

CRTO

Council Meeting Materials

December 2, 2022



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

AGENDA ITEM 1.0

We acknowledge that the CRTO office is located on the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee and the Wendat peoples, and is now home to many diverse First Nations, Inuit and Métis peoples.

We recognize the Indigenous People's long-standing presence in this territory.

Council Briefing Note

AGENDA ITEM # 3.0

December 2, 2022

From:	Carole Hamp, RRT - Registrar & CEO
Topic:	Executive Committee Elections
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Voting will be conducted using confidential online ballots.

PUBLIC INTEREST RATIONALE:

To ensure the CRTC can optimally meet its mandate of acting in the public interest by maintaining a properly constituted Council and Executive Committee.

ISSUE:

As outlined in the CRTC By-Laws, the Executive Committee is elected annually from the sitting Council Members and composed of:

- a) three (3) Council Members who are Members of the CRTC; and
- b) two (2) public Council Members.

BACKGROUND:

Up until December 2, 2022, the CRTC Executive consisted of the following members:

Name	Role	Council Term	Number of Terms
Lindsay Martinek	Executive Chair & Council President	Ends Dec. 3, 2023	2
Kim Morris	Executive Vice-Chair & Council Vice-President	Ends Sept. 12, 2023	2
Jeff Dionne	Professional Member	Ends Dec. 3, 2023	1
Jody Saarvala	Professional Member	Dec. 2, 2024	3
Vacant	Public Member		

BACKGROUND:**Process of Executive Elections****1. Nominations for Executive Member Positions**

In November, the Registrar will send to all Council Members a notice of election and a call for nominations for the five (5) positions Executive Committee positions. Candidates for election to the Executive Committee must be nominated by at least two (2) members of the Council and cannot nominate themselves. Nominations may be submitted any time before the election, and additional nominations will be accepted from the floor on the day of the election.

2. Election of the Executive

The election will be conducted by the Registrar and will be the first order of business at the December Council meeting. If no more than the five (5) required nominations have been received, then those five (5) individuals will be acclaimed. If more than the requisite number of nominations have been received, then an election will be held during the Council meeting by secret ballot.

3. Election of the President & Vice-President of Council

Once the composition of the Executive Committee has been established, the sitting Council (those in attendance at the meeting) will elect a Council President and Vice-President from among the five (5) Executive members. The elected President of the Council will become the Chair of the Executive Committee, and the Vice-President of the Council will become the Vice-Chair of the Executive Committee. Once a President and Vice-President of the Council have been selected, the President will take over the running of the Council meeting in session.

ANALYSIS:**Election of the Executive**

The following Council members have received the requisite number of nominations to sit on the 2023 Executive Committee:

Professional Members

1. Lindsay Martinek, RRT
2. Jeff Dionne, RRT
3. Jody Saarvala, RRT

Public Members

1. Kim Morris
2. Derek Clark

Call for nominations from the floor.

Election of the President & Vice-President of Council

This vote will take place via an online secret ballot.

NEXT STEPS:

The newly elected Council President will take over the chairing of the Council meeting.

As soon as possible after the December Council meeting, the newly formed Executive Committee is required to meet to establish the Committee composition for the next year.

Council Motion

AGENDA ITEM # 4.0

Motion Title:	Approval of Council Agenda
Date of Meeting:	December 2, 2022

It is moved by _____ and seconded by _____ that:

The Council approve the Council agenda for December 2, 2022.

CRTO Council Meeting Agenda

December 2, 2022

AGENDA ITEM # 4.0

9 a.m. to 1 p.m.

Zoom Links: <https://us02web.zoom.us/j/82913534297>

Meeting ID: 829 1353 4297

Passcode: 362934

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement	2	Carole Hamp		
	2.0	Conflict of Interest Declarations	--	Carole Hamp		
	3.0	Executive Committee Elections	3-5	Carole Hamp	Decision	Governance & Accountability
	4.0	Approval of Council Agenda	6-8	Chair	Decision	Governance & Accountability
	5.0	Minutes from Sept. 23, 2022	9-20	Chair	Decision	Governance & Accountability
	6.0	Strategic Issues				
	6.1	2021 – 2025 Strategic Direction Update Report	21-33	Carole Hamp	Information	Governance & Accountability
	6.2	2022 College Performance Measurement Framework Update	34	Carole Hamp	Information	Governance & Accountability
	6.3	REVISED CRTO By-Laws	35-89	Carole Hamp	Decision	Governance & Accountability
	6.4	Risk Management Framework	90-107	Ania Walsh	Decision	Governance & Accountability
	7.0	Operational & Administrative Issues				
	7.1	Registrar's Report	108-111	Carole Hamp	Information	Core Business Practices
	7.2	Financial Statements	112-119	Carole Hamp	Decision	Core Business Practices
	7.3	Investment Portfolio	120-121	Carole Hamp	Decision	Core Business Practices
	7.4	Membership Statistics	122-123	Denise Steele	Information	Core Business Practices
	7.5	Infection, Prevention & Control CBPB – Draft for Consultation	124-201	Kelly Arndt	Decision	Enhancing Professionalism

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8.0	Committee Reports (for information)				
8.1	Executive Committee Report	202	Chair		Governance & Accountability
8.2	Registration Committee Report	203-204	Christa Krause		Governance & Accountability
8.3	Quality Assurance Committee Report	205	Andriy Kolos		Governance & Accountability
8.4	Patient Relations Committee Report	206	Kim Morris		Governance & Accountability
8.5	Inquiries, Complaints and Reports Committee Report	207	Kim Morris		Governance & Accountability
8.6	Discipline Committee Report	208	Lindsay Martinek		Governance & Accountability
8.7	Fitness to Practise Committee Report	209	Lindsay Martinek		Governance & Accountability
8.8	Finance & Audit Committee Report	210	Jeff Dionne		Governance & Accountability
9.0	Committee Items Arising (no items to report)				
10.0	Legislative and General Policy Issues				
10.1	REVISED Procurement of Goods & Services Policy	211-225	Carole Hamp	Decision	Core Business Practices
10.2	REVISED Honoraria & Expenses Policy	226-233	Shaf Rahman	Decision	Core Business Practices
10.3	REVISED Privacy Policy	234-247	Ania Walsh	Decision	Core Business Practices
10.4	NEW Records Management & Retention Policy	248-258	Ania Walsh	Information	Core Business Practices
10.5	REVISED Communications Policy	259-263	Carole Hamp	Decision	Core Business Practices
10.6	Rescinded & Archived Policies	264-275	Carole Hamp	Decision	Core Business Practices
11.0	Other Business				
11.1	Council meeting dates for 2023	276	Carole Hamp	Decision	
11.2	Council & Committee 101 Meetings in a virtual world	--	Shaf Rahman	Information	
12.0	Next Meeting - Council:				
13.0	Adjournment				
	Open Forum				
1200 – 1300	CRTO's Diversity Equity & Inclusion Plan Presentation by Canadian Equity Consulting				

Council Motion

AGENDA ITEM # 5.0

Motion Title:	Approval of Council Minutes from September 23, 2022.
Date of Meeting:	December 2, 2022

It is moved by _____ and seconded by _____ that:

The Council approve the Council Minutes from September 23, 2022.

Draft Minutes from September 23, 2022

AGENDA ITEM # 5.0

CRTO Council Meeting Minutes

Meeting Minutes September 23, 2022

Scheduled on September 23, 2022, from 9:00 am to 12:00 pm

Location: Victoria Room, DoubleTree by Hilton - 108 Chestnut St. Toronto, ON M5G 1R3 & Zoom Videoconference

PRESENT:	Lindsay Martinek, RRT, President, Chair Kim Morris, Vice-President Derek Clark, Public Member Jeff Dionne, RRT Shawn Jacobson, RRT Christa Krause, RRT Katherine Lalonde, RRT	Kelly Munoz, RRT Jody Saarvala, RRT Jeffrey Schiller, Public Member Jillian Wilson, RRT Yvette Wong, Public Member Tracy Bradley, RRT
STAFF:	Carole Hamp, RRT, Registrar & CEO Shaf Rahman, Deputy Registrar Kelly Arndt, RRT, Quality Practice Manager Ania Walsh, Regulatory Affairs Manager Denise Steele, Professional Programs Coordinator	Temeka Tadesse, IT & Database Specialist Stephanie Tjandra, Finance & Office Coordinator Abeeha Syed, Professional Conduct Associate Peter Laframboise, Professional Conduct Manager Misbah Chaudhry, Professional Conduct Coordinator
GUESTS:	None	
REGRETS:	Angela Miller, RRT Andriy Kolos, Public Member Allison Peddle, Public Member	

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:03 am. Lindsay Martinek welcomed Council and staff to the meeting.

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

Draft Minutes from September 23, 2022

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for September 23, 2022.

MOTION # 3.0 MOVED BY Kim Morris, and SECONDED BY, Jody Saarvala, RRT, that Council approve the Agenda for September 23, 2022.

MOTION # 3.0 CARRIED.

4.0: STRATEGIC ISSUES

4.1 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

Carole Hamp presented the 2021 – 2025 Strategic Direction Update Report. The College Measurement Framework (CPMF) requires Colleges to “regularly reports publicly on its performance. Performance results related to a College’s strategic objectives and regulatory outcomes are to be made public on the College’s website”. To remain current with the CRTO’s activities related to the Strategic Direction, staff have created a workplan that contains the action items identified for each key priority. This workplan is to be updated regularly and the information will be posted on a quarterly basis on the CRTO website. A revised Strategic Direction Report will be presented at each Council meeting.

MOTION # 4.1 MOVED BY Christa Krause, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approve the 2021 – 2025 Strategic Direction Update Report.

MOTION # 4.1 CARRIED.

4.2 SUCCESSION PLAN FOR SENIOR LEADERSHIP POLICY

Carole Hamp, Registrar & CEO presented the Succession Plan for Senior Leadership Policy. This policy has been drafted under the new Policy Framework and reflects the CRTO’s Succession Plan for Senior Leadership, approved in March 2022. The purpose is to ensure the CRTO has the necessary human resources to meet its statutory objectives and regulatory mandate. If the motion is approved, the policy will replace the Succession Plan approved in March 2022, and the Succession Plan Procedure will be updated regularly.

MOTION # 4.2 MOVED BY Kim Morris, and SECONDED BY, Jeff Dionne, RRT, that Council approve the Succession Plan for Senior Leadership Policy.

MOTION # 4.2 CARRIED.

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5.0: OPERATIONAL & ADMINISTRATIVE ISSUES

5.1 REGISTRAR'S REPORT

Carole Hamp, Registrar, reported on general CRTO activities and initiatives.

INTERNAL

CURRENT INITIATIVES

- Policy Framework & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CPBGs)
- Strategic Direction Update Report
- Office Hybrid Workplace & Workspace Expansion

ADMINISTRATION INTERNAL

Staffing Changes

Welcome two newest members of the CRTO team:

- Peter Laframboise - Manager of Professional Conduct
- Misbah Chaudhry - Coordinator of Professional Conduct

Sophia Rose (formerly Coordinator and Manager of Professional Conduct) left the CRTO in mid-July to pursue her Masters' degree in Health Policy.

Mid-Year Financial Summary

A mid-year financial review (March 1 – August 8) was presented at the most recent meetings of the Finance & Audit and Executive Committees and is being presented at this Council meeting. Based on the expenses for this fiscal year-to-date, last fiscal year-to-date and the total costs in the previous fiscal year, an estimate was made for each budget item as to the anticipated yearly expenses. It is evident from this review that there are two (2) cost centers that may be significantly over budget by the end of this fiscal year: **Investigations & Hearing Expenses** and **Consulting**.

EXTERNAL

- National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)
 - NCF Review & Revision
 - Standard of Practice Working Group
 - Registration Verification Form Working Group
 - Language Proficiency Working Group
- Health Profession Regulators of Ontario (HPRO)
- New Regulation under the Regulated Health Professions Act (RHPA) – Registration Requirements
- Registrars

5.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements for May 1, 2022 – August 31, 2022. The financial reports

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reviewed by the Finance & Audit Committee (FAC), Executive Committee and Council have been streamlined to align the CRTO's finances more closely with its strategic plan. The highlights of the Financial Statements document are provided to emphasize any significant fluctuations in either CRTO revenue or expenses

It was highlighted that the numbers from the financial statements are in line with last year and staying within the budget. Major expenses are investigation services, which is currently being outsourced. The FAC and Executive Committee are currently looking into cost control mechanisms.

MOTION # 5.2 MOVED BY Derek Clark, and SECONDED BY, Kelly Munoz, RRT, that Council approve the Financial Statements for May 1, 2022 – August 31, 2022.

MOTION # 5.2 CARRIED.

5.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. The CRTO is striving for improvements regarding two areas: a more comprehensive investment strategy and a more streamlined reporting tool. The FAC has started the process of hiring a financial advisor.

MOTION # 5.3 MOVED BY Christa Krause, RRT, and SECONDED BY, Kim Morris, that Council approve the Investment Portfolio summary.

MOTION # 5.3 CARRIED.

5.4 MID-YEAR FINANCIAL SUMMARY

Council reviewed the Mid-Year Financial Summary. It was highlighted that there are two cost centers that may be significantly over budget by the end of the fiscal year: Investigations & Hearing Expenses and Consulting. Salaries have slightly increased due to staffing increases, but overall Wages & Benefits will remain within budget. Through a five-year review analysis of past expenses, it was found that revenue increases have stalled, while expenses are continuing to increase. There was a discussion on Membership fees, and comparison of similar-sized Colleges and other RT Jurisdictions in Canada; as well as exploring additional fees for follow-up communications to Members who have not completed their obligations.

5.5 MEMBERSHIP STATISTICS

Ania Walsh, Regulatory Affairs Manager, presented the Membership Statistics. The total membership reported was 3,930. The CRTO received 146 new applications received from March 2022 to September 2022. Out of the total number of applications received, 128 are graduates of an Ontario RT program, 9 are graduates from other provinces, and 9 are graduates from outside of Canada.

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5.6 ADMINISTERING AND DISPENSING MED PPG – FINAL APPROVAL

Kelly Arndt, Quality Practice Manager, presented the Administering and Dispensing Medications PPG. This document provides information regarding accepting delegation to dispense, legislative requirements surrounding narcotics, and the requirements of orders and documentation when administering medication. The PPG went out for public consultation in August 2022. All respondents found the policy clear, understandable, and free from omissions and errors. There was a wording change made as a result from a respondent's suggestion. If the motion is approved, the PPG will be published on the CRTO website.

MOTION # 5.6 MOVED BY Jody Saarvala, RRT, and SECONDED BY, Jeffrey Schiller, that Council approve the final Draft of Administering and Dispensing Med PPG.

MOTION # 5.6 CARRIED.

5.7 INFECTION, PREVENTION & CONTROL CBPG – DRAFT FOR CONSULTATION

This item has been delayed until the next Council meeting.

5.8 PDP POLICY – REVISION FOR INFORMATION

Kelly Arndt presented the Professional Development Program (PDP) Policy. The CRTO Professional Development Program consists of: Launch RT Jurisprudence Assessment, Relevant eLearning Module, Portfolio Online for Respiratory Therapists (PORTfolio), Specific Continuing Education or Remediation Program (SCERP), Practice Assessment.

6.0: CONSENT AGENDA ITEMS

Council decided to remove the Committee Reports from the Consent Agenda Item. The Committee Reports will subsequently be changed to Information only for future meetings. The Meeting Minutes will remain as a decision item.

6.1 MINUTES FROM MAY 27, 2022

Council reviewed the Minutes from May 27, 2022. The adjournment time will be amended.

MOTION # 6.1 MOVED BY Jeffrey Schiller, and SECONDED BY, Yvette Wong, that Council approve the Meeting Minutes from May 27, 2022, with the amendment.

MOTION # 6.1 CARRIED.

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6.2 EXECUTIVE COMMITTEE REPORT

Lindsay Martinek, RRT, Executive Committee Chair, presented the Committee Report to Council.

(Submitted by Lindsay Martinek, RRT, Chair)

The Executive Committee has met once since the May 27, 2022 Council meeting. On September 6, 2022, the Executive Committee reviewed the following items:

- Registrar's Report & General Updates
- CRYPTO Financial Statements & Investment Portfolio
- Mid-Year Financial Summary
- Draft Council Agenda for September 23, 2022
- Executive Committee Goals & Terms of Reference
- Future of the CRYPTO Executive Committee

6.3 REGISTRATION COMMITTEE REPORT

Christa Krause, RRT, Registration Committee Chair, presented the Committee Report to Council. Since the Council meeting on May 27, 2022, the Registration Committee (RC) Panels met to consider referrals from the Registrar on the following dates:

- June 7, 2022
- July 14, 2022
- August 29, 2022

6.4 QUALITY ASSURANCE COMMITTEE REPORT

Jeffrey Schiller, presented on behalf of Ginette Greffe-Laliberte, RRT, Quality Assurance Committee Chair the Committee Report to Council. Since the last Council meeting, there has been one panel meeting vote (held via email) on August 8, 2022. The report included summaries of QAC Panel activities and 2022 PORTfolio submissions.

6.5 PATIENT RELATIONS COMMITTEE REPORT

Kim Morris, Patient Relations Committee Chair, presented the Committee Report to Council. There have been no meetings since May 27, 2022. The Committee Chair and several CRYPTO members met briefly on June 13 with Canadian Equity Consulting to kick-off the DEI Project.

6.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

Kim Morris, Inquiries, Complaints and Reports Committee Chair, presented the Committee Report to Council. Since the last Council meeting, the ICRC held three meetings via Zoom. All meetings were to review investigations and render a decision on the matters. One of the investigations related to an employer report and three were regarding complaints. The ICRC reviewed a related complaint and

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report at one meeting. There have been 11 new matters since the last Council meeting, comprising of: 3 public complaints, 1 self-report, and 7 employer reports.

6.7 DISCIPLINE COMMITTEE

Lindsay Martinek, RRT, Discipline Committee Chair, presented the Committee Report to Council. Since the last Council meeting, there have been no Discipline hearings, nor referrals to the Discipline Committee.

6.8 FITNESS TO PRACTICE COMMITTEE

Lindsay Martinek, RRT, Fitness to Practice Committee Chair, presented the Committee Report to Council. Since the last Council meeting there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

6.9 FINANCE & AUDIT COMMITTEE

Derek Clark, Finance and Audit Committee Chair, presented the Committee Report to Council. The Finance & Audit Committee (FAC) held a meeting on August 22, 2022, to continue discussion items from February 1, 2022 and May 13, 2022 meetings and consider new items. Topics included: review and final approval of policies, continued discussion on procedure documents, discussion on Terms of Reference and Action Plan, Mid-year financial report, member fee structure review, review of Honoraria & Reimbursement of Expenses policy, Signing Officers & Authorized Personnel policy, and discussion on special projects (hiring of investment advisor).

7.0: COMMITTEE ITEMS ARISING

7.1 EXECUTIVE COMMITTEE ITEMS

- No items for this meeting.

7.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

7.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

7.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

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7.5 INQUIRIES, COMPLAINTS & REPORTS COMMITTEE ITEMS:

- No items for this meeting.

7.6 DISCIPLINE & FITNESS TO PRACTICE COMMITTEE ITEMS:

- No items for this meeting.

7.7 FINANCE & AUDIT COMMITTEE ITEMS:

TERMS OF REFERENCE AND ACTION PLAN: FINANCE & AUDIT COMMITTEE (FAC)

Shaf Rahman, Deputy Registrar, presented Terms of Reference and Action Plan: Finance & Audit Committee (FAC). To Align CRTO's finances more closely with its strategic plan, it is necessary for a committee with a more comprehensive background in finance to review the CRTO financial reports. The FAC updated the Terms of Reference and Action plan to expand responsibilities on two aspects: increasing the FAC's responsibilities in relation to the CRTO's finances and providing recommendations to Council regarding CRTO Membership fees.

