and independence at all times;
- 4.11 ensuring that care decisions are made by the patient/client or the most appropriate **substitute decisions maker**;
- 4.12 considering the welfare of the patient/client above all else;
- 4.13 **documenting** all patient/client contacts as soon as possible, including the transcription of orders;
- 4.14 maintaining a respectful relationship with members of the public to facilitate awareness and understanding of the Respiratory Therapy profession;
- 4.15 collaborating and co-operating with **peers** and other health professionals to the extent needed to serve the best interest of their patient/clients;

- 4.16 recognizing the competence of others and seeking their assistance as required;
- 4.17 sharing appropriate knowledge and expertise with colleagues, peers, patients/clients, students and others;
- 4.18 refraining from falsely challenging the reputation of any colleague; and
- 4.19 maintaining clear and appropriate professional boundaries in all professional interactions.

5. Safety

The Respiratory Therapist is responsible for fostering and contributing to a culture of patient/client and employee safety in the practice environment by:^(CPSI, 2008)

- 5.1 maximizing patient/client safety and the quality of care through effective collaboration and communication with the healthcare team;
- 5.2 incorporating best practices in patient/client safety into daily activities;
- 5.3 recognizing the relationship between human performance and cognitive factors that may lead to **adverse events**;
- 5.4 recognizing, mitigating and avoiding common high risk clinical practices;
- 5.5 recognizing an adverse event when it occurs and responding effectively to mitigate harm; ensuring disclosure and preventing it from happening again;
- 5.6 ensuring the safety of other health professionals when in practice or in areas under the RRT's responsibility;
- 5.7 promoting safety by:
 - 5.7.1 using protective devices
 - 5.7.2 using routine precautions and by following current infection control standards
 - 5.7.3 modifying the immediate environment to reduce or eliminate hazards
 - 5.7.4 using risk management techniques
 - 5.7.5 advocating for the reduction and elimination of environmental hazards;
- 5.8 reporting and documenting all adverse events/**near misses** and intervening in situation where the safety or well being of the patient/client is unnecessarily at risk.

GLOSSARY

Accountable/ Accountability	Taking responsibility for decisions and actions, including those undertaken independently and collectively as a member of the healthcare team; accepting the consequences of decisions and actions and acting on the basis of what is in the best interests of the patient/client.
Adverse Event	An unintended injury or complication that is caused by healthcare management, rather than by the patient/client's underlying disease, and that leads to death, disability or prolonged hospital stay. (Baker, 2004)
Analysis	The ability to use abstract ideas; to break out and identify elements, factors and relationships; to apply principles and to differentiate and discriminate among ideas and concepts.
Appropriately	In accordance with ethical, legal, technical and/or clinical requirements of professional practice.
Autonomy	Recognizing that patients/clients have the right to accept or reject any Respiratory Therapist and any care recommended or ordered.
Collaborate/ Collaborative	Working with the patient/client and other members of the healthcare team to achieve the best possible outcome for the patient/client including communicating and co-ordinating care provision with other members of the healthcare team.
College of Respiratory Therapists of Ontario (CRTO)	The regulatory body for the professional of Respiratory Therapy, which operates under the self-regulation model established in the RHPA. The CRTO regulates the profession in the interest of the public.
Competence/ Competency	Having the requisite knowledge, skills and judgement/abilities to perform tasks safely, effectively and ethically and the ability to apply that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.
Confidentiality	In Canada, a healthcare professional owes an ethical and legal duty of confidentiality to his or her patients. However, this right of confidentiality however is not absolute. A healthcare custodian may disclose personal health information if they reasonably believe there is a risk of harm [PHIPA s.40(1)].
Conflict of Interest	A conflict of interest exists where a Respiratory Therapist engages in any private or personal business, undertaking or other activity or has a relationship in which: <ul style="list-style-type: none"> • the Respiratory Therapist's private or personal interest directly or indirectly conflicts, may conflict or may reasonably be perceived as conflicting with his or her duties or responsibilities as a health care professional, or • the Respiratory Therapist's private or personal interest directly or indirectly influences, may influence or may reasonably be perceived as influencing, the exercise of the member's professional duties or responsibilities, and • a conflict of interest may be actual or apparent (perceived).