MOTION # 7.7

MOVED BY Derek Clark, and SECONDED BY, Jeffrey Schiller, that Council approve the changes to the Terms of Reference and Action Plan: Finance & Audit Committee (FAC).

MOTION # 7.7 CARRIED.

8.0: LEGISLATIVE AND POLICY ISSUES:

8.1 REVISED PRIVACY POLICY

Ania Walsh presented the Revised Privacy Policy. The policy sets out the mechanisms through which CRTO safeguards the personal information it collects, uses and/or discloses while carrying out its regulatory activities.

If approved, this policy will be sent for public consultation and review. The final draft will be presented at the December Council meeting.

MOTION # 8.1

MOVED BY Kim Morris, and SECONDED BY Christa Krause, RRT, that Council approve the revised Privacy Policy for consultation.

MOTION # 8.1 CARRIED.

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8.2 REVISED CONFIDENTIALITY POLICY

Ania Walsh presented the Revised Confidentiality Policy. The policy sets out the duty of confidentiality that applies to all individuals employed, retained, elected or appointed to the CRTC. If approved, the revised policy will come into effect on September 23, 2022. The CRTC's Confidentiality Agreement will be updated accordingly.

MOTION # 8.2 MOVED BY Jody Saarvala, RRT, and SECONDED BY Derek Clark, that Council approve the revised Confidentiality Policy.

MOTION # 8.2 CARRIED.

8.3 REVISED INVESTMENTS POLICY

Shaf Rahman presented the Revised Investments Policy. The FAC has been reviewing all relevant policies, including Investments and Management of Net Assets Policy to ensure it aligns more closely with the CRTC's strategic plan.

MOTION # 8.3 MOVED BY Jeff Dionne, RRT, and SECONDED BY Kelly Munoz, RRT, that Council approve the revised Investments Policy.

MOTION # 8.3 CARRIED.

8.4 RESERVES POLICY

Shaf Rahman presented to Council the Reserves Policy. This policy was separated from the general Investments and Management of Net Assets Policy into a more detailed policy focusing only on Reserves (net assets) management.

MOTION # 8.4 MOVED BY Derek Clark, and SECONDED BY Kelly Munoz, RRT, that Council approve the Reserves Policy.

MOTION # 8.4 CARRIED.

8.5 REVISED OPEN FORUM POLICY

Ania Walsh presented Revised Open Forum Policy. There was a discussion regarding concerns with having open questions on the floor with potential contentious topics if public attendees do not pre-register for attendance.

MOTION # 8.5 MOVED BY Kim Morris, and SECONDED BY Katherine Lalonde, RRT, that Council approve the revised Open Forum Policy.

MOTION # 8.5 CARRIED.

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8.6 REVISED REGISTRAR'S PERFORMANCE REVIEW POLICY

Ania Walsh presented the Revised Registrar's Performance Review Policy. The policy outlines a transparent and consistent process for the Registrar & CEO performance reviews that measure their performance based on the work plan and the strategic objectives approved by the Council. If the motion is approved, the revised policy will come into effect on September 23, 2022.

MOTION # 8.6 MOVED BY Jody Saarvala, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approve the revised Registrar's Performance Review Policy.

MOTION # 8.6 CARRIED.

8.7 POLICIES BEING RESCINDED & ARCHIVED

Carole Hamp presented to Council the rationale for rescinding and archiving the following policies:

- Data Requests Policy
- Development of Standards, Guidelines, and Other College Documents Policy
- Workplace Violence and Harassment Policies and Program Policy.

MOTION # 8.7 MOVED BY Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approve the Data Requests Policy, Development of Standards, Guidelines, and Other College Documents Policy, Workplace Violence and Harassment Policies and Program Policy, to be rescinded and archived.

MOTION # 8.7 CARRIED.

9.0: OTHER BUSINESS

9.1 COUNCIL & COMMITTEE 101: EXPENSE CLAIMS, MEETINGS IN A VIRTUAL WORLD

Shaf Rahman presented the Council & Committee 101: Expense Claims, Meetings in a Virtual World.

10.0: NEXT MEETING

Next Council Meeting:

Friday, December 2, 2022, from 09:00 to 13:00 hrs.

Location: Zoom Videoconference

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11: ADJOURNMENT

Adjournment

MOTION # 11 MOVED BY Jody Saarvala, RRT, and SECONDED BY Jillian Wilson, RRT, that Council adjourn the September 23, 2022 meeting.

The September 23, 2022 Council Meeting adjourned at 12:09 pm.

DRAFT

Council Briefing Note

AGENDA ITEM # 6.1

December 2, 2022

From:	CRTO Staff
Topic:	2021 – 2025 Strategic Direction Update Report
Purpose:	For Information
Strategic Focus:	Transparent & easily accessible information available for both Members & the public
Attachment(s):	Strategic Plan Update Report

PUBLIC INTEREST RATIONALE:

Up-to-date information on the status of the CRTO's Strategic Direction & Key Priorities should be available to both the CRTO Council and the public.

ISSUE:

One of the expectations outlined in the College Performance Measurement Framework is that Colleges regularly report to Council on their performance related to its stated strategic objectives.

BACKGROUND:

Starting in the 2022 – 2023 fiscal year, the CRTO created a table that encompasses all the key priorities outlined in our 2021 – 2025 Strategic Direction. Staff regularly update a corresponding work plan on the related activities in their respective departments.

NEXT STEPS:

Once reviewed by Council, this updated Strategic Direction Update Report will be posted on the CRTO website.

STRATEGIC PLAN – PROGRESS TRACKING 2022/23

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
Member Engagement				
Alignment of policies & processes with the principles of Right-Touch regulation.				
Evidence-informed approach to QA selection, assessments & remediation.	The Professional Development Program Policy was reviewed, revised, sent out for public consultation, approved by Council, and has been posted on the CRTO website. This policy outlines the components of the CRTO's Professional Development Program (PDP), the remediation process and the consequences for non-compliance.	Began the planning phase of a full PDP review.	Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full PDP review.	
Framework for the prioritization of investigations, complaints, & reports.	Completed an external review of all Professional Conduct processes and have begun implementation of the recommendations, including developing a mechanism for tracking and reporting the status of all cases.	Implementation of the external review recommendations has progressed, including some highlights below: - A tracking sheet was developed that lists all active cases, their current status and the next steps. -The PC associate now makes immediate (within 24 hours) contact with the Complainants to arrange contact with the manager of PC. -Intake assessment forms and scripts were developed to enhance meaningful contact	Ongoing refinement of the PC process to prioritize investigations, complaints, and reports will continue with some highlights below: -The process of scheduling panel meetings will be altered to provide for faster dispositions. -The Panel decision review process will be revised to allow for decisions to be sent out sooner. - Patient consent will no longer be sought on complaints, and instead, appointments will be obtained for each complaint. Consultation to be made with legal counsel as to whether an appointment can name	

¹ To be updated in March 2023



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
		<p>with a Complainant at the outset of the process.</p> <p>-The Letter of acknowledgement to reporters was updated and now includes a request for the reporter to retain information.</p>	<p>only an investigative firm as the appointee or whether a specific investigator must be named in the appointment."</p>	
Transparent, objective, impartial, & fair practices.				
Clear direction regarding the registration requirements for all applicants.	<p>The following Registration Policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRYPTO website:</p> <p>Application for Registration Document Requirements, Approval of Canadian Education Programs, Entry-to-Practice Competency Assessment, Entry-to-Practice Competency Assessment Appeal, Labour Mobility: Applicants from Regulated Canadian Jurisdictions, Language Proficiency Requirements & Registration Currency.</p>	<p>Consultation is underway with the Canadian Centre for Language Benchmarking to ensure the CRYPTO's Language Proficiency Requirements Policy is aligned with the MOH requirements.</p> <p>Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee.</p>	<p>Retained a consulting agency to align the CRYPTO's approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration</p> <p>Updated the Applicants' (for registration) web pages with relevant links.</p> <p>Conducted a detailed review of the Registration Verification Form with members of the National Alliance.</p>	
A complaints process supported by publicly accessible policies & procedures.	<p>The following Professional Conduct (PC) policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRYPTO website:</p> <p>Disclosure of Witness Statements, Health Professions Appeal and Review Board Appeals for ICRC, & Unauthorized Use of Title and Holding out Prior to Registration.</p>	<p>Streamlining communication with membership by creating a fact sheet for Funding for the Supportive Measures (Patient/Client) & Funding for Supportive Measures (Non-Patient/Client) policies so members are aware of what is required and patients/clients/non-patients are aware of how they can access the funding for supportive measures.</p>	<p>Drafted the following PC documents:</p> <ul style="list-style-type: none">- Policy for Conduct between Members and Complainants during a College Investigation- Fact sheet for patients, colleagues, students & clients on how to access Funding for Supportive Measures- Fact sheet for Members who owe the College Funding for Supportive Measures <p>Currently revising the following documents:</p>	

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
			<ul style="list-style-type: none"> - Complaints process guide - Fact sheet for Reporting Obligations by Membership - Fact sheet & Reporting Obligations by Employer 	
Accessible & timely communication.				
Increase the amount of information available on our website in written and online module format.	Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders.	Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee. Updated the Public Register Factsheet	Added the following documents to the Public page of the CRTO website: <ul style="list-style-type: none"> - Strategic Plan Progress Report to the CRTO website - Succession Plan for Senior Leadership Policy" - Open Forum Policy 	
	CRTO By-laws - reviewed, revised, sent out for public consultation, approved by Council, and posted on the CRTO website in a microsite format for easy access.		<ul style="list-style-type: none"> - Posted communications in advance of the upcoming 2023/24 renewal 	
	The following Professional Practice/Clinical Best Practice Guidelines were reviewed, revised and posted on the CRTO website in a microsite format for easy access: Conflict of Interest , Responsibilities under Consent Legislation & Oxygen Therapy.	Posted the updated Administering and Dispensing Medications PPG for consultation.	The updated Administering and Dispensing Medications PPG was approved by Council and is being created as a microsite on the CRTO website.	
	The 2021 CPMF Full & Summary Reports were posted on the CRTO website.			
	Up-to-date Emergency Preparedness & Infection Prevention and Control information is provided on a designated			



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	webpage (e.g., COVID-19 MOH directives, resources and guidance documents).			
Optimize the use of various communication platforms.	Monthly Practice Blogs Twitter (22 tweets over this period) Monthly ebulletin		Twitter (3 tweets) Email communication to all members (information regarding 2023/24 renewal period and Privacy Policy consultation)	
	Stakeholder meetings/presentations - College of Respiratory Therapists of Ontario Graduate Presentation (March 28) RT Program Advisory Committee (PAC) – Conestoga (April 4) Michener Orientation (May 09)		Stakeholder meetings/presentations Presentation to Conestoga College students (Sept. 30) Professionalism presentation to RT staff at CHEO (Oct. 21) Professional Conduct presentation at RTSO forum (Oct. 22) Presentation at The Michener Institutes Stethoscope Ceremony (Oct. 28)	
Governance & Accountability				
A highly competent & effective Council.				
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	ROI sent out via HPRO on behalf of the number of other health regulatory bodies for a consultant to assist with this initiative.			
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting.			



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.	Planned Council Education Day (Sept. 23rd) – “Risk Management” theme. (Privacy & Risk Management and Cyber Security Awareness).	Developed three (3) eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> - Chairing a Meeting - The Regulatory Framework - Committees Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff (Nov. 17)	The Chairing a Meeting module was presented at the annual Chair's Dinner (Sept. 22nd). Presentations at Education Day (Sept. 23 rd) on the following: <ul style="list-style-type: none"> - Privacy - Cybersecurity - Virtual meetings 	
Independent, evidence-informed & transparent decision-making processes.				
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	Revised By-laws (approved at the March 4 th Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. Developed new online Conflict of Interest Declaration form that was rolled out at the May 27 nd Council meeting.	Continue to refine COI declaration processes for RC, QA & ICRC panels.	The new online Conflict of Interest (COI) Declaration form has been implemented and is being used for all Council and Committee meetings.	
An ongoing commitment to performance improvement.				
Tracking & review of Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting. The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO.	KPIs are currently under development.	Draft KPI report (plan to present to Council in March 2023)	



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	<p>The 2021 – 2025 Strategic Direction Update Report presented at the May 27th Council meeting.</p> <p>Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27th Council meeting.</p>			
Ongoing monitoring on KPI dashboard.	Currently under development.	Currently under development.	Currently under development.	
Enhancing Professionalism				
Policies, standards of practice, & practice guidelines based on the best available evidence.				
Policy framework & review/revision of all policies and practice guidelines.	<p>Policy Framework – classifies our regulatory documents into clear definitions and guides the CRTO's processes for establishing and revising these documents. Commenced an internal review of all Administrative and Council Policies.</p>	<p>The CRTO continues its full-scale policy review, with a focus on Administrative & Council/Committee policies & procedures. The ongoing review & revision of Professional & Clinical Best Practice Guidelines continues, with 2 practice guides set to be presented at the Sept. Council meeting.</p>	<p>The CRTO continues its full-scale policy review, with a focus on Administrative & Council/Committee policies & procedures. The ongoing review & revision of Professional & Clinical Best Practice Guidelines continues, with one clinical practice guideline to be presented at the Dec. Council meeting (approval for consultation).</p>	
Policy review	<p>16 policies updated/approved:</p> <ol style="list-style-type: none"> 1. Disclosure of Witness Statements 2. Health Professions Appeal and Review Board Appeals for ICRC 3. Entry-to-Practice Competency Assessment 4. Entry-to-Practice Competency Assessment Appeal 5. Labour Mobility 6. Language Proficiency Requirements 	<p>2 administrative policies updated/approved</p> <ol style="list-style-type: none"> 1. Office Security 2. Council and Committee Meeting Materials <p>4 archived policies</p> <ol style="list-style-type: none"> 1. Information Disclosed for the Purpose of 3rd Party Studies/Surveys Policy and Procedure 	<p>7 policies updated/approved:</p> <ol style="list-style-type: none"> 1. Privacy 2. Confidentiality 3. Investments 4. Reserve 5. Open forum 6. Registrar's Performance Review 7. Records Management <p>3 archived policies:</p> <ol style="list-style-type: none"> 1. Data Requests 	



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	<ol style="list-style-type: none">7. Registration Currency8. Professional Development Program9. Code of Conduct for Public Observers Policy10. Unauthorized Use of Title and Holding Out Prior to Registration11. Graduate Certificate of Registration12. Approval of Canadian Education Programs Policy13. Application for Registration Document Requirements14. Application for Registration -File Closure15. Deferral of Professional Development Program Requirements16. Supervision <p>9 archived policies:</p> <ol style="list-style-type: none">1. Appointment of Non-Council Committee Members Policy2. Election Process - Executive Committee Policy3. In-Camera Council Meeting Policy4. Responsibilities of Committee Chairs Policy5. Code of Conduct for Council Members and Non-Council Members of Committees Policy6. Appointment of Committee Chairs and Vice-Chairs Policy7. Change of Name Requests Policy	<ol style="list-style-type: none">2. Non-Sufficient Funds Policy and Procedure3. Correspondence to Council and Non-Council Committee Members Policy and Procedure4. Certificates of Registration Policy	<ol style="list-style-type: none">2. Development of Standards, Guidelines and Other College Documents3. Workplace Violence and Harassment Policies & Programs	

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	<ul style="list-style-type: none"> 8. Professional Liability Insurance (PLI) Policy 9. Notations of Suspension/Revocation of a Certificate of Registration Policy 			
Professional Practice Guidelines (PPGs) regularly revised & sent out for consultation	<ul style="list-style-type: none"> 1. Use of Social Media by RTs PPG 2. Administering and Dispensing Medication PPG 	Posted the updated Administering and Dispensing Medications PPG for consultation	<p>Council reviewed the Administering and Dispensing Medications PPG feedback. The revised PPG approved by Council.</p> <p>Posted the updated Privacy Policy for consultation.</p>	
Revised Professional Practice Guidelines (PPGs) approved by Council	<ul style="list-style-type: none"> 1. Conflict of Interest PPG 2. Responsibilities Under Consent Legislation PPG 3. Oxygen Therapy Clinical Best Practice Guideline (CBPG) 	<p>Infection Control PPG revision in progress</p> <p>Update to the "Am I Practicing" Fact Sheet</p> <p>Update to PDP policy</p>	Revised Administering and Dispensing Medications PPG approved by Council (Sept. 23).	
Review/Revision of CRTO By-Laws & Regulations (as required)	Revised CRTO By-laws approved at the March 2022 Council meeting		By-Law revisions presented to Executive Committee (Nov. 18).	
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI.		Other provincial jurisdictions provided feedback on the common Standards of Practice document as presented to the NARTRB Board Meeting (Nov. 5).	
Supporting the application of new or amended practice standards.				
Online modules to support difficult-to-understand and novel practice standards.		Storyboard preparation for an online module regarding delegation/authorizing mechanisms.	Storyboard preparation for an online module regarding delegation/authorizing mechanisms.	
The application of Risk-Based regulation.				



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>RC - All panels utilize an updated risk assessment tool for making registration decisions.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program</p>	<p>QAC - Conducted a regulatory scan to evaluate other College's risk-based approaches to their QA programs.</p>	<p>QAC - Regulatory scan regarding PDP's, specifically risk-based QA selection by other Colleges. PDP policy updated to include the initial 3 year review requirement for new Members to the CRTO. Revised PDP policy taken to the QAC and Council for information.</p> <p>ICRC - Using data obtained in the audit of all ICRC matters for the last two years, discuss and identify need to develop communication with membership (additions to Standards of Practice, PPG, Communiques) to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p>RC - All panels continue to utilize the updated risk assessment tool for making registration decisions (4 Panels conducted during this reporting period).</p>	
Healthcare Community				
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.				
Creation of common standards (where possible) both provincially and nationally.	<p>Several initiatives currently underway through HPRO are aimed at creating common standards for health regulatory bodies in Ontario</p> <ul style="list-style-type: none"> • Council Competencies Evaluation Framework • Information Sharing Policy • Anti-BIPOC Racism Working Group <p>The CRTO is participating in a NARTRB Standards of Practice Working Group with</p>	<p>The NARTRB Standards of Practice Working Group met twice during this period to determine what the CRTO/SCRT standard already consist of and what the Alliance feel need to be added. Part of the background work required all jurisdictions to provide information on the number & nature of complaints and reports matters.</p>	<p>The following topics are being considered as additions to the current CRTO/SCRT Standards of Practice to create a national set of standards:</p> <ul style="list-style-type: none"> - Vaccine administration - Adherence to public health orders - Diversity, Equity & Inclusion - Virtual Practice - Social Media Use - Sexual abuse/sexual misconduct 	

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	the goal of developing a national Standards of Practice for Respiratory Therapists	The CRTO also participated in a review of the current NARTRB Jurisdictional Verification form.	<ul style="list-style-type: none"> - Supervision of students - Duty to report - Non-sexual boundary violations - Collaborative care - Duty to assist in an emergency - Transfer of care/accountability - Electronic communications - Labour mobility - Human health research 	
Engaging with stakeholders to enhance quality patient care.				
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	The CRTO Policy Framework consists of a consultation process for revised policies, practice guidelines, by-laws and Standards of Practice. Draft Policies and Guidelines are posted online for consultation. All survey results were reviewed by Council/respective Committee prior to approval	Posted the updated Administering and Dispensing Medications PPG for consultation.	<p>Council reviewed the Administering and Dispensing Medications PPG feedback.</p> <p>Council approved the revised Privacy Policy for consultation.</p>	
Core Business Practices				
Clear financial alignment with strategic priorities.				
Revised financial statement & investment portfolio presentation	The reporting format of financial statements were streamlined to highlight how it aligns with College's strategic direction and key priorities.	Newly developed Mid-Year Financial Report prepared and presented to the FAC at its August meeting.	Mid-Year Financial Report presented to the Council at its September meeting.	
Finance & Audit Committee (FAC)	<p>Newly formed non-statutory committee met to:</p> <ul style="list-style-type: none"> • Establish their Goals & Terms of Reference • Assisted the Executive Committee in the review of the CRTO's 2021 – 2022 	At its August meeting, the FAC began the creation of a tool to assist with the annual review of the CRTO's Membership Fee Structure.		



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
	Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor.			
A policy that clearly outlines the management of financial reserves	The FAC began a review of both the Investment and Management of Net Assets Policies and Procedures.		The FAC presented the revised Investments Policy to Council for approval.	
Embedding the principles of diversity, equity, and inclusion in College processes.				
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	<p>Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session was attended by CRTO staff, Council and Committee members on March 22, 2022.</p> <p>Facilitated ARAO discussion took place involving CRTO staff on May 10, 2022.</p> <p>The CRTO's DEI Plan approved at the March Council meeting.</p> <p>Established a partnership with external consultants, Canadian Equality Consulting (CEC) to begin developing of an organization DEI plan.</p>	CEC developed a customized DEI survey for CRTO staff (both online and one-on-one) that was completed the end of August.	<p>CEC developed a customized DEI survey for CRTO staff (both online and one-on-one) hat was completed In October.</p> <p>Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30).</p> <p>Facilitated ARAO discussion took place involving CRTO Council, Committee and staff on Nov. 17, 2022.</p>	
Equity Impact Assessment	<p>At the March 2022 meeting, Council approved the use of Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook.</p> <p>The PRC is in the process of revising HEIA to meet the CRTO's needs.</p>			
A comprehensive Risk Management Framework				



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 ¹ (December – February)
The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	Draft Organization Risk Management Framework currently under development. IT Infrastructure Architecture review completed & process begun to implement recommendations. Started the process of moving all members' files to a digital format	<ul style="list-style-type: none">• Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training.• Based on the recommendations of the security architecture assessment, we installed a dedicated firewall to reduce security risk and improve the organization's security posture.• Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera) "	Cybersecurity presentation by ISA to Council and staff. Drafted a risk management framework (to be presented to Council in Dec)	
Succession plan for senior leadership	Appointment of a Deputy Registrar & creation of new Manager of Regulatory Affairs position.	Drafted the Succession Planning for Senior Leadership Policy - to be presented at the Sept. Council meeting	Succession Planning for Senior Leadership Policy approved by Council (Sept. 23).	

Updated December 2, 2022

Council Briefing Note

AGENDA ITEM # 6.2

December 2, 2022

From:	CRTO Staff
Topic:	2022 College Performance Measurement Framework
Purpose:	For Information
Strategic Focus:	Alignment of CPMF with CRTO Strategic Direction.
Attachment(s):	N/A

PUBLIC INTEREST RATIONALE:

The CPMF was developed by the Ontario Ministry of Health (MOH) to answer the question, “how well are Colleges executing their mandate, which is to act in the public interest?” This initiative is intended to:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

There are 50 measures, and for each, Colleges are required to self-declare whether they met the criteria “yes,” “partially,” or “no.” They must also provide evidence of their accomplishments/progress on the declared initiatives.

ISSUE:

The 2022 CPMF report is due to be submitted to the MOH by the end of March 2023. Therefore, CRTO staff have begun work on this extensive document. There have not been many changes in this year’s reporting tool over last year’s. However, the MOH asks for greater detail in College’s plans to complete initiatives that fall into their “partially” or “no” categories.

BACKGROUND:

Each year, beginning in 2020, health regulatory Colleges began reporting on 14 performance-based standards within seven measurement domains. The report also includes 14 context measures to provide statistical data related to the standards. The MOH’s overall intent for the CPMF is to eventually gather enough data to create benchmark standards for all health regulatory Colleges.

NEXT STEPS:

A draft version of the 2022 CPMF report will be presented to Council at its March meeting.

Council Briefing Note

AGENDA ITEM # 6.3

December 2, 2022

From:	Carole Hamp. CROTO Registrar & CEO
Topic:	Revised CROTO By-Laws
Purpose:	For Decision
Strategic Focus:	Governance & Accountability: Independent, evidence-informed & transparent decision-making processes.
Attachment(s):	Draft Revised CROTO By-Laws Appendix A: By-Law 1: General CROTO Administration Appendix B: By-Law 2: Council and Committees Appendix C: By-Law 3: Membership
Motion:	It is moved by _____ and seconded by _____ that: The Council approve for consultation the revised CROTO By-Laws.

PUBLIC INTEREST RATIONALE:

Ensuring that the CROTO process adheres to the principles of fairness and transparency and that information regarding College practices is easily accessible for both the members of the public.

ISSUE:

There are three (3) areas within the CROTO By-Laws that require updating to enable alignment with the CROTO's:

- Current practices regarding expenditures
- Election processes
- Fee schedule regarding late penalty fees

BACKGROUND

By-Law 1: General CROTO Administration

The overall intent of the revision to this By-Law was to clarify when and how CROTO expenditures needed external approval.

By-Law 2: Council and Committees

The intent of the revision to this By-Law was two-fold:

1. To enable the Registrar to appoint members of the public directly (not through the Public Appointments Office) to vacant spots on Committees. They will be called Public Committee Appointees.
2. To ensure all information in the CRTC's current *Election Process - Council Members and Non-Council Committee Members Policy* are contained within the By-Laws so that the policy can be rescinded and archived. The Procedure will then be revised and become associated with the By-Law.

By-Law 3: Membership

The intent of the revision to this By-Law was to add a penalty to the CRTC Schedule of Fees for late submission of Professional Development Program obligations.

ANALYSIS:

There are three (3) areas within the CRTC By-Laws that require updating:

By-Law 1: General CRTC Administration**Section 11 – Expenditures**

11.01 & 11.02 - Increased allowable limits for both the approval of unbudgeted expenditures and the authorization of payments to be aligned with the rising costs of goods and services.

By-Law 2: Council and Committees**DEFINITIONS**

Member - added classes of registration (*will need to add an Emergency class once it comes into effect via a regulation later in 2023*).

Professional Committee Appointee – revised language so that these appointees can be screened in a large group rather than trying to find them one at a time when needed.

Public Committee Appointees – added this definition to enable the appointment of Public members to Committees only.

ELECTIONS, APPOINTMENTS & DUTIES OF COUNCIL AND COMMITTEE MEMBERS

Election and Appointment Process

2.01

Added "Appointment" to the title & removed reference to Election Policy & Procedure. The intent of this revision is to ensure all information contained within the Policy is now in the By-Laws.

Added statements to clarify that appointments (for both Professional & Public members) would be done at the discretion of the Registrar (based on criteria in 2.08 & 2.10, respectively).

Members' Eligibility for Elections

2.06

Added the word "Members'" to the title & clarified that the ballots are electronic.

2.07

Added the phrase "pursuant to this By-Law" and removed specific article references

a)v. – xiv & b)iii - Added/revised this section to include all common eligibility criteria.

2.08 (Academic Member)

Removed listing of criteria and reference back to criteria listed in 2.07.

Profession Committee Appointee Eligibility

2.09

Referenced back to 2.07 and included additional criteria specific to this group.

Public Committee Appointee Eligibility

2.10

Referenced back to 2.07 and included additional criteria specific to this group.

Terms of Office

2.11

a) Legal advice is that the Code limits them to nine consecutive years but is silent about whether they can come back. The way it is worded currently is that they cannot come back after taking a year off. Therefore, we remove the "three (3) terms".

b) Clarified that appointments (for both Professional & Public) will be for one (1) year terms & that there is no max. limit to the number of consecutive one (1) year terms a Professional or Public Appointee can have.

2.12

a) defined when the terms of a Council member begin.

b) clarified when an Appointees' term begins (when they are appointed to a committee, as opposed to when they are appointed to a pool).

Nominations for Council Members

2.14

Clarified that this section refers specifically to Council Members and removed the section referencing Appointees.

Voting Process

2.15

Changed the statement to refer to the section in the By-Laws that outline when elections are set in the various electoral districts.

2.16 – 2.18 & 2.20 – 2.22 & 2.26 – 2.27 - Added to clarify the voting process (from the current Election policy).

Changed “Exception Circumstances” to **Disqualifications**

2.28, 2.29 & 2.33

Added to include Professional & Public Committee Appointees.

2.34 – 2.37

Removed because legal advice was that we don't need terms for filling appointee positions because you can just fill them according to our By-Laws. Terms such as those previously outlined are only necessary for Council member positions, which are trickier because of the composition requirements in the RHPA.

EXECUTIVE COMMITTEE

5.08

Added Non-Statutory Committee & Public Committee Appointee to the Committee Preference section.

7 - COMMITTEES**8.01, 9.01, 10.01 & 11.01 - Registration, ICRC, Discipline & Fitness to Practice Committees**

For these Committees, the Code will not permit an either/or regarding Public Members. Therefore, any Public Committee Appointee on these committees would need to be in addition to the prescribed number of public Council Members; appointed by the Lieutenant Governor in Council.

12.01 & 13.01 – Quality Assurance & Patient Relations Committees

For these 2 Committees, it is permissible to appoint either a Public Council Member or a Public Committee Appointee.

By-Law 3: Membership

The intent of the revision to this By-Law was to add a penalty to the CRTO Schedule of Fees for late submission of Professional Development Program obligations.

Schedule of Fees

4.12 – Added a provision that enables the charging of a penalty fee if a Member is non-compliant regarding their Professional Development Program obligations.

All By-Law amendments have been reviewed and approved by the CRTO's legal counsel.

RECOMMENDATION:

That the Executive recommends that Council approve the revised CRTO By-Laws for consultation.

NEXT STEPS:

If approved, the By-Laws will be circulated for consultation for 60 days, revised based on feedback as required, and then returned to Council for final approval in March 2023.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

By-Law 1: General CRTO Administration

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CROTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Appointed Officer

An employee of the CROTO appointed by the Council, or the Executive Committee, as an officer

Auditor

The person or firm appointed under Article 12.01 of this By-Law

Authorized Personnel

A person authorized to carry out the CROTO's banking and investment and includes the President, Vice-President, Registrar, Deputy Registrar and Finance and Office Manager, as outlined in a policy of the CROTO

Chair

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CROTO; includes Vice-Chair who is the alternate designate

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*

Committee

A Committee of the CROTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a Committee and any other Committees established by the Council under these By-Laws

Council

The board of directors of the CROTO, responsible for managing and administering its affairs in accordance with the *Code*

Council Member

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

CROTO

The acronym for the College of Respiratory Therapists of Ontario

Duly Constituted

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws.

Ex-Officio

By virtue of one's office, e.g., the Registrar is an ex-officio member of CROTO committees by virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and are not counted when determining if a quorum is present

Fiscal Year

Refers to the period of March 1 to the last day of the following February

In-Camera

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

Inspector

An individual appointed by the CROTO to act as an inspector; may also be referred to as “assessors” or other terms set in Policy

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CROTO

Officer of the CROTO

Includes the President, the Vice-President, the Registrar or an appointed officer

Panel

A sub-group of a Committee of the CROTO

Policies and Procedures

The documented processes or courses of action undertaken by the CROTO in anticipation of or response to foreseeable or recurring concerns or issues

Presiding Officer

The person who chairs a meeting of Council or a Committee

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Professional Committee Appointee

A Member of the CRTO who is not a member of the Council, and who has been acclaimed, appointed, or elected to the pool of Members available to serve on committees

Professional Council Member

A member elected to the Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy

Professional Corporation (or health profession corporation)

Refers to a Member, incorporated under the *Business Corporations Act*, who holds a valid certificate of authorization issued under the *Regulated Health Professions Act* (including regulations), or the *Health Professions Procedural Code*

Public Council Member

A person, who is not a Member of the CRTO/profession, and who is appointed to the Council by the Lieutenant Governor in Council

Register

Includes the register as defined under S.23(2) of the *Code* and this By-Law; may also be referred to as the "public register"

Registrar

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in Article 4 of this By-Law; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Regular Meeting

A meeting of the Council to which By-Law 2: Council and Committees, Article 4.01(a) refers

Related Company

A company, corporation, business partnership or entity that is owned or controlled, wholly,

substantially, or actually, directly or indirectly, by a person or another person related to the person

Related Person

Any person connected with another person by blood relationship, marriage, common-law, partnership or adoption, namely:

- persons are connected by blood relationship if one is the child or other descendant of the other or one is the brother or sister of the other;
- persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other;
- persons are connected by common-law if the persons have a conjugal relationship and live together, have a cohabitation agreement or are the parents (together) of a child;
- persons are connected by a partnership when they live together or have a close personal relationship that is of primary importance in both lives;
- persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other person or a blood relation of the other person.

Respiratory Therapist

A Member of the CRTO

Respiratory Therapy

As defined in the *Act* 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; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

Signing Officer

A person authorized to sign documents on behalf of the CRTO and includes the President, Vice-President, Registrar, Deputy Registrar and Manager of Quality Practice, as outlined in CRTO policy

Sitting Council Member

An elected or appointed member of the CRTO Council

Special Meeting

A meeting of the Council to which By-Law 2: Council and Committees, Article 3.01(b) refers

2. SEAL

2.01 The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed aforesaid, or by any other person or persons appointed as authorized to sign on behalf of the CRTO.

2.02 The seal of the CRTO is depicted below.



2.03 The logo and name mark depicted on the CRTO website shall be the logo and name mark of the CRTO as depicted below. The CRTO asserts all intellectual property rights over the logo and name mark.



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3. HEAD OFFICE

3.01 The Head Office of the CRTO shall be located within the city in which the Provincial Legislature sits. The physical premises occupied by the CRTO shall be determined by Council.

4. REGISTRAR

4.01 The Registrar may be hired or fired only by a motion passed by a two-thirds (2/3) majority of the sitting Council Members in attendance at a Council meeting.

4.02 The Registrar is also the Chief Executive Officer of the CRTO.

4.03 The Registrar shall, among other things:

- a) give all notices required to be given to Council Members and Members of the CRTO;
- b) be the custodian of the seal of the CRTO and keep/maintain all copies of all contracts, agreements, certificates, approvals and all other documents to which the CRTO is a party or which are otherwise pertinent to the administrative and domestic affairs of the CRTO;
- c) keep full and accurate account of all financial affairs of the CRTO in proper form and deposit all monies or valuables in the name and to the credit of the CRTO in such depositories as may, from time to time, be designated by the Council;
- d) disburse the funds of the CRTO under the direction of the Council, taking proper vouchers therefore and render to the Council, whenever required, an account of all transactions and of the financial position of the CRTO;

- e) engage, dismiss, supervise and determine the terms of employment of all other employees of the CROTO;
- f) keep the register in the form required by the *RHPA*, the regulations, the By-Law and the Policies and Procedures of the CROTO;
- g) be responsible for and direct the administration of the affairs and operations of the CROTO;
- h) prepare the CROTO's annual operating budget for review by Executive Committee;
- i) supervise the nomination and election of Council Members and Professional Committee Appointees;
- j) implement such forms as they consider necessary or advisable to enable the CROTO to fulfil its obligations under the *RHPA*, the regulations and the By-Law and to enable the CROTO to administer its affairs in an appropriate manner;
- k) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Law and the Policies and Procedures of the CROTO;
- l) carry out such duties as authorized or required by the *Code*;
- m) represent the CROTO and its positions to stakeholders; and
- n) perform such other duties as may be determined, from time to time, by the Council.

4.04 The Registrar is an ex-officio member of all Committees.

4.05 The Registrar is expected to:

- a) attend all Council meetings; and
- b) attend such Committee meetings as are required in the proper performance of their duties.

4.06 The Registrar (or their appointed designate) shall, in addition to the President, act as official spokesperson for the CROTO.

5. ACTING REGISTRAR

5.01 A person who has been appointed by the Council as Acting Registrar during the prolonged absence or disability of the Registrar, shall discharge all the duties of the Registrar. During extended absences of the Registrar, the Council may appoint an Acting Registrar.

6. BY-LAWS

6.01 By-Laws of the CROTO may be made, amended, or revoked by a two-thirds (2/3) vote of the sitting Council Members in attendance at a duly constituted meeting or by the signatures of all actual Council Members.

- 6.02** Notice of motion to make, amend or revoke a By-Law must be given to Council Members fourteen (14) days prior to the meeting referred to in By-Law 2: Council and Committees, Article 4.01.
- 6.03** Every By-Law and every amendment and revocation thereof shall be dated and maintained in the CRTO's records.
- 6.04** In accordance with Ss. 94(2) of the *Code*, such proposed changes to the By-Laws that are required by the *Code* to be circulated to every Member at least 60 days prior to the Council's vote to approve the amendment.
- 6.05** A copy of the By-Laws made by Council shall be provided to the Minister and to Members as required under Ss. 94(3) of the *Code*.

7. DOCUMENTS

- 7.01** Except where specifically referred to elsewhere in this By-Law, and subject to the *Act* and the regulations, all documents requiring the signature of the CRTO may be signed by the Registrar or the President.
- 7.02** Except where otherwise provided by law, the Registrar may sign summonses and notices on behalf of any Committee of the CRTO.
- 7.03** The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed as aforesaid.
- 7.04** The certificates of registration given to Members for display shall contain the signatures of the Registrar and President.
- 7.05** Unless otherwise provided in the *RHPA*, the *Code*, the Regulations, or provision in the CRTO By-Laws, documents requiring the signature and seal of the CRTO shall bear the signatures of the Registrar and/or President together with CRTO seal, or a likeness (electronic) thereof.

8. BANKING

- 8.01** In this Article, "bank" means the bank appointed under Article 8.02 of this By-Law.
- 8.02** The Council shall appoint one or more banks chartered under the *Bank Act Canada* for the use of the CRTO upon the recommendation of the Executive Committee.
- 8.03** All money belonging to the CRTO shall be deposited in the name of the CRTO with the bank.
- 8.04** The Registrar or designate may endorse any negotiable instrument for collection on the CRTO's account through the bank or for deposit to the credit of the CRTO with the bank, in accordance with any applicable policy of the CRTO.

9. INVESTMENT

- 9.01** The CRTO's funds may be invested within the restrictions set out in this By-Law, the policies and other investment guidelines of the CRTO.
- 9.02** Funds of the CRTO required for operation and those in excess of funds required for operation during the fiscal year, as identified in the annual budget, may only be invested in accordance with the CRTO investment policies.
- 9.03** Investments must be authorized by two (2) authorized personnel.

10. BORROWING

- 10.01** The Council may from time to time by resolution:
- a) borrow money on the credit of the CRTO;
 - b) limit or increase the amount or amounts to be borrowed; and
 - c) secure any present or future borrowing, or any debt, obligation, or liability of the CRTO, by charging, mortgaging or pledging all or any of the real or personal property of the CRTO, whether present or future.
- 10.02** Two (2) signing officers must sign documents to implement the decision made under Article 10.01 of this By-Law.