GLOSSARY

Current	Generally accepted, used, practiced or prevalent at the moment.
Dignity	The right of the patient/client, family members and the members of the healthcare team to be treated with respect.
Document/ Documenting	To formally record information, usually in a permanent, legally acceptable fashion. It may be in an either written or electronic format.
Empathy	The ability to identify with and understand somebody else's feelings or difficulties
Ethical	Relating to accepted professional standards of conduct; and/or relating to principles of right and wrong in behaviour.
Expertise	Having, involving or displaying skills and knowledge derived from education or experience.
Healthcare Custodian	Defined in PIHIPA as “a person or organization who has custody of control of personal health information [PHIPA, s.3(1)]. This is generally the employer.
Healthcare team	Peers, colleagues and other healthcare professionals and support staff (regulated and non-regulated).
Informed consent	A legal condition whereby a person can be said to have given consent based upon an appreciation and understanding of the facts and implications of an action.
Judgement	Judgement is the cognitive process of reaching a decision or making an observation.
Knowledge	Is a body of information applied directly to the performance of a function
Natural Body Orifices	Means a natural opening in the body, as defined in the RHPA as: <ul style="list-style-type: none"> • 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.
Near Misses	Is any undesirable or unplanned event or sequence of events that has been narrowly avoided but could have had an unintended effect on patient/clients and/or healthcare providers, if it had occurred.
Offence	As defined in the CRTO policy <i>Members Duty to Self-Report</i> .
Patient/Client	An individual requiring care or services or his/ her substitute decision maker.
Peer	Another Professional Member of the CRTO.

GLOSSARY

Professional Boundaries	These are the parameters in which the relationship between the RT and the patient/client should occur. The RT is in a position of power and so is responsible for managing issues of boundaries, even if a patient/client's behaviours seems to encourage boundary violations. The need to maintain professional boundaries apply to workplace relationships as well as the professional/patient relationship.
Professional Ethics	Is the social contract between the healthcare professional and the patient/client. The healthcare professional is entrusted with the patient/client's personal health information and has power over their care. It is an expectation as part of this contract that the healthcare professional honour that trust by acting in the patient/client's best interest.
Relevant	Having significant and demonstrable bearings.
Regulated Health Professions Act (RHPA)	Legislation passed in 1991 that sets out the general purpose of the regulatory model for health professionals in Ontario. It identifies the 14 controlled acts that are potentially harmful if performed by unqualified persons and sets out the list of which professions will be self governed under the Act.
Respiratory Therapists	Refers to Graduate Respiratory Therapists (GRT), Practical Respiratory Therapists (PRT) and Registered Respiratory Therapists (RRT) who have completed an approved course of study and successfully passed the Canadian Board of Respiratory Care (CBRC) examination.
Respiratory Therapy Act (RTA)	Legislation passed in 1991 which outlines, among other things, the scope of practice of the profession of Respiratory Therapy in Ontario and the controlled acts that are authorized to RTs.
Skill/Skills	The practical knowledge of a profession and the ability to apply this knowledge in practice.
Sound	Exhibiting or based on thorough knowledge and experience; agreeing with accepted views; logically valid; based on valid clinical research.
Standards of Practice	This is an umbrella term for a group of documents that include, among others, professional practice standards, ethical guidelines, all CRTO Professional Practice Guidelines, Clinical Best Practice Guidelines, policies, position statements and other relevant material published by the College. It also includes the RHPA, RTA and all other applicable legislation and regulations.
Substitute Decisions Maker (SDM)	Individuals who are sometimes required to assist with decision-making for a patient/client in hospital who is considered mentally incapable to make care or treatment decisions. The <i>Health Care Consent Act</i> contains a guide for identifying who the legally authorized SDM is, based on hierarchy of people. The highest-ranking person on the hierarchy who is willing and able to make decisions regarding health care for the patient/client becomes the SDM. (HCCA, 1996)
Understanding	The ability to recall facts, to apply criteria, to explain, to summarize, and to generalize from specific situations to like situations.

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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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