11. EXPENDITURES

- 11.01** Goods and services, excluding employment contracts and expenses associated with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO, may be purchased or leased for the benefit of the CRTO if the purchase or lease is approved by:
- a) the Registrar if the resulting unbudgeted obligation does not exceed ~~\$10,000.00~~ \$15,000;
 - b) the Registrar and one other signing officer if the resulting unbudgeted obligation does not exceed ~~\$20,000.00~~ \$30,000; or
 - c) Council if the resulting unbudgeted obligation exceeds ~~\$20,000.00~~ \$30,000.
- 11.02** All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange shall be signed by:
- a) two (2) internal signing officers if the amount is less than ~~\$10,000.00~~ \$15,000 including all payroll cheques and source deduction remittances;
 - b) one (1) internal and one external signing officer for amounts ~~\$10,000~~ \$15,000 or more

except for payroll cheques and source deduction remittances as described in (a).

12. FINANCIAL AUDIT

- 12.01** The Council shall at each spring Council meeting appoint auditors who are duly licensed under the *Public Accountancy Act* to hold office until the next annual general meeting and, if an appointment is not so made, the auditors in office shall continue until successors are appointed.
- 12.02** In the event that the auditors appointed in Article 12.01 of this By-Law are unable to continue their duties as agreed, the Council may appoint new auditors.
- 12.03** The auditors shall present their report to the Council at its spring Council meeting, at which the financial statements of the CROTO are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the CROTO and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.
- 12.04** The auditors have the right to access, at all reasonable times, all records, documents, books accounts and vouchers of the CROTO and are entitled to require from the Council Members, officers, employees, and Members of the CROTO such information as is necessary in their opinion to enable them to report as required by law or under this Article.

13. MANAGEMENT OF PROPERTY

- 13.01** The Registrar shall maintain responsibility for the management and maintenance of all CROTO property.
- 13.02** Property and other assets carried on the inventory of the CROTO will be insured against loss or damage.

14. MEMBERSHIP IN OTHER ORGANIZATIONS

- 14.01** The CROTO may maintain memberships or affiliations with other organizations (e.g., Council on Licensure, Enforcement and Regulation (CLEAR), Canadian Network of Agencies for Regulation (CNAR)) in order to further the goals of the CROTO, and shall pay the annual or other fees required.
- 14.02** The CROTO may maintain membership with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) and shall pay the annual fee required for the membership.
- 14.03** The CROTO may maintain membership with the Health Profession Regulators of Ontario (HPRO) and shall pay the annual fee required for the membership.
- 14.04** The Registrar and the President or designate(s) shall represent the CROTO at meetings of the

organizations identified in this Article.

15. APPOINTMENT OF INSPECTORS

- 15.01** The Registrar may appoint any person, other than a Council Member or Professional Committee Appointee, to act as an inspector for and on behalf of the CRTC. Inspectors so appointed shall have such authority and shall perform such duties as set in the Act, regulations or CRTC Policies and Procedures.

16. DISSOLUTION

- 16.01** In the event the CRTC is dissolved, the Council shall, after paying and making provisions for the payment of all debts and liabilities, transfer any assets that remain after dissolution to an organization with similar purposes and which is exempt from income tax under the *Income Tax Act (Canada)* and whose incorporating documents or By-Laws prohibit the organization from paying any of its income to or for the benefit of any of its Members.



College of Respiratory
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By-Law 2: Council and Committees

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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DEFINITIONS

- 1.01** In this By-Law, and in any other By-Law of the CROTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Appointed Officer

An employee of the CROTO appointed by the Council, or the Executive Committee, as an officer

Chair

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CROTO; includes Vice-Chair who is the alternate designate

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

Committee

A Committee of the CROTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a committee and any other committees established by the Council under these By-Laws

Council

The board of directors of the CROTO, responsible for managing and administering its affairs in accordance with the *Code*

Council Member

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

CROTO

The acronym for the College of Respiratory Therapists of Ontario

Duly Constituted

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws

Ex-Officio

By virtue of one's office, e.g., the Registrar is an ex-officio member of CROTO committees by

virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and is not counted when determining if a quorum is present

In-Camera

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CROTO (General, Graduate, Limited, Inactive).

Officer of the CROTO

Includes the President, the Vice-President, the Registrar or an appointed officer

Panel

A sub-group of a Committee of the CROTO

Policies and Procedures

The documented processes or courses of action undertaken by the CROTO in response to recurring issues

Presiding Officer

The person who chairs a meeting of Council or a Committee

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Professional Committee Appointee

A Member of the CROTO who is not a member of the Council, and who has been appointed by the Registrar to the pool available to serve on committees (but not on Council).

Professional Council Member

A member elected to the Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy.

Public Committee Appointees

A person who is not a Member of the CROTO, and who has been appointed by the Registrar to the pool available to sit on a committee (but not on Council).

Public Council Member

A person, who is not a Member of the CROTO, and who is appointed to the Council by the Lieutenant Governor in Council

Registrar

Person hired by the Council to act as Chief Executive Officer for the CROTO as required by the *Code* and as described in By-Law 1: General CROTO Administration, Article 4; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Regular Meeting

A meeting of the Council to which Article 4.01(a) of this By-Law refers

Respiratory Therapist

A Member of the CROTO

Respiratory Therapy

As defined in the *Act* 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; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

Sitting Council Member

An appointed or elected member of the CROTO Council

Special Meeting

A meeting of the Council to which Article 4.01(b) of this By-Law refers

2. ELECTIONS, APPOINTMENTS & DUTIES OF COUNCIL AND COMMITTEE MEMBERS

Appointment Process

- 2.01** a) The appointment of Professional Committee Appointees will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.09. These Members will be appointed based on consideration of their experience, qualifications, abilities,

and willingness to serve.

b) The appointment of a Public Committee Appointee will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.10. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve.

Election Districts

2.02 For the purpose of the election of Council Members, the electoral districts are as follows:

- a) Electoral district **1** is composed of the territorial districts of Kenora, Rainy River and Thunder Bay.
- b) Electoral district **2** is composed of the territorial districts of Cochrane, Timiskaming, Sudbury, Algoma, Manitoulin, Parry Sound, Nipissing and Muskoka.
- c) Electoral district **3** is composed of the geographic areas of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and Ottawa.
- d) Electoral district **4** is composed of the geographic areas of Haliburton, Kawartha Lakes, Peterborough, Northumberland, Simcoe, Durham, York, Peel and Toronto.
- e) Electoral district **5** is composed of geographic areas of Halton, Hamilton, Niagara, Waterloo, Haldimand, Norfolk, Brant, Dufferin and Wellington.
- f) Electoral district **6** is composed of geographic areas of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Chatham-Kent and Essex.
- g) Electoral district **7** is composed of the whole of the province of Ontario.

2.03 Nine Members of the CRTO shall be elected to the Council with one (1) Council Member for each of electoral districts 1, 2, 3, 6 and 7 and two (2) Council Members for each of electoral districts 4 and 5.

Years of Elections

2.04 An election of Council Members shall be held on a day fixed by the Registrar:

- a) in October 2023 and in October in every third (3rd) year after that for each of electoral districts 3, 4 and 6; and
- b) in October 2024 and in October in every third (3rd) year after that for each of electoral districts 1, 2, 5 and 7.

2.05 The nomination or election deadlines may be extended if the Registrar determines that there are exceptional circumstances to warrant an extension.

Members' Eligibility for Elections

2.06 A Member is eligible to vote by **electronic ballot** in an electoral district if:

- a) on the day the voting opens, the Member principally practises the profession in that district; or
- b) the Member is not practising the profession on the day the voting opens, the Member principally resides in that district.

2.07 A Member is eligible for election as a Council Member, in electoral districts 1, 2, 3, 4, 5 and 6 or for appointment to fill a vacancy **in one of those districts** if,

- a) on the date of the nomination through to the date of election or on the date of the appointment, the member:
 - i. subject to **these By-Law**, practises or resides in the electoral district for which they are seeking election or appointment;
 - ii. holds a General or Limited certificate of registration;
 - iii. is not running for election in another electoral district;
 - iv. is not in default of the payment of any fees;
 - v. **is not the subject of any current disciplinary or incapacity proceeding by a body that governs a profession in any jurisdiction;**
 - vi. **is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession in any jurisdiction;**
 - vii. **holds a certificate of registration that is not subject to a term, condition or limitation arising from a professional misconduct, incompetence, incapacity or quality assurance proceeding;**
 - viii. **has not been found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial review) of:**
 - 1. **a criminal offence;**
 - 2. **any offence relating the prescribing, compounding, dispensing, selling or administering of drugs; or**
 - 3. **any offence relevant to their suitability to be licensed or registered with any professional regulatory body;**
 - ix. **is not an employee, director, officer, or elected member of any provincial or national professional association or special interest group related to the profession;**
 - x. **is not an appointed committee Chairperson or member of a committee of any provincial or national respiratory therapy associations; such that it is reasonable to expect that a real or apparent conflict of interest may arise;**

- xi. is not an elected representative, director, officer or employee of, or a party to a contractual relationship to provide services;
 - xii. if running for election, is nominated by three (3) voters who are eligible to vote pursuant to this By-Law;
 - xiii. if running for election has completed the nomination form in the format provided by the Registrar and submitted it to the CRTC electronically by the deadline set by the Registrar; and
 - xiv. completes the College's orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.
- b) within the twelve (12) months before the date of the nomination or appointment, the member has not been:
 - i. an employee of the CRTC; or
 - ii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops or produces "entry to practice" examinations related to the profession; or
 - iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
- c) within the six (6) years before the date of the nomination or appointment, the member has not been disqualified from sitting on the Council or Committee Appointee.
- d) within the six (6) years before the date of the nomination or appointment, the member has not:
 - i. had their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;
 - ii. had their certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; or
 - iii. received a new certificate of registration following revocation of their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

2.08 A Member is eligible for election as a Council Member in electoral district 7 or for appointment to fill a vacancy in that district if,

- a) on the date of the nomination through to the date of the election or appointment the member meets the criteria in Article 2.07 (except for article (a)i); and
- b) is a faculty member employed by one of the approved Respiratory Therapy educational programs in Ontario.

Professional Committee Appointees Eligibility

2.09 A member of the profession is eligible to be appointed as a Professional Committee Appointee if, on the date of appointment they meet all the requirements outlined in Article 2.07 as well as the following:

- a) They complete an application provided by the Registrar.
- b) They practice and reside in Ontario.

Public Committee Appointees Eligibility

2.10 A member of the public is eligible to be appointed as a Public Committee Member if, on the date of appointment they meet all the requirements outlined in Article 2.07 (except for Articles a)i – iv) as well as the following:

- a) They reside in Ontario;
- b) They complete an application provided by the Registrar.

Terms of Office

2.11 a) The term of office of an elected Council Member is three years. The maximum length of service of a Council Member is nine (9) consecutive years.

b) The term of office of a Professional Committee Appointee or a Public Committee Appointee is one (1) year. There is no maximum length of service of a Professional Committee Appointee or a Public Committee Appointee.

2.12 a) The term of office of a Council member begins with the first regular Council meeting following the election and the Council Member shall continue to serve until their successor takes office in accordance with this By-Law unless the member is disqualified under these By-Laws, or as set out in the *RHPA*.

b) The term of office of a Public Committee Appointee or a Professional Committee Appointee begins on the date of their appointment to a committee and they shall continue to serve until their term has ended or they are disqualified under these By-Laws.

Nominations for Council Members

2.13 If the number of candidates nominated for an electoral district is equal to the number of Members to be elected in the electoral district, the Registrar shall declare the candidates to be

elected by acclamation.

- 2.14** If the number of Council Member candidates nominated for an electoral district is fewer than the number of Council Members to be elected in the electoral district, the Council may do any one of the following, subject to the provisions of the Act.
- a) direct the Registrar to hold an election for Council Members; or
 - b) declare the candidates for Council to be elected by acclamation and direct the Registrar to hold an election for the remaining Council Member positions; or
 - c) declare the candidates for Council members to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions.

Voting Process

- 2.15** The Registrar shall set the date for an election annually in accordance with Article 2.04.
- 2.16** The Registrar shall establish procedures and set any necessary deadlines including procedures and deadlines relating to the receiving of nominations, candidate statements and votes.
- 2.17** Except for an election in which the Registrar has declared a candidate elected to Council by acclamation, the Registrar shall, at least 30 days before the date of an election, send to every Member entitled to vote in the election:
- a) access to an electronic ballot listing all eligible candidates;
 - b) instructions for voting, including information on the electronic voting process; and
 - c) each candidate's statement.
- 2.18** Any eligible voter who did not receive access to their election ballot must send their request for access in writing to the Registrar. The request must be sent from the Member's email address on file with the CRO. The Registrar shall provide the Member with such access provided the request is received at least 48 hours before the election day.
- 2.19** A Member may cast as many votes on a ballot as there are Members to be elected from the electoral district in which the member is eligible to vote.
- 2.20** Only electronic ballots cast no later than 4:00 p.m. on the last day of the election period will be counted.
- 2.21** The candidate who receives the most votes for the position they are running for is elected.
- 2.22** A Member shall not cast more than one vote for any one candidate.
- 2.23** If there is a tie, the Registrar shall break the tie, by lot.
- 2.24** A candidate may request a recount by giving written notice to the Registrar within ten (10) days of notification of the results of the election.

2.25 The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.

2.26 The election process and the counting of votes will be overseen by an external third party (the “scrutineer”) selected by the Executive Committee. The scrutineer will be announced to the membership at the beginning of the nomination period.

2.27 As soon as feasible after the votes have been tallied, the Registrar shall:

a) advise each eligible candidate of the results of the election, the number of votes they received and the candidate’s right to request a recount in accordance with article 2.19

b) report the results to the CRTO members and Council.

Disqualification

2.28 An Council Member, a Professional Committee Appointee or a Public Committee Appointee is disqualified from sitting on the Council or committee if they:

- a) are found to have committed an act of professional misconduct or are found to be incompetent by a panel of the Discipline Committee;
- b) are found to be incapacitated by a panel of the Fitness to Practise Committee;
- c) become the subject of a discipline or incapacity proceeding;
- d) fail, without reasonable justification, to attend two (2) meetings of the Council or of a Committee of which they are a member during their term;
- e) fail, without reasonable justification, to attend a panel for which they have been selected;
- f) fail to fulfil the duties of Council Member and Committee Appointee in accordance with Schedule A: Code of Conduct & Conflict of Interest of this By-Law;
- g) breaches the confidentiality policy of the CRTO;
- h) in the case of districts 1, 2, 3, 4, 5 and 6, ceases to practise and/or reside in the electoral district for which they were elected;
- i) in the case of district 7, ceases to be a faculty member for more than ninety (90) days;
- j) in the case of an elected Council Member or a Professional Committee Appointee ceases to hold a current General or Limited certificate of registration;
- k) become or have been found by the Council to be:
 - i. an employee of the CRTO;
 - ii. an employee, director, officer, or elected member of a professional association, special interest group related to the profession; or
 - iii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops examinations related to the profession; or

- iv. holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
- l) have been found by the Council to have been ineligible for election or appointment in accordance with the By-Laws; or
 - m) fail, in the opinion of Council, to discharge properly or honestly any office to which they have been elected or appointed.
- 2.29**
 - a) A Council Member who is disqualified from sitting on the Council ceases to be a Council Member.
 - b) A Professional Committee Appointee who is disqualified ceases to be a Professional Committee Appointee.
 - c) A Public Committee Appointee who is disqualified ceases to be a Public Committee Appointee.
- 2.30** If the seat of an elected Council Member becomes vacant less than twelve (12) months before the expiry of the term of office, the Council may:
 - a) direct the Registrar to hold an election; or
 - b) leave the seat vacant.
- 2.31** If the seat of an elected Council Member becomes vacant twelve (12) months or more before the expiry of the term of office, the Registrar shall hold an election as soon as possible.
- 2.32** The term of a Council Member appointed or elected to fill a vacancy shall continue until the time the former Council Member's term would have expired.
- 2.33** A Council Member, Professional Committee Appointee or Public Committee Appointee who wishes to apply for employment with the CRTO must resign from the Council or Committee position before applying to the CRTO for employment.

3. CODE OF CONDUCT AND CONFLICT OF INTEREST FOR COUNCIL & COMMITTEE MEMBERS

- 3.01** All Council and Committee Members shall abide by the Code of Conduct and the rules regarding Conflict of interest included in Schedule A of this By-Law.

- 3.02** The Code of Conduct for Council and Committee Members forms Schedule A of this By-Law. Council and Committee Members must sign the CROTO's Code of Conduct and Conflict of Interest Agreement prior to the start of each meeting.
- 3.03** Council shall be entitled to adopt such rules of order as it deems appropriate to govern the conduct of each Board meeting; provided that, in the event of a conflict between such rules of order and one or more provisions of the *RHPA*, the *Act* or the CROTO By-Laws, the provisions of the *RHPA*, the *Act*, or the By-Laws shall prevail.
- 3.04** All Council and Committee Members shall abide by the Rules of Order included in Schedule B of this By-Law.

4. COUNCIL MEETINGS

- 4.01** The Council shall hold,
- a) at least four (4) regularly scheduled meetings per year, which shall be called by the President;
 - b) special meetings which may be called by the President, or by any five (5) Council Members who deposit with the Registrar a written requisition for the meeting containing the matter or matters for decision at the meeting.
- 4.02** Meetings of the Council shall take place in Ontario at a place, date and time designated by the President or the five (5) Council Members calling the meeting.
- 4.03** The Registrar shall cause each Council Member to be notified of the place, date and time of a Council meeting at least fourteen (14) days before a meeting.
- 4.04** Council meeting materials will be posted publicly at least two (2) weeks prior to the posted Council date. A supplemental posting for any updated or additional agenda items will be posted one (1) week before the meeting, as needed.
- 4.05** The Registrar shall cause to be included in or with the notification of a special meeting the matter or matters for decision contained in the requisition of the meeting deposited with them.
- 4.06** A Council Member may, at any time, waive notice of a meeting.
- 4.07** A Council meeting may consider or transact,
- a) at a special meeting, only the matter or matters for decision at the meeting contained in the requisition deposited with the Registrar,
 - b) at a regular meeting:
 - i. matters brought by the Executive Committee;
 - ii. recommendations from Committees;

- iii. motions of which a notice of motion was given by a Council Member at the preceding Council meeting; and
 - iv. matters which the Council Members may agree to decide by a two-thirds (2/3) vote of those in attendance,
 - c) at any meeting, routine and procedural matters in accordance with the rules of order as defined in Schedule B of this By-Law.
- 4.08** A majority (more than 50%) of Council Members shall constitute a quorum.
- 4.09** The President shall organize an agenda for each Council meeting.
- 4.10** The President, or their appointee for the purpose, shall preside over meetings of the Council.
- 4.11** Matters shall be decided by vote as follows:
- a) Making amending and revoking the By-Law and regulations shall require a two-thirds (2/3) majority vote of those Council Members in attendance.
 - b) Unless otherwise required by law or by this By-Law, every motion which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by those Council Members in attendance.
 - c) If there is a tie vote on a motion, the motion shall be defeated.
- 4.12** Except where a secret ballot is required, every vote at a Council meeting shall be by a show of hands but, if any two (2) Council Members so require, the presiding officer shall require the Council Members voting in the affirmative and in the negative, respectively, to stand until they are counted and, in either case, the presiding officer shall declare the result and their declaration is final.
- 4.13** The presiding officer shall cause minutes to be taken of the proceedings of the Council meeting, and the minutes, when approved at a subsequent Council meeting are prima facie proof of the accuracy of the contents of the minutes and are open to the public, except for those portions of the minutes which relate to parts of the meeting held *in-camera*.
- 4.14** Council meetings are open to the public in accordance with section 7 of the *Code*. Council may exclude the public from a meeting, or part of a meeting, as defined in the *Code* through an in-camera motion.
- a) If Council goes in-camera the meeting minutes must record the reason for the in-camera session. The in-camera portion of the meeting should last only as long as required to discuss the issue or portion of the issue that requires the *in-camera* session.
- 4.15** Any meetings of the Council may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.
- 4.16** The rules of order in Schedule B of this By-Law apply to meetings of the Council and

Committees. In all cases not provided for by these rules, the most recent edition of Roberts Rules of Order, as published from time to time, shall be followed so far as they may be applicable to the Council and Committees, provided that said Rules of Order are not inconsistent with the *RHPA*, the Regulations or By-Laws of the CRTO. Where such inconsistency exists, the *RHPA*, the Regulations or By-Laws of the CRTO shall govern.

5. EXECUTIVE COMMITTEE

- 5.01** The Executive Committee shall be elected from the sitting Council Members and composed of:
- a) three (3) Council Members who are Members of the CRTO; and
 - b) two (2) public Council Members.
- 5.02** The President and Vice-President of the Council shall be included in the membership of the Executive Committee.
- a) The President of the Council shall be the Chair of the Executive Committee.
 - b) The Vice-President of the Council shall be the Vice-Chair of the Executive Committee.
 - c) If the immediate Past President is still a Council Member, but they are not elected to the Executive Committee, they shall be an ex-officio member of the Executive Committee without the right to vote or be counted for a quorum.
- 5.03** The Council shall, at the first meeting following each regularly scheduled election, or at least annually, elect from amongst those Council Members in attendance, a President, Vice-President, and three (3) other Council Members to the Executive Committee to hold office for a one (1) year term.
- 5.04** Nominations for the Executive Committee:
- a) The Registrar shall send a notice of elections and a call for nominations for the positions of President, Vice-President, and the three (3) additional members of the Executive Committee, to all Council Members by November 1 each year.
 - b) Candidates for election to the Executive Committee must be nominated by at least two (2) members of Council and cannot nominate themselves.
 - c) Nominations may be submitted at any time prior to the election, and additional nominations will be accepted from the floor on the day of the election.
 - d) Notwithstanding Article 5.05 (b) of this By-Law, where the Registrar does not receive sufficient interest for any of the five (5) Executive Committee positions by 21 days prior to the election date, a Nomination Committee will be established to seek nominations for those remaining Committee positions.
 - e) The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee, at least one of whom shall be a public member and at least one of whom shall be a professional member.

- 5.05**
- a) The election of the President, Vice-President and Executive Committee shall be by secret ballot, in accordance with the policies and procedures approved by Council and, where more than two (2) Council Members are nominated, the nominee who receives the lowest number of votes on each ballot shall be deleted from nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one (1) nominee receives a majority of the votes cast.
 - b) The election will be conducted by the Registrar and will be the first order of business at the first Council meeting following a general election, or where there is no general election of Council Members, will correspond to the date of when the election would have been held in other years.
 - c) The Registrar will make a call for nominations for the positions of President, Vice-President, and three other Executive Committee Members, proceeding in that order.
 - d) Once all elections are completed the Registrar will ensure the ballots are destroyed.
- 5.06**
- a) If the office of the President becomes vacant, the Vice-President shall serve as President until the Council holds an election for the position of President at the next regular meeting or at a special meeting which the Vice- President may call for that purpose.
 - b) Any further Executive Committee vacancies shall be dealt with under Article 5.05 of this By-Law.
- 5.07** Unless otherwise specified in this By-Law, the Executive Committee:
- a) annually selects and appoints the members, a Chair and Vice-Chair for each remaining Committee;
 - b) oversees the financial management of the CRO; and
 - c) reviews the CRO's annual operating budget for approval at the last Council meeting of the fiscal year.
- 5.08** In selecting the members for each Statutory and **Non-Statutory Committee**, the Executive Committee shall:
- a) provide each Council Member, **Public Committee Appointee** and Professional Committee Appointee the opportunity to express their preferences with respect to committees;
 - b) appoint Council Members, **Public Committee Appointee** and Professional Committee Appointees to sit on committees, giving due consideration to:
 - i. the preferences expressed by the members;
 - ii. the number of members required;
 - iii. the desirability of providing a mix of experienced and new members on committees;
 - iv. the skills and competencies of the members; and
 - v. any other relevant factors.
 - c) for Professional Committee Appointees, appoint only from the pool of Professional Committee

Appointees or appointed pursuant to the By-Law.

- d) for Public Committee Appointees, appoint only from the pool for Public Committee Appointees appointed pursuant to the By-Laws.

5.09 The President shall:

- a) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Laws and the Policies and Procedures of the CRTO;
- b) chair all meetings of the Council;
- c) be the Chair of the Executive Committee;
- d) administer the Registrar's performance appraisal; and
- e) attend all Committee meetings as they deem appropriate and with the express permission of the Committee chair.

5.10 The Vice-President shall:

- a) generally assist the President;
- b) exercise the powers and duties of the President during the President's absence or inability to act;
- c) perform such other duties as may be assigned by the Council; and
- d) administer the Registrar's performance appraisal.

5.11 Each Executive Committee Member shall perform such duties as may be assigned by the Executive Committee.

5.12 A quorum shall consist of a majority of the voting members of the Committee, at least one of whom is a public Council Member.

6. POWERS OF COUNCIL AND EXECUTIVE COMMITTEE

6.01 The Council shall have full power with respect to the affairs of the CRTO, including making, amending the By-Law and revoking Regulations. No Regulation or By-Law or resolution passed or made by the Council, or any other action taken by the Council, requires confirmation or ratification by the Members of the CRTO in order to become valid or to bind the CRTO.

6.02 As set out in the *RHPA*, the Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make or amend the By-Law, or amend or revoke a Regulation.

7. COMMITTEES

- 7.01** Council may, from time to time, create Non-Statutory committees. The creation or dissolution of such a Committee requires a motion from Council. Non-Statutory Committees may be supported by legal and/or technical consultants as required.
- 7.02** In appointing members to any Committee, Council Members, **Public Committee Appointee** or Professional Committee Appointees may be appointed unless the By-Law or policies of the CRO provide otherwise.
- 7.03** Appointments to Committees remain in effect until the member is re-assigned, resigns, retires or is disqualified.
- 7.04** Any Member of the Committee is eligible to be appointed as Chair or Vice-Chair by the Executive Committee. Appointments are made at the conclusion of the last Council meeting of the calendar year.
- a) The term of all Chair and Vice-Chair positions is one (1) year with the opportunity for reappointments.
 - b) Appointments to Chair and Vice Chair positions shall be made utilizing the CRO's appointment guidelines.
- 7.05** Committee Chairs shall:
- a) preside over meetings of the Committee;
 - b) ensure minutes are recorded and review minutes prior to distribution to the Committee;
 - c) approve per diem and expense payment for Committee Members;
 - d) identify attendance or other problems with Committee Members.
- 7.06** Committee Vice-Chairs shall:
- a) assist the Committee Chair;
 - b) exercise the duties of the Chair during the Chair's absence or inability to act; and
 - c) perform other may be assigned by the Chair.

8. REGISTRATION COMMITTEE

- 8.01** The Registration Committee shall consist of at least five (5) voting members with:
- a) at least one (1) professional Council Member;
 - b) at least one (1) public Council Member;
 - c) at least two (2) Professional Committee Appointees;
 - d) an academic member of Council; and

e) up to one Public Member Appointee.

- 8.02** A panel of the Registration Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member.

9. INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

- 9.01** The Inquiries, Complaints and Reports Committee shall consist of at least eight (8) voting members with:

- a) at least two (2) Council Members who are Members of the CRTO;
- b) at least two (2) public Council Members;
- c) at least two (2) Professional Committee Appointees; and
- d) up to one (1) Public Member Appointee.

- 9.02** A panel of the Inquiries, Complaints and Reports Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member.

10. DISCIPLINE COMMITTEE

- 10.01** The Discipline Committee shall consist of at least five (5) voting members with:

- a) at least one (1) Professional Council Member;
- b) at least two (2) public Council Members;
- c) at least one (1) Professional Committee Appointee; and
- d) up to one (1) Public Member Appointee.

11. FITNESS TO PRACTISE COMMITTEE

- 11.01** The Fitness to Practise Committee shall consist of at least five (5) voting members with:

- a) at least one (1) Professional Council Member;
- b) at least two (2) public Council Members;
- c) at least one (1) Professional Committee Appointee; and
- d) up to one (1) Public Member Appointee.

12. QUALITY ASSURANCE COMMITTEE

- 12.01** The Quality Assurance Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
 - b) at least one (1) public Council Member or **Public Committee Appointee**; and
 - c) at least two (2) Professional Committee Appointees.
 - d) A panel of the Quality Assurance Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member or **Public Committee Appointee**.

13. PATIENT RELATIONS COMMITTEE

- 13.01** The Patient Relations Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
 - b) at least one (1) public Council Member or **Public Committee Appointee**; and
 - c) at least two (2) Professional Committee Appointees.

14. COMMITTEE MEETINGS

- 14.01** Each Committee shall meet at the call of its Chair, at a place in Ontario, subject to Article 14.09 of this By-Law, on a date and time designated by the Chair.
- 14.02** Committees shall operate in accordance with the Policies and Procedures of the CRTO.
- 14.03** No formal notice is required for a meeting of a Committee, but reasonable efforts will be made to notify all the Committee Members informally of every meeting and to arrange meeting dates and times for the convenience of the Committee Members.
- 14.04** Committee meeting materials are posted at least one (1) week prior to the scheduled Committee meeting date.
- 14.05** Unless otherwise provided in the *Code* or specified in the By-Law, a majority (more than 50%) of the actual members of a Committee constitutes a quorum.
- 14.06** The Chair, or their appointee for the purpose, shall preside over meetings of the Committee.
- 14.07** Every motion which comes before a Committee may be decided by a majority of the votes cast at the meeting, including the presiding officer's and, in the case of a tie vote, the motion is defeated.

- 14.08** The presiding officer shall cause minutes to be taken of the proceedings of the Committee meeting.
- 14.09** Meetings of any Committee or of panels, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously. This includes in person, by teleconference, by videoconference, or other means that satisfy Committee Members.

15. RENUMERATION

- 15.01** The fees payable for honoraria and expenses of Council, Committees and Working Group members who are Members of the CROTO shall be as set in Policy.
- 15.02** Council Members who are appointed by the Lieutenant Governor in Council will be paid honoraria and expenses by the Health Boards Secretariat of the Government of Ontario.

16. INDEMNIFICATION AND DIRECTORS' INSURANCE

- 16.01** Every Council Member, Professional Committee Appointee, **Public Member Appointee**, officer, employee or appointee of the CROTO, including independent contractors, assessors, investigators and inspectors, and each of their heirs, executors, administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the CROTO from and against:
- a) any liability and all costs, charges and expenses that such person sustains or incurs in respect of any action, suit or proceeding that is proposed or commenced against such person for or respect of anything done or permitted by the person in respect of the execution of the duties of such person's office; and
 - b) subject to the Policies and Procedures of the CROTO and the Government of Ontario, all costs, charges or expenses that such person sustains or incurs in respect of the affairs of the CROTO, except any liability or costs, charges or expenses occasioned by such person's wilful neglect or default.
- 16.02** The CROTO shall at all times maintain "Errors and Omissions Insurance" covering the Council Members and Committees, staff members, independent contractors or officers of the CROTO.



Schedule A of By-Law 2: Council and Committees

1. CODE OF CONDUCT

The Code of Conduct applies to all Council and Committee Members of the CRTO. They must earn and preserve the confidence of the public by demonstrating a high standard of ethical and professional conduct, carry out and fulfill their expectations and obligations carry out and fulfill their expectations and obligations to meet the CRTO's public protection mandate, support strong governance practices, and safeguard the integrity of the CRTO.

The Code of Conduct is broken down into four core values and the principles that exemplify them.

Fiduciary Duties

Council and Committee Members stand in a fiduciary relationship to the CRTO and they must:

- 1.01** Act honestly, objectively, in good faith, and in the best interest of the CRTO consistent with its mandate to protect the public and this duty supersedes any loyalties to other organizations, associations, persons or personal or professional interests.
- 1.02** Uphold the decisions made by a majority of the Council and Committees, regardless of the level of prior disagreement.
- 1.03** Adhere to the CRTO's established governance model.

Accountability and Competence

Council and Committee Members are accountable to the public for their decisions and actions, and they must:

- 1.04** Exercise all powers and discharge all responsibilities in good faith and in the best interests of the CRTO consistent with its mission statement, goals and objectives, and its mandate to protect the public.
- 1.05** At all times conduct themselves in a way that protects the CRTO's reputation, and in particular, act with fairness, honesty, and integrity.
- 1.06** Be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* ("RHPA") and its regulations and the *Code, the Respiratory Therapy Act 1991, Regulations*, and the By-Laws and Policies-Procedures of the CRTO.
- 1.07** Participate in all required orientation and training sessions.
- 1.08** Regularly attend all Council and/or Committee meetings including by reviewing all materials in advance, being on time and engaging constructively in discussions in a respectful and courteous manner, recognizing the diverse background, skills and experience of all other Council Members, Committee Members, and staff.

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- 1.09** Respond to communications from staff, Council and Committee Members regarding Council and Committee business, in a timely manner.
- 1.10** Strictly abide by the Confidentiality Agreement with the CRTC, the Confidentiality Policy and Procedure of the CRTC, and the confidentiality provisions of the *Regulated Health Professions Act, 1991* and the *Code*.

Integrity

Council and Committee Members are committed to maintaining the highest standards of professional and personal conduct and they must:

- 1.11** Conduct themselves in a manner that respects the integrity of the CRTC by striving to be fair, impartial, and unbiased in their decision making.
- 1.12** Avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and comply with CRTC's By-Laws and Policies relating to conflict of interest.
- 1.13** Preserve confidentiality of all information before the Council or Committee unless disclosure has been authorized by the Council or is otherwise permitted under the *RHPA*.
- 1.14** Maintain appropriate decorum in all Council and Committee meetings by adhering to the rules of order adopted by the CRTC Council.
- 1.15** Refrain from speaking, or appearing to speak, on behalf of the CRTC, unless explicitly authorized to do so by the Registrar or Executive Committee.
- 1.16** Refrain from engaging in any discussions with other Council or Committee Members that take place outside the formal Council or Committee decision-making process that are intended to influence the decisions that the Council or a Committee makes.
- 1.17** Respect the boundaries of staff whose role is not to report to or work for individual Council or Committee Members including not contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Council or Committee or where otherwise appropriate.
- 1.18** Maintain appropriate boundaries with all other Council Members, Committee Members and staff, including refraining from behaviour that may reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment, and intervening when observing such behaviour by others.

Diversity and Inclusion

Council and Committee Members lead by example to support and respect the individuality and personal values of their colleagues and staff, they must:

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- 1.19** Promote a culturally safe environment, recognizing and supporting inclusiveness and diversity of all people.
- 1.20** Be respectful of different viewpoints or positions that may be expressed, in good faith, by other Council and Committee Members during Council or Committee deliberations.
- 1.21** Support an environment for Council, Committee Members, staff, registrants, stakeholders, and rights holders that is free from bullying, harassment, whether sexual or otherwise, physical or verbal abuse, threats or violence.

2. CONFLICT OF INTEREST

Definition

- 2.01** Council Members and Committee Members shall not carry out their duties when they are in a conflict of interest.
- 2.02** A conflict of interest may be actual, potential or perceived.
 - a) A conflict of interest exists where a reasonable person could conclude that the personal or private interests of the individual Council Member or Committee Member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties as a Council Member or Committee Member.
 - b) An actual conflict exists when (1) the member has a private interest, (2) the member knows of the private interest, and (3) there is sufficient connection between the private interest and the member's public responsibilities to influence the performance of them.
 - c) A potential conflict exists as soon as a real conflict is foreseeable.
 - d) A perceived conflict exists when there is a reasonable apprehension, which reasonably well-informed persons could properly have, that a conflict of interest exists.
- 2.03** It is not a conflict of interest for a Council Member or a Committee Member to:
 - a) participate in a matter that affects all or most CRTC Members similarly unless the Member has an interest over and above that of all or most CRTC Members or the impact of the interest on the member is substantially greater than that of all or most other members;
 - b) participate in a matter that affects all or most public members similarly unless the public member has an interest over and above that of other public members or the impact of the interest on the public member is substantially greater than that of all or most other public members;
 - c) accept reasonable, usual and customary hospitality.

Avoiding a Conflict of Interest

- 2.04** A Council Member or Committee Member who has, or believes they have, a conflict of interest in a matter before the Council, a Committee or a panel shall:
- a) declare the conflict to the President, Registrar or Committee Chair at the earliest opportunity;
 - b) not participate in the discussion of or voting on the matter; and
 - c) withdraw from the meeting, or in the case of a Council meeting that is open, withdraw from the Council table, for any discussion of or voting on the matter.
- 2.05** Council Members and Committee Members, related persons and related companies who wish to enter into contracts with the CRTC within one year of the end of their appointment or term, will have their proposals or applications referred to the Executive Committee for consideration, for the purpose of avoiding conflicts of interest.
- 2.06** Any Council Member or Committee Member who believes another Council Member or Committee Member has a conflict in relation to an issue before Council, a Committee or a panel which has not apparently been declared, may discuss the issue with the Council Member or Committee Member. If the matter is not resolved to the satisfaction of the Council Member or Committee Member who perceives the conflict, that Council Member or Committee Member shall discuss it with the President, Registrar or Committee Chair, or raise it as a point of order in the meeting. If the President, Registrar or Committee Chair is unable to resolve the issue, it shall be brought to Council (unless it is inappropriate to do so, for example, in a matter arising on a Panel for a hearing) to determine if a conflict of interest exists. The decision of Council, as to whether or not a conflict of interest exists, is final.
- 2.07** A Council Member or Committee Member who acts in a conflict of interest is subject to disqualification under By-Law 2: Council and Committees, Article 2.20.
- 2.08** All declared conflicts and their resolution shall be recorded.

Managing Personal Bias

- 2.09** Council Members or Committee Members dealing with a member-specific matter must be impartial and appear to those present to be impartial.
- 2.10** Bias may be defined as holding, or appearing to hold, a preformed judgment or opinion or forming a judgment or opinion without thoughtful examination of all the facts, issues, and arguments. In any proceeding it is essential that the decision-makers be free of conflict of interest and bias. There are four (4) common ways in which a reasonable apprehension of bias may be created:
- i. where a relationship exists between a Council Member or Committee Member and a participant in the proceeding;

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- ii. by the conduct of a Council Member or Committee Member during the proceeding;
- iii. through prior involvement or prejudgment by a Council Member or Committee Member;
- iv. where a Council Member or Committee Member has a conflict of interest.

2.11 A close relationship, either personal or business, between a Council Member or Committee Member and the subject of the proceeding, the subject matter of the proceeding, or a participant in a proceeding may create an apprehension of bias. Such relationships include:

- a) relatives, personal friends, neighbours and acquaintances;
- b) business partners or professional acquaintances;
- c) persons with whom the panel member had a dispute in the past;
- d) employer/employee and student/teacher relationships; or
- e) practising in close association with (e.g., in the same hospital).

In deciding whether the relationship constitutes an appearance of bias, one must consider the nature and extent of the relationship, what type of information would pass between the panel member and participant, how long ago the relationship existed, the nature and size of the profession and the CRTO's policy in such matters.



Schedule B of By-Law 2: Council and Committees

1. RULES OF ORDER OF THE COUNCIL AND COMMITTEES

- 1.01** When any Council or Committee Member wishes to speak, they shall so indicate by raising their hand, and shall address the presiding officer and confine themselves to the question under discussion.
- 1.02** When two (2) or more Council or Committee Members raise their hand to speak, the presiding officer shall call upon one Member to speak first.
- 1.03** No Council or Committee Member shall interrupt another Council or Committee Member except to raise a point of order. The interrupting Council or Committee Member shall confine themselves strictly to the point of order.
- 1.04** Any Council or Committee Member in speaking or otherwise who transgresses these rules, if called to order either by the presiding officer or on a point raised by another Council or Committee Member, shall immediately cease speaking while the point is being stated, after which they may explain and shall then obey the decision of the presiding officer.
- 1.05** A Council or Committee Member may speak only once upon any question, except:
- a) in explanation of a material point of their speech which may have been misquoted or misunderstood, but then they are not to introduce any new matter or argument;
 - b) the proposer of a substantive motion, who shall be allowed a reply which shall close the debate, or
 - c) with the permission of the presiding officer.
- 1.06** No Council or Committee Member may speak longer than seven (7) minutes upon any question except with the permission of the presiding officer.
- 1.07** When the question under discussion contains distinct propositions, any Council or Committee Member may require the vote upon each proposition to be taken separately.
- 1.08** When the presiding officer puts the question, no Council or Committee Member shall enter or leave the chamber, and no further debate is permitted.
- 1.09** Any question when once decided by the Council or Committee Members shall not be reintroduced within six (6) months except by a two-thirds (2/3) majority vote of the members in attendance.

Rules of Order of the Council and Committees

- 1.10** All motions shall be recorded and seconded, before being debated. When a motion is seconded, it may be re-read by the presiding officer or their designate. When the question under discussion has not been printed and distributed, any Council or Committee Member may require it to be at any time during the debate, but not so as to interrupt a member while speaking.
- 1.11** A Council or Committee Member who has made a motion may withdraw the same without the permission of the seconder or the consent of the Council or Committee. Rule 1.10 does not prevent another Council or Committee Member from making the same motion.
- 1.12** The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council or Committee without debate. In explaining a point of order or practice, they shall state the rule or authority applicable to the case.
- 1.13** When a question is under debate, no motion is received except to amend it, to postpone it (which may be indefinitely or to a day or time certain), to put the question, to adjourn the debate, to adjourn the meeting, or to refer the question to a Committee.
- 1.14** A motion to amend the main question shall be disposed of before the main question is decided and, where there is more than one motion to amend, they shall be decided in the reverse order to which they were made.
- 1.15** Whenever the presiding officer is of the opinion that a motion offered to the Council or Committee is contrary to these rules or the By-Law, they shall apprise the Council or Committee thereof immediately, rule the motion out of order, and quote the rule or authority applicable to the case.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

By-Law 3: Membership

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CROTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

CROTO

The acronym for the College of Respiratory Therapists of Ontario

Fees

The fees payable to the CROTO by a member or applicant

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CROTO

Panel

A sub-group of a Committee of the CROTO

Policies and Procedures

The documented processes or courses of action undertaken by the CROTO in response to recurring issues

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Registrar

Person hired by the Council to act as Chief Executive Officer for the CROTO as required by the *Code* and as described in By-Law 1: General CROTO Administration, Article 4; includes a person

appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Respiratory Therapist

A Member of the CROTO

Respiratory Therapy

As defined in the *Act* 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; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

2. THE REGISTER

- 2.01** The Registrar shall maintain a register in accordance with section 23 of the *Code* and in accordance with Regulation 261/18 made under the *RHPA*.

Additional Information in the Register

In addition to the information set out in subsection 23(2) of the *Code*, the Register shall contain the following publicly available information:

- 2.02** If there have been any changes to the Member's name since the date of the Member's initial application for registration, the former name(s) of the Member;
- 2.03** The name, address and telephone number of every employer for whom the Member is employed as a respiratory therapist and, if the Member is self-employed as a respiratory therapist, the address and telephone number of every location where the Member practices other than addresses of individual clients;
- 2.04** For each practice location the area of practice identified by the Member as their "main area of practice";
- 2.05** The language(s) in which the Member is able to provide respiratory therapy services;
- 2.06** The Member's registration number;
- 2.07** The Member's current registration status;
- 2.08** The date on which the Member's current certificate was issued and cessation or expiration date;
- 2.09** If the Member ceased to be a Member, a notation specifying the reason for the cessation of Membership and the date on which the Member ceased to be a Member;

- 2.10** Where a Member has been charged with an offence under the *Criminal Code of Canada*, *Health Insurance Act*, *Controlled Drugs and Substances Act (Canada)*, or any other charge that relates to the Member's suitability to practice, the fact and content of the charge, the date and place of the charge, where applicable bail conditions, and, where known the date and outcome of the charge(s);
- 2.11** Information about a finding by a court that the Member has been found guilty of an offence under the *Health Insurance Act*, or any other offence that relates to the Member's suitability to practise, including:
- i. the date and a summary of the finding,
 - ii. the date and the sentence imposed, if any, and
 - iii. where the finding is under appeal, a notation to that effect;
- 2.12** Any information jointly agreed to be placed on the register by the CRTC and the Member;
- 2.13** The name and location of practice, if known, of individuals reported to the CRTC for holding themselves out as respiratory therapists or as qualified to practise as a respiratory therapist or in a specialty of respiratory therapy, in accordance with S.9 of the *Respiratory Therapy Act, 1991*.

Considerations

- 2.14** In the event that the Member is not employed or not self-employed as a respiratory therapist a notation shall be made on the register to indicate the Member does not have a business address.
- 2.15** In the event that the Member's business address is the same as the Member's residential address, the Member shall provide a designated business address if the Member does not want their residential address to be posted as their business address for the purposes of the CRTC's public register.
- 2.16** Information that is subject to a publication ban shall not be placed in the register.

3. DUTY TO PROVIDE INFORMATION

- 3.01** In addition to the information listed in Articles 2.01 to 2.16 of this By-law, if requested in a manner determined by the Registrar, Members shall immediately provide the following information about the Member to the CRTC:
- a) address and phone number of primary residence;
 - b) date of birth;
 - c) languages spoken;
 - d) preferred email address;
 - e) information related to entry to practice examination results;
 - f) information related to respiratory therapy or related education;
 - g) information related to employment history;

- h) proof of professional liability insurance;
- i) employment information for each practice location, including:
 - i. title and position;
 - ii. employment category and status;
 - iii. name of supervisor;
 - iv. employer facsimile number;
 - v. a description of respiratory therapy activities; and
 - vi. areas of practice.
- k) information for the purpose of Ministry health human resources planning as required under section 36.1 of the *RHPA*;
- l) information about participation in the Quality Assurance Program;
- m) information about any charge on or after January 1, 2016:
 - i. under the *Criminal Code of Canada*, including any bail conditions;
 - ii. under the *Health Insurance Act*;
 - iii. related to prescribing, compounding, dispensing, selling or administering drugs;
 - iv. that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offence under the *Highway Traffic Act*);
 - v. relating to the member's impairment or intoxication; or
 - vi. any other charge or offence relevant to the member's suitability to practise the profession.
- n) information about any finding by a court made after June 3, 2009 of professional negligence or malpractice against the member;
- o) information regarding professional registration and conduct; and
- p) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

3.02 Within thirty (30) days of the effective date of the change, Members shall notify the CRTO in writing of any change in the information provided on their previous registration renewal form or application for registration form, including:

- a) name(s);
 - i. The Member must provide information satisfactory to the Registrar confirming that the Member has legally changed their name; and
 - ii. The Registrar must be satisfied that the name change is not for any improper purpose.
- b) address and telephone number of the member's primary residence;
- c) member's business name, address telephone and facsimile number;

- d) preferred email address;
- e) employment status;
- f) conduct information as noted in Article 3.01(m-o) of this By-law; and/or
- g) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

4. FEES

Schedule of Fees

4.01 The CRTO shall maintain a Schedule of Fees that is available on the CRTO's website.

Application Fees

- 4.02** There is a non-refundable application fee for a General, Graduate or Limited certificate of registration.
- 4.03** A Member applying for a change in class of certificate of registration shall be exempt from paying the application fee.

Annual Fees

- 4.04** In this Article, "fiscal year" means the CRTO's membership year that begins on March 1 and ends on the last day of the following February.
- 4.05** Every Member shall pay the annual fee before March 1 of each year.
- 4.06** For applicants who have been approved for registration with the CRTO, the annual fee for a General, Graduate or Limited certificate of registration is prorated on a quarterly basis, as defined in the Schedule of Fees.
- 4.07** Where a Member holding an Inactive certificate of registration is reissued a General or Limited certificate of registration, in accordance with the Registration Regulation and the By-Laws, the annual fee for the year in which the General or Limited certificate is reissued is prorated on a quarterly basis.
- 4.08** The Registrar shall notify each Member of the amount of the annual fee and the day on which the fee is due. The Member's obligation to pay the annual fee remains even if the Member fails to receive such notice.

Late Penalty Fee

- 4.09** If a Member registered with a General, Graduate or Limited certificate of registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.
- 4.10** If a Member registered with an Inactive certificate or registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.
- 4.11** If a Member fails to submit the completed registration renewal by the date it is due, then the Member shall pay a penalty as if the Member had failed to pay the annual fee on time.
- 4.12** If a Member fails to complete any obligation outlined in the CRTO Professional Development Program Policy by the established deadline, one post-deadline reminder will be sent by the CRTO. If the Member does not complete the obligation within 15 days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees.

Reinstatement Fee

- 4.12** There is a fee for reinstating a certificate of registration that has been suspended under subsection 65(1) of the regulation or section 24 of the *Code*.

Other Fees

- 4.13** Where consideration of an application for a certificate of registration involves an evaluation by the CRTO of the applicant's educational program, additional training, or experience, the applicant shall pay an evaluation fee, as set in the Schedule of Fees.
- 4.14** A fee shall be payable by a Member where payment is made by cheque, and the cheque is returned to the CRTO due to insufficient funds.
- 4.15** At renewal time, if a payment with non-sufficient funds (NSF) is received by the CRTO on March 1, an additional late penalty fee may be charged.

Fee Refunds

- 4.16** A fee paid under this Article is non-refundable with the following exceptions;
- 4.17** The Registrar shall issue a refund to a member who has paid the annual fee and,
- a) who resigns their General, Graduate or Limited certificate between March 1 and November 30;
 - b) who changes their General or Limited certificate to Inactive between March 1 and November 30; or
 - c) whose Graduate certificate expires between March 1 and November 30.

- 4.18** The amount of the refund will be equal to the annual fee paid *minus* the following:
- 25% of the annual fee paid – if the change in membership occurs between March 1 and May 31
 - 50% of the annual fee paid – if the change in membership occurs between June 1 and August 31
 - 75% of the annual fee paid – if the change in membership occurs between September 1 and November 30.

Fee Increases

- 4.19** At each fiscal year, the fees set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless Council decides to waive a fee increase for that year.

5. PROFESSIONAL INCORPORATIONS

- 5.01** There is a fee for the issuance of a certificate of authorization, including for any reinstatement of a certificate of authorization, of a professional corporation.
- 5.02** There is a fee for the annual renewal of a certificate of authorization.
- 5.03** There is a fee for the issuing of a document or certificate respecting a professional corporation.
- 5.04** Every member of the CROTO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms, upon the written request of the Registrar within fifteen (15) days and upon any change in the information within fifteen (15) days of the change:
- (1) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
 - (2) any business names used by the professional corporation;
 - (3) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (4) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (5) the head office address, telephone number, facsimile number and email address of the professional corporation;
 - (6) the address and telephone number of the major location or locations at which the professional services offered by the professional corporation are provided; and
 - (7) a brief description of the professional activities carried out by the professional corporation.
- 5.05** The information specified in Article 5.04 of this By-Law is designated as public for the purposes of

paragraph 4 of subsection 23(3) of the *Code*.

- 5.06** The Registrar may issue a revised Certificate of Authorization to the corporation if the corporation changes its name after the certificate of authorization has been issued to it and provides proof of name change to the Registrar.

6. PROFESSIONAL LIABILITY INSURANCE

- 6.01** A Member engaging in the practice of respiratory therapy shall carry professional liability insurance with the following characteristics:
- a) the minimum coverage shall be no less than \$2,000,000 per occurrence;
 - b) the aggregate coverage shall be no less than \$4,000,000;
 - c) if coverage is through a “claims made” policy, an extended reporting period provision of at least two (2) years;
 - d) any deductible must be \$1,000.00 or less per occurrence;
 - e) any exclusionary conditions and terms must be consistent with standard industry practice with respect to insurance of this type;
 - f) the insurer must be licensed with the Financial Services Commission of Ontario or the Office of the Superintendent of Financial Institutions of Canada; and
 - g) the Member must be personally insured under the insurance policy.

Sexual Abuse Therapy and Counselling Fund Endorsement

- 6.02** The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that,
- a) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the *Code*; and
 - b) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the *Regulated Health Professions Act, 1991*, for therapy and counselling as a result of sexual abuse by the Member.

Council Briefing Note

AGENDA ITEM # 6.4

December 2, 2022

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	Risk Management Framework
Purpose:	For Decision
Strategic Focus:	Governance and Accountability
Attachment(s):	Appendix A – Draft Risk Management Framework
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the Risk Management Framework.

PUBLIC INTEREST RATIONALE:

The College of Respiratory Therapists of Ontario (CRTO) regulates the practice of Respiratory Therapy in the public interest. In serving the public interest, the CRTO has a fiduciary duty to manage risk. This expectation applies not only to the risks associated with regulating the practice of the RT profession (regulatory risk) but also, on an organizational level, to the management of risk in all aspects of the CRTO's operations and programs (e.g., continuity of operations and financial sustainability).

ISSUE:

The draft Risk Management Framework (Appendix A) was developed in alignment with the CRTO mandate and strategic objectives to ensure a consistent and systemic approach to identifying and managing risk that could prevent the CRTO from meeting its mandate and achieving its strategic objectives.

The document outlines:

1. The CRTO's **risk management strategy** - establishes the general approach for managing risk across the organization, embedding risk considerations into the CRTO's decision-making and resource allocation, and outlines the key responsibilities.

2. **Risk management process** - provides a specific set of steps for managing risks in a systematic way. This is to operationalize the risk management strategy through the identification, assessment, treatment, communication and monitoring of risk.

The draft framework is included for Council's consideration and approval.

BACKGROUND:

In fulfilling its mandate, the CRTO has been addressing risk in many aspects of its operations and programs (e.g., developed risk assessment tools that are being used by committees, established several financial risk management strategies, etc.). The purpose of the Risk Management Framework is to assist the CRTO in adopting a systemic approach to risk management and to establish a formal process for risk identification, assessment, monitoring and reporting.

The framework aligns with the CRTO's strategic plan, which includes:

- The application of risk-based regulation; and
- A comprehensive Risk Management Framework.

The framework also aligns with the increasing expectations that regulators adopt risk management strategies and incorporate risk into their strategic planning, project and operations management and reporting. For example, the College Performance Measurement Framework (CPMF) references risk 27 times. One of the expectations outlined in the CPMF is that a regulatory College "continuously assesses risks, and measures, evaluates and improves its performance."

The development of the framework was guided by ISO 31000:2018 – Risk Management Standard and a review of scholarly and grey literature focused on regulatory approaches to risk management as well as CRTO's previous projects on risk management.

RECOMMENDATION:

It is recommended that Council approve the Risk Management Framework.

NEXT STEPS:

If approved, staff will develop the Risk Register to be presented to Council in May 2023. Once developed, the Register will be used to provide a risk report to Council on a quarterly basis.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
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RISK MANAGEMENT FRAMEWORK FOR THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

December 2, 2022, DRAFT

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1. Introduction

The College of Respiratory Therapists of Ontario (the CROTO) regulates the Respiratory Therapy practice in Ontario in the public interest. Specifically, under the *Regulated Health Professions Act, 1991* (RHPA)¹, the CROTO has a duty to work in consultation with the Minister of Health to ensure, as a **matter of public interest**, that the people of Ontario have access to adequate numbers of qualified, skilled and competent Respiratory Therapists.

In serving the public interest, the CROTO has a fiduciary duty to manage risk. This applies not only to the risks associated with the practice of Respiratory Therapy (**regulatory risks**) but also, on an organizational level, to the management of risk in all aspects of CROTO's operations and programs (**organizational risks**).

The CROTO developed this framework in alignment with its mandate and strategic objectives to ensure a systemic approach to risk management across the organization and embed risk consideration into its decision-making and resource allocation.

The framework is based on ISO 31000:2018 – Risk Management Standard and a review of scholarly and grey literature focused on regulatory approaches to risk management. Building on the ISO 31000:2018 principles of risk management, the document outlines:

1. The CROTO's **risk management strategy** (sections 2-5) establishes the foundation for managing risk across the organization and outlines the key responsibilities.
2. **Risk management process** (section 6) provides a specific set of steps for managing risks in a systematic way. This is to operationalize the risk management strategy through the identification, assessment, treatment, communication and monitoring of risk.

2. Policy Statement

It is the policy of the College of Respiratory Therapists of Ontario to establish and maintain a systemic approach to risk management, integrating risk management into its strategic planning, project and operations management and reporting.

The CROTO is committed to fostering a risk management culture that is guided by the principles of accountability and transparency and reflects its mandate, and strategic objectives.

The CROTO Council provides leadership and oversight for the CROTO's risk management strategy. CROTO staff ensure that the risk management strategy is implemented, and that organizational and regulatory risks are assessed, treated and monitored on an ongoing basis.

¹ s.2.1 Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*

3. Purpose

This risk management framework was developed to²:

- Integrate risk management into CRTO's organizational structures and processes in a manner that reflects its mandate and strategic direction.
- Ensure that risk management is a key component of CRTO's decision-making, strategic planning, resource allocation and operational management and that CRTO's decisions are informed by relevant, understandable and accurate information and appropriate and timely involvement of its internal and external stakeholders.
- Outline a structured and comprehensive approach to risk management that clarifies the roles and responsibilities and ensures consistency in how risk-management tools and processes are applied across the organization. These include procedures for risk identification, assessment, treatment and communication.
- Help the CRTO respond to and adapt to changing priorities (both internal and external) through risk management practices that are dynamic and flexible.
- Enable continual improvement through ongoing monitoring, review and improvement of risk management processes to ensure their relevance and effectiveness.

4. Key Concepts/Definitions

- **Risk** – ISO 31000:2018 defines risk as the effect of uncertainty (e.g., possibility of an event X) on an organization's objectives. Risk can have positive and/or negative impacts, ranging from major system failure to an improvement (opportunity). This document focuses primarily on mitigating the negative impact of risk.
- **Risk appetite** – a high-level indication of how much risk an organization is willing to accept in order to achieve its objectives. Articulating an organization's risk appetite is an important factor in facilitating risk-informed decision-making.
- **Risk management** (often referred to as Enterprise Risk Management) – a systematic, integrated, cyclical and proactive approach to managing an organization's risks and opportunities in relation to its mandate and objectives. The three key components of the risk management process are risk assessment, treatment and monitoring. It is also important to note that the purpose of risk management is not to eliminate risk but rather to help organizations manage risk and uncertainty.
- **Risk management culture** – reflects an organization's commitment to view risk management as an inherent part of its decision-making (as opposed to a reporting requirement, for example). A risk management culture encourages open and clear discussion of risks across all levels of the organization.
- **Risk-based regulation** – a regulatory approach intended to ensure that regulatory actions are proportionate to the risk they are trying to address. The aim of risk-based regulation is also to reduce any unnecessary regulatory burden. In this, risk-based regulation aligns with the principles of

² Adapted from the ISO 31000:2018 Risk Management Principles

right-touch regulation and its focus on maximizing regulatory effectiveness and efficiency. Risk-based regulation is often described as outcomes-focused, pragmatic, and agile.

5. Responsibilities

The CRTO's key risk management responsibilities are assigned to its Council, Registrar and CEO, Finance and Audit Committee and program managers. Their specific responsibilities are set out below.

CRTO Council

The Council (Board of Directors) is ultimately responsible for the oversight of the CRTO's risk management strategy and policy direction; this includes:

- Determining a the overall approach to risk management, ensuring that it aligns with the CRTO's objectives and strategic initiatives
- Articulating the CRTO's risk appetite
- Ensuring that risk management is embedded into CRTO's decision making
- Supporting a culture of risk awareness focused on continued learning and improvement
- Monitoring CRTO's activities and maintaining oversight of risks that can impact the CRTO's strategic objectives

The Registrar and CEO

The Registrar is ultimately accountable for the operational leadership in the implementation of the risk management framework and processes across CRTO's departments and core functions. Their key risk management responsibilities include:

- Identifying and assessing potential and emerging risks and opportunities as part of the strategic and operational planning processes
- Developing mitigation strategies, and ongoing evaluation of the CRTO's effectiveness in risk management
- Working with Council to establish the CRTO's risk appetite levels
- Allocating the appropriate resources to implement and maintain the CRTO's risk-management framework and processes
- Engaging staff and Committees in the CRTO's risk management process and assigning appropriate risk management responsibilities
- Monitoring the CRTO's risk management processes and providing Council with regular updates on key risks that may impact the CRTO's ability to fulfil its mandate and strategic objectives
- Maintaining the Risk Register and ensuring that the CRTO's communications about risk are clear and transparent
- Establishing a culture of risk awareness by setting standards for risk management and modelling risk-based decision making
- Ensuring that Council and staff receive an orientation and ongoing training related to risk management and providing support in fulfilling their risk management responsibilities

Finance and Audit Committee (FAC)

The FAC assists the Council in fulfilling its governance and oversight responsibilities in relation to the CRTO's financial reporting and internal and external audit functions. The FAC's key risk management responsibilities include:

- Monitoring the CRTO's control systems and financial practices, reviewing the CRTO's financial reports
- Providing advice to the Registrar and CEO with regard to any financial risk
- Identifying risk factors relating to financial management policies and processes

CRTO Staff

Program Managers are expected to demonstrate an understanding of and commitment to the CRTO's risk management strategy. Their key risk management responsibilities include:

- Supporting the CRTO in the development and implementation of the risk management framework
- Identifying, assessing and managing the risks and opportunities in their area of responsibility
- Providing quarterly reports to the Registrar and CEO

6. Risk Management Process

The following sections provide a broad overview of the CRTO's approach to operationalizing the risk management framework across the organization. The five key components of the CRTO's Risk Management Process are the identification, assessment, treatment, communication and monitoring of risks. The process can be described as "a series of inter-connected and inter-related steps that are repeatable and verifiable"³

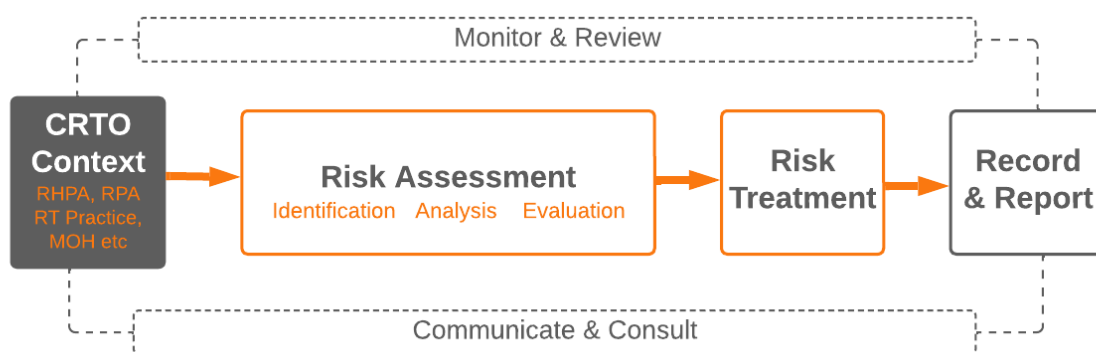


Figure 1 – Risk Assessment Process⁴

³ Guide to Integrated Risk Management (Treasury Board of Canada Secretariat)

⁴ Adapted from ISO 31000:2018

A. Context

An effective risk management process requires a clear understanding of the context in which the CRTO operates; this includes:

- its mandate, strategic objectives, and regulatory framework (defined by the RHPA, the RTA, regulations, By-laws and policies)
- internal factors such as the governance structure; and
- external factors such as the complex and changing healthcare and regulatory environments.

B. Risk Assessment

Risk Assessment includes risk identification, analysis and evaluation. The CRTO will ensure that its risk assessment process is based on the most relevant information and is conducted in a systematic, ongoing and collaborative approach. The risk assessment will inform the prioritization and treatment of risks and the allocation of resources.

i. Risk Identification

Purpose: to identify and document the risks/uncertainties that might prevent the CRTO's ability to fulfil its mandate and achieve its objectives. Having a documented list (e.g., Risk Register) of historical, current, and emerging risks will help the CRTO prioritize initiatives and allocate resources.

Key considerations:

- What are the possible sources of risk (internal and external)?
- Do we have access to relevant information (e.g., historical data, experiences of other organizations etc.)?
- Identifying emerging risks may require imaginative thinking about the future (e.g., what-if scenarios)
- Possible approaches to identifying risks may include:
 - Reviewing the risk characteristics of specific RT procedures and areas of practice (e.g., based on the 2021 CPMF report, communication, competence/patient care, and professional conduct and behaviour are the most prevalent themes identified in formal complaints received by the CRTO and Registrar's Investigations)
 - Reviewing the risk characteristics of specific member demographics
 - Strengths, weaknesses, opportunities, and threats (SWOT) analysis
 - Environmental scanning of practice in other jurisdictions, regulatory working groups, information sharing
 - Interviews with key stakeholders
 - Process analysis, e.g., to identify gaps in controls, policies
 - Reviewing past adverse events

Risks may be identified using a structured approach (e.g., working groups, checklists, strategic planning sessions). However, recognizing that risks are not static, and the likelihood of a threat can change suddenly, risk identification and monitoring should be ongoing. Likewise, the Risk Register should be considered a 'living' document and be monitored and updated regularly.

Risk Categories

As part of the risk identification, the CRTO will use a risk classification process, grouping risks into three broad categories:

- **Organizational** – risk in all aspects of CRTO's operations and programs, including, strategic, legal and compliance, operational (business continuity, people, IT, finance), and governance risks.
- **Regulatory** – risks that threaten the CRTO's ability to fulfil its mandate to regulate the profession in the public interest. These may include, for example, risks to individual patients related to the quality of Respiratory Therapy care, but also, from a wider systems perspective, risk of patients having inadequate access to RT services; and
- **Reputational** – reputational risks related to public confidence in the CRTO's ability to regulate the profession in the public interest. In general, it is assumed that any regulatory or organizational risk can affect the CRTO's reputation.

The risk classification is based on the recognition that the three categories are interrelated and not mutually exclusive and that risk may fall within more than one category. For example, an unmitigated organizational risk can adversely impact the CRTO's reputation and damage public confidence in the CRTO as a regulator.

Once identified, risks will be classified into risk categories/subcategories listed in Table 1 below.



Figure 2 – Risk Categories

Table 1: Risk Categories

Risk Category/ Subcategory	Example
Organizational	
Strategic (risks associated with the strategic objectives of the CRTO)	<ul style="list-style-type: none"> • Insufficient reporting/ tracking of Key Performance Indicators (KPIs) • Financial misalignment with the strategic plan • Changing expectations and government directions • Lack of member engagement, breakdown in stakeholder relations, ineffective communication
Legal and Compliance	<ul style="list-style-type: none"> • Legal disputes • Non-compliance with Ministry directives • Conflict of interest
Governance	<ul style="list-style-type: none"> • Council composition (e.g., insufficient number of public members) • Ambiguity of jurisdictions (e.g., lack of clearly defined roles and responsibilities)
Operational	<ul style="list-style-type: none"> • Staff turnover and retention • Business disruptions (fire, flood, power outage, public emergencies) • Vendor dependencies • Office security
Financial	<ul style="list-style-type: none"> • Unexpected increases in expenditures (e.g., due to new regulatory obligations, increase in complaints, legal challenges) • Misappropriation of assets • Poor management of investments
IT & Records Management	<ul style="list-style-type: none"> • IT infrastructure disruption • Compromise of data integrity, unauthorized access to CRTO's records, cyber attack
Regulatory	
Core regulatory functions focused on public interest: Entry to Practice Quality Assurance Professional Conduct	<ul style="list-style-type: none"> • Patient Safety - clinical practice, boundary violations • Public emergencies – insufficient number of RTs to meet the demands of the healthcare system • Lack of resources, inadequate guidance related to standards of practice • Public unaware of the CRTO and unable to access the complaints process • Members not aware of their reporting requirements • Unauthorized practice • Compliance monitoring (CRTO's orders, terms, conditions and limitations)
Reputational	
Any organizational and regulatory risk can affect the CRTO's reputation	<ul style="list-style-type: none"> • Negative perception of the CRTO • Lack of trust in CRTO's decision-making, its ability to fulfil its mandate • Negative media coverage

ii. Risk analysis and evaluation

Purpose:

- To assess and prioritize the risks in terms of their:
 - impact (e.g., consequences of the event occurring); and
 - likelihood (e.g., probability and frequency of occurrence)
- To identify existing controls (if any). Existing controls are the mechanisms that are already in place, such as policies, procedures, training programs etc., that may modify or mitigate the risk.

Key considerations:

- When analyzing risk, it is important to consider its likelihood and impact on the CRTO's objectives should it occur. Evaluating likelihood can be based on prior experiences or on experiences encountered by similar organizations.
- What is the risk rating, and what are the options for addressing the risk? Should the risk be treated? And if so, what are the priorities for treatment actions?
- What are the benefits/trade-offs? Do the expected outcomes outweigh the potential negative consequences?
- Risks analysis and evaluation may result in the following recommendations:
 - no further action required
 - additional analysis required to better understand the risk
 - consideration of risk treatment options
 - monitor and maintain existing controls
 - reconsider objectives

Risk Heat Map

Once the impacts and likelihoods of risks have been determined, they can be mapped on the risk heat map (see below), which illustrates a risk rating determined during the analysis process.

Table 2: Risk Heat Map

	IMPACT			
		1- Minor	2 - Moderate	3- Serious
LIKELIHOOD	1 - Unlikely	1	2	3
	2- Likely	2	4	6
	3 - Expected	3	6	9

Risk analysis involves the assignment of risk rating for each risk documented in the Risk Register. The rating is assigned using the following Risk Assessment Matrix:

$$\text{RISK RATING} = \text{LIKELIHOOD} \times \text{CONSEQUENCE}$$

Table 3: Risk Rating

RISK RATING (Impact x Likelihood)		
Risk Rating	Description	Possible Action Plan
1-2	Very low to low risk	<ul style="list-style-type: none"> May require consideration of future changes in the identified area Ongoing monitoring in case risk profile changes
3-4	Medium Risk	<ul style="list-style-type: none"> Careful risk evaluation required Immediate attention of Program Manager and the Registrar Manage and monitor; contingency planning
6-9	High to Critical Risk	<ul style="list-style-type: none"> Requires immediate action/response Immediate attention of the Registrar Council to be informed

C. Risk Treatment/Response

Purpose: To select and implement the appropriate response to the risks that have been identified and assessed based on the CRTO's risk appetite.

Typically, risk treatment options include one or a combination of the following:

- **Accept risk** – for example, when there are no available courses of action or if it is not practical to respond.
- **Avoid risk** – for example, by stopping or deciding not to proceed with an activity or choosing an alternative, it might be possible to avoid the risk
- **Control the risk** – to reduce likelihood and/or consequence of the risk. Processes such as audits and training etc. are some of the methods that may reduce the negative consequences.
- **Exploit the risk** - maximize the positive consequences of a risk.
- **Transfer risk** – sharing the risk with a third party who is willing to take the responsibility (e.g., outsourcing activities, obtaining insurance coverage).

Key considerations:

- Need to reference the CRTO's risk appetite when considering treatment options and the balance of the potential benefits of the treatment option against costs and the resources required for implementation
- Cost-benefit analysis of treatment options may include costs of risk treatments and costs associated with new risks arising from them. Are there any unintended consequences of a risk treatment?

- Are there any threats to the successful implementation of the risk treatment plan (e.g., organizational resistance)?
- Who is most accountable for each treatment strategy? Have we assigned specific actions, responsibilities and timelines?
- How should the risk treatment be communicated? Is stakeholder consultation needed?
- Risk treatment action plans should be integrated with the risk management reporting process and discussed with appropriate stakeholders.

D. Recording and Reporting Requirements

Purpose: to ensure that the CROTO's risk management process and its outcomes are documented. Recording or risk helps to disseminate information across the organization and promotes risk management accountability.

The CROTO will use a **Risk Register** to consolidate the risks identified during the assessment process, their controls (if any) and the treatment/action plans. For a template of the CROTO Risk Register, see Appendix A. The Register may be used for historical data analysis and future trend evaluation.

Key considerations:

- The risk information needs to be recorded in a concise, accurate and timely fashion. All CROTO departments will review and update the Risk Register on a quarterly basis.
- It is recommended that all risks rated as medium to critical be reported at each Council meeting. This will include information related to timelines and implementation of treatments.

E. Monitor and Review

Purpose: To review and monitor risks on an ongoing basis, ensuring that risk information remains relevant (e.g., by considering evolving factors and changes in the environment) and that responses are effectively implemented. Ongoing monitoring and review enable continual improvement.

Key considerations:

- Risk management is a dynamic process. Threats and the environment can change, and as such, ongoing monitoring and review should take place in all stages of the process.
- The results of monitoring and review should be a part of the ongoing risk management and reporting activities.
- It is recommended that risks rated as medium to critical be reviewed on an ongoing basis to ensure that the controls are working as intended.

F. Risk Communication

Purpose:

- To ensure that individuals in charge of risk management have access to relevant and timely information; and
- To maintain a continuous means of communicating risk information to the appropriate stakeholders ensuring that they are aware of and understand risk and its impact on the CRTO's decision-making.

Key considerations:

- Risk management requires an effective and inclusive communication strategy to ensure the engagement of appropriate stakeholders; this may include those within the organization (i.e., Council and Committee members, and staff), but it may also include consultation with external experts and stakeholders.
- Risk communication needs to occur throughout the risk management process.
- The CRTO will strive to standardize risk communication and use the Risk Register as the primary tool to communicate important risk information across the organization.
- In alignment with its commitment to transparency, the CRTO will provide a snapshot of its key risks and responses on its website.














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Appendix A - CRTO Risk Register Template

Id	Risk Description	Category/ Subcategory	Inherent Risk			Controls	Residual Risk	Treatment	Responsibility	Action Required
			Impact	Likelihood	Rating					
1	Cyberattacks (e.g., phishing)	IT Operations	3	3	Critical (9)	Online security training for staff New internal IT controls implemented External audit of CRTO's IT infrastructure completed New security features installed	Medium	Monitoring	IT & Database Specialist	Continue monitoring Conduct regular IT audits
2	Leak, accidental disclosure of confidential information	Compliance Operations Reputation	3	1	Medium (3)	Privacy Policy Confidentiality Policy and agreement Records Management and Retention Policy Privacy Training Use of passwords/encryption	Low	Monitoring		

Appendix B - CRTO Risk Report Template⁵

Strategic Domains	Risks		Risk Assessment		Risk mitigation	Risk Outlook	Certainty of achieving objectives
	Type	Statement of Risk	Current Quarter	Prior Quarter			
1. Member Engagement	Regulatory	Amount of information available on CRTO website			Ongoing review of the CRTO website New communications coordinator		50%
2. Governance & Accountability	Strategic	Ongoing monitoring of KPIs			Strategic Plan Progress report now available on the CRTO website		75%
3. Enhancing Professionalism	Regulatory	Formal risk assessments in all RC, QAC & ICRC decisions.					90%
4. Healthcare Community	Regulatory	Creation of common standards (where possible) both provincially and nationally.					
5. Core Business Practices	Operational	Succession plan for senior leadership					

⁵ Adapted from the CPA Enterprise Risk Management

Registrar's Report – Council Meeting

December 2, 2022

AGENDA ITEM # 7.1

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Registrar's Report
Purpose:	For Information

INTERNAL

CURRENT INITIATIVES

Policy Framework & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CPBGs)

CRTO staff continue to review and revise all our policies and procedures, with an increased focus on administrative and Council policies. At the December 2nd Council meeting, five (5) revised policies will be presented for approval, and three (3) policies will be rescinded and archived.

ADMINISTRATION

INTERNAL

Consulting.

Canadian Equity Consulting (CEC) has completed surveys and interviews with both CRTO staff and Council/Committee members, and a survey will be going out shortly to the membership. In addition, CEC has embarked on reviewing a number of CRTO policies, fact sheets, and guidelines to help establish a framework we can use when developing or revising any CRTO documents. They plan to provide an interim report by the end of November.

The CRTO has very recently retained the services of the consulting team of Andrea Strachan & Paulette Blais to align our language proficiency standards to those approved by Immigration, Refugees and Citizenship Canada (IRCC), as required by the recently created *Registration Requirements* regulation ([O. Reg. 508/22](#)) made under the *RHPA*.

The CRTO's current language proficiency requirement is based on a pan-Canadian comprehensive language benchmarking analysis conducted in partnership with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). These established English and French language benchmarks for respiratory therapy practice in Canada will enable the development of cut scores for the language proficiency exams accepted by IRCC by mapping scores against this standard.

Registrar's Report

The plan is to have this project completed before the end of the calendar year so that CRTO staff can revise our Language Proficiency Requirements Policy to present at the March 2023 Council meeting.

EXTERNAL

College Performance Measurement Framework

The draft version of the 2022 CPMF reporting tool has been released, with the final version expected soon. The report is similar to the one completed for 2021. However, this year, seven (7) pieces of Evidence have been categorized as benchmarks that Colleges are expected to meet or work towards meeting. If a College does not meet or partially meets a benchmark, it must provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

The seven (7) benchmark standards in the 2022 CPMF require Colleges to demonstrate that:

1. Professional members applying for a Council position meet pre-defined competency and suitability criteria.
2. Professional and Public members who wish to sit on a statutory committee meet pre-defined competency and suitability criteria.
3. They regularly review and update their written operational policies to ensure that the organization has the staffing complement it needs to be successful now and in the future (e.g. processes and procedures for succession planning for Senior Leadership).
4. They use policies, practices and processes to address accidental or unauthorized disclosure of information (e.g., cybersecurity measures).
5. They regularly evaluate their policies, standards of practice, and guidelines to determine whether they are appropriate, require revisions, or require new direction or guidance based on the current practice environment.
6. When developing or amending policies, standards and practice guidelines, they use an evidence-informed approach (e.g., the risk posed to the public, current practice environment, etc.).
7. The different stages of the complaints process and all relevant supports available to complainants are supported by formal policies and procedures and are clearly communicated.

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

National Competency Framework (NCF) Review

The NCF Steering Committee meeting took place in Toronto on November 4th, and the discussions included the following:

Registrar's Report

- Competency attainment expectations – Percentages of Foundational Knowledge, Core Competencies & Clinical Competencies
- Decision on the 43 suggested changes to the revised NCF
- Composition of the Subject Matter Expert working groups (based on areas of practice)

CanProf Consultants, Eva Schausberger & Karen Luker, met in-person with the Steering Committee to discuss the following:

- Methods of communication during the project, which includes an online collaboration platform
- Assessment of affective domain competencies (e.g., self-awareness, flexibility)
- Next steps – establishing and meetings with working groups.

The next NCF Steering Committee meeting is December 8th and the intended deadline for completion of the revised framework is June 23, 2023.

NARTRB Board & Annual General Meeting (AGM)

The NARTRB Board & AGM meetings took place in Toronto on November 5th, and the discussions included:

- National Standards of Practice
- Revised Jurisdictional Verification Form
- NARTRB Language Proficiency Standards
- IEHP Competency Gap Analysis

On the same day, the NARTRB took part in the Canadian Board of Respiratory Care (CBRC) AGM, where the following was discussed:

- Audio/Video Exam Bank Project
- CBRC Strategic Planning Process (e.g., a proposed name change to “Health Professionals Testing Canada”).

Office of the Fairness Commissioner (OFC)

The CRTO is in the process of preparing its annual Fair Registration Practices Report, which is due December 14th. Staff also attended an OFC webinar entitled “Incorporating Equity, Diversity and Inclusion Principles into Fair Registration Practices”.

Health Profession Regulators of Ontario (HPRO)

The HPRO Board continues to meet every other week to discuss a wide variety of timely topics, such as:

Registrar's Report

- Anti-BIPOC Racism Project
- Cybersecurity
- Implementation plans for *Registration Requirements* Regulation, which come into effect January 1, 2023, and include:
 - Timelines for registration decisions & responses
 - Language proficiency testing requirements
 - Exemption from Canadian experience requirements

There is also a requirement that all Colleges have an emergency class of registration. That condition comes into effect on August 31, 2023.

In addition, weekly HPRO CPMF meetings have begun and serve as a mechanism for Colleges to share their questions, concerns and insights as they work to complete their 2022 CPMF report.

Council Briefing Note

AGENDA ITEM # 7.2

December 2, 2022

From:	Carole Hamp, RRT - Registrar & CEO
Topic:	Financial Statements - March 1, 2022 – October 31, 2022
Purpose:	For Decision
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Highlights of the Financial Statements Appendix B: Balance Sheet Summary Report Appendix C: Income Statement Summary Report Appendix D: Income Statement Reporting Codes Appendix E: Financial Report Summary
Motion:	It is moved by _____ and seconded by _____ that: The Council approve the Financial Statements for March 1, 2022 – October 31, 2022.

PUBLIC INTEREST RATIONALE:

To ensure the CRTO has the financial resources to meet its statutory objectives and regulatory mandate, now and in the future.

ISSUE:

The College Performance Measurement Framework (CPMF) states that a College's strategic plan and budget should be designed to complement and support each other. To that end, the budget allocation should align with the activities, projects and programs the CRTO undertakes to attain its mandate.

BACKGROUND

To align the CRTO's finances more closely with its strategic plan, it is necessary to provide a streamlined set of financial reports to the Executive Committee and Council.

ANALYSIS:

- Appendix A - Highlights of the Financial Statements

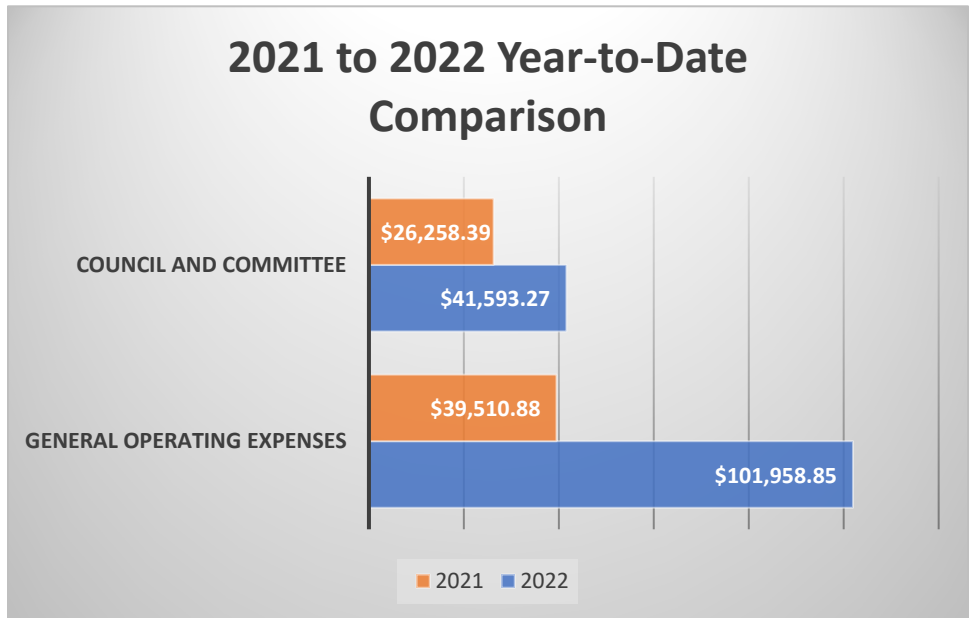
- Significant increase in General Operating Expenses over this time last year, due to an increased need to purchase computer software, as well as the addition of a Data Management budget line to enable digitalization of the office files.
 - Near doubling of Council and Committee expenses, which are primarily attributed to Council expenses as we transition to at least one in-person meeting per year.
- Appendix B – Balance Sheet Summary Report
 - We have approx. 6 months of operating reserve in our unrestricted reserves
- Appendix C – Incomes Statement Summary Report
 - As mentioned previously, our General Operating Expenses are higher. Therefore, our Net Income is slightly lower than this time last year. Our Consulting Services are also over budget, as anticipated.

RECOMMENDATION:

It is recommended that Council approves the CRTO interim Financial Statements for March 1, 2022, to October 31, 2022.

Appendix A: Highlights of the Financial Summary

Total Major Expenses	2022	2021
Wages and benefits	\$ 899,899.73	\$ 872,796.45
Occupancy costs	\$ 153,140.75	\$ 151,164.73
Professional services	\$ 41,434.44	\$ 74,945.96
Investigation and hearing expense	\$ 126,067.06	\$ 96,742.65
General operating expenses	\$ 101,958.85	\$ 39,510.88
Council and committee	\$ 41,593.27	\$ 26,258.39
Consulting	\$ 89,871.96	\$ 33,402.75
	\$ 1,453,966.06	\$ 1,296,842.81



Council & Committees		
	2022	2021
Total Council	\$ 21,143.98	\$ 7,300.00
Total Executive	\$ 1,125.00	\$ 1,850.00
Total Reg Committee	\$ 1,450.00	\$ 6,416.42
Total PRC Committee	\$ 3,651.51	\$ 900.00
Total Q&A Committee	\$ 1,825.00	\$ 1,725.00
Total IRC Committee	\$ 8,825.00	\$ 8,066.97
Total Discipline Committee	\$ -	\$ -
Total Fitness to practice	\$ -	\$ -
Finance & Audit Committee	\$ 2,875.00	\$ -
Chair's Event (Dinner)	\$ 697.78	\$ -

General Operating Expenses		
	2022	2021
Computer software	\$ 37,545.63	\$ 11,148.23
Postage, etc	\$ 1,548.76	\$ 3,191.65
Printing - general	\$ 2,302.85	\$ 2,120.82
Translation - general	\$ 11,497.75	\$ 13,297.47
Office supplies	\$ 2,115.47	\$ 4,514.30
Office meeting exp	\$ 2,936.19	\$ 1,753.22
Bank account charges	\$ 1,184.01	\$ 1,075.94
Conf reg fees	\$ 3,852.50	\$ 1,284.90
Outreach / Travel	\$ -	\$ 1,124.35
Communications - general	\$ 40.68	\$ -
Communications - Social Media	\$ 855.40	\$ -
Education day expenses	\$ 2,825.00	\$ -
Data Management	\$ 35,254.61	\$ -

Appendix B: Balance Sheet Summary Report

Total Equity	\$	2,269,266.53
CRTO Balance Sheet		
	As of October 31, 2022	As of October 31, 2021
Assets		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 702,317.99	\$ 737,426.14
Accounts Receivable	\$ -	\$ 13,367.52
Investments	\$ 1,537,506.00	\$ 1,528,292.64
Prepays	\$ 53,733.62	\$ 95,988.23
Total current assets	\$ 2,293,557.61	\$ 2,375,074.53
Property, plant and equipment	\$ 62,630.77	\$ 100,937.03
Total assets	\$ 2,356,188.38	\$ 2,476,011.56
Liabilities		
Accrued liability	\$ 86,908.29	\$ 101,245.96
Net Assets		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 80,000.00	\$ 80,000.00
Reserve for COVID-19	\$ 250,000.00	\$ -
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00
Special projects reserve fund	\$ 300,000.00	\$ 300,000.00
<i>Total Restricted funds</i>	\$ 1,280,000.00	\$ 1,030,000.00
Unrestricted Reserves	\$ 989,266.53	\$ 1,094,765.58
Total Liabilities and net assets	\$ 2,356,188.38	\$ 2,476,011.56

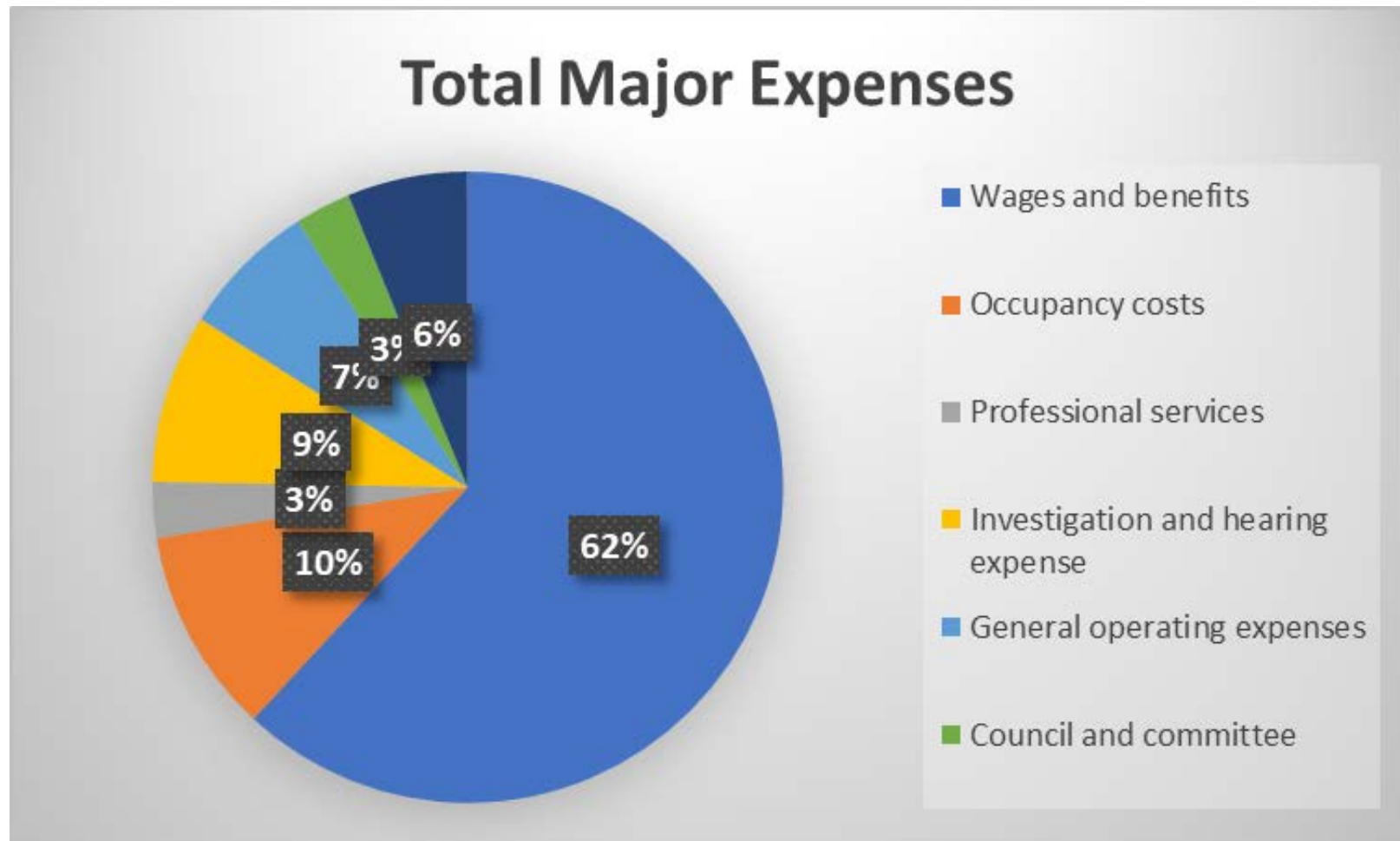
Appendix C: Income Statement Summary Report

Code	CRTO Statement Summary	Income Mar 1-October 31, 2022	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - October 31, 2021
0	Revenue	\$ 2,428,318.53	\$ 2,527,507.54	-\$ 99,189.01	-3.9%	\$ 2,397,894.91
0.5	Competency Assessment Income	\$ 11,000.00	\$ 12,500.00	-\$ 1,500.00	-12.0%	\$ 4,250.00
	Total Income	\$ 2,439,318.53	\$ 2,540,007.54	-\$ 100,689.01	-4.0%	\$ 2,402,144.91
0.6	Competency Assessment Expense	\$ 4,229.00	\$ 24,000.00	-\$ 19,771.00	-82.4%	\$ 17,430.22
1	Wages and benefits	\$ 899,899.73	\$ 1,315,680.75	-\$ 415,781.02	-31.6%	\$ 872,796.45
2	Occupancy costs	\$ 153,140.75	\$ 250,154.33	-\$ 97,013.58	-38.8%	\$ 151,164.73
3	Professional services	\$ 41,434.44	\$ 155,467.82	-\$ 114,033.38	-73.3%	\$ 74,945.96
4	Investigation and hearing expense	\$ 126,067.06	\$ 165,000.00	-\$ 38,932.94	-23.6%	\$ 96,742.65
5	Technology / Website	\$ 67,431.97	\$ 121,904.00	-\$ 54,472.03	-44.7%	\$ 28,007.74
6	General operating expenses	\$ 101,958.85	\$ 146,614.07	-\$ 44,655.22	-30.5%	\$ 39,510.88
7	Credit card and Paypal fees	\$ 11,562.77	\$ 63,716.93	-\$ 52,154.16	-81.9%	\$ 10,772.19
8	Memerbership and dues	\$ 25,974.27	\$ 35,766.67	-\$ 9,792.40	-82.4%	\$ 16,438.83
9	Quality assurance expenses	\$ 20,975.00	\$ 59,550.00	-\$ 38,575.00	-64.8%	\$ 16,539.48
11	Unrealized (gains) losses	-\$ 3,800.00	\$ -	-\$ 3,800.00		-\$ 2,781.00
12	Council and committee	\$ 41,593.27	\$ 117,650.00	-\$ 76,056.73	-64.6%	\$ 26,258.39
14	Consulting	\$ 89,871.96	\$ 78,000.00	\$ 11,871.96	15.2%	\$ 33,402.75
99	Equipment purchased	\$ 19,091.74	\$ 6,500.00	\$ 12,591.74	193.7%	\$ 7,754.25
	Total Expenses	\$ 1,599,430.81	\$ 2,540,004.57	-\$ 940,573.76	-37.0%	\$ 1,388,983.52
	Net Income	\$ 839,887.72				\$ 1,013,161.39

Appendix D: Income Statement Reporting Codes

Code	Reporting Line	Line Item #	Description
0	Revenue	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4400	Misc Rev
		4600	Invest Income
0.5	Competency assessment revenue	4210	Comp Assess 1&2
		4211	Comp Assess CSA
0.6	Competency assessment expenses	5521	Comp Assess Phase 1&2
		5522	Comp Assess - CSA
		5523	Comp Assess - Train/Dev't
1	Wages and benefits	5010	Salaries
		5020	Benefits
		5030	CPP & EI
		5031	RSP
		5035	EHT
		5040	Training and Dev
		5041	Personal Education
		5045	Staff Travel & Exp
2	Occupancy costs	5060	Rent
		5070	Equip lease and Mtce
		5090	Insurance
		5320	Office mtce / upkeep
3	Professional services	5110	Audit
		5120	Legal - general
		5210	Telephone, etc
		5555	Government Relations
4	Investigation and hearing expense	5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
5	Technology / Website	5223	Website hosting
		5224	Website development
		5620	Database development
		5623	Database Annual software fee
		5624	Database hosting
		5622	Cybersecurity
6	General operating expenses	5220	Computer software
		5230	Postage, etc
		5240	Printing - general
		5250	Translation - general
		5310	Office supplies
		5321	Office meeting exp
		5330	Bank account charges
		5350	Conf reg fees

		5545	Outreach / Travel
		5546	Communications - general
		5547	Communications - Social Media
		5610	Education day expenses
		5624	Data Management
7	Credit card and PayPal fees	5331	PayPal charges
		5340	Credit card merch fees
8	Membership and dues	5380	Membership / subs
		5385	Accreditation services
9	Quality assurance expenses	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
11	Unrealized (gains) losses	5700	Unrealized (gain) / loss
12	Council and committee	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
14	Consulting	5140	Consulting - general
		5154	Consulting - core functions
		5142	Consulting - governance
99	Equipment purchased	5050	Equip purchases
		5221	Computer hardware



Council Briefing Note

AGENDA ITEM # 7.3

December 2, 2022

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Investment Portfolio – as of October 31, 2022
Purpose:	For Decision
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A – Investment Portfolio Summary
Motion:	It is moved by _____ and seconded by _____ that: The Council approve the Investment Portfolio Summary.

PUBLIC INTEREST RATIONALE:

Careful management of the CROTO's investments is essential to ensure the organization has the necessary resources to continue fulfilling its mandate of acting in the public interest.

ISSUE:

The CROTO is striving for improvements regarding our investments in 2 areas:

1. A more comprehensive investment strategy
2. A more streamlined reporting tool

BACKGROUND:

The Finance and Audit Committee (FAC) has revised the CROTO's Investment Policy and created a new Reserves Policy, both of which were approved at the September Council meeting. They are currently working on the procedures for both documents.

RECOMMENDATION:

That the Council approves the Investment Portfolio Summary.

Appendix A: Investment Portfolio Summary

Cash – CRTO	As of Oct. 31/22	<u>As of Oct. 31/21</u>
Chequing Account	\$746,943.25	\$745,150
Renaissance High-Interest Savings	\$293,695	\$373,046
Wood Gundy Cash Account	\$132,270	
CIBC High-Interest Savings	\$103,670	\$102,509
Total Cash	\$1,276,578	\$1,220,705

CIBC Wood Gundy GICs		Interest Rates	Due Date	Comments
Effort Trust	\$100,000	0.8%	May 3/23	
Fairstone Bank	\$100,000	4.37%	July 4/24	
Concentra Bank	\$100,000	4.1%	June 13/24	
CIBC Lock-In	\$250,586	3%	April 26/23	
CIBC Flexible	\$250,000	1.65%	April 26/23	
CDN Western Bank	\$100,000	1.25%	Dec. 9/23	
Equitable Bank	\$100,000	1.25%	Dec. 9/23	
Total GICs	\$1,000,586	\$742,638		

Total Cash & Investments	\$2,277,164	\$1,963,343
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Council Briefing Note


AGENDA ITEM # 7.4

December 2, 2022

From:	Denise Steele, Coordinator of Professional Programs
Topic:	Membership Statistics
Purpose:	For Information
Strategic Focus:	Core Business Practices

CRTO Membership Statistics for the December 2, 2022, Council

(Report generated on October 31, 2022)



Membership	Dec. 2022	At last Council Sept. 2022	1 year ago Dec. 2021	5 years ago Dec. 2017
Total members	3931	3930	3879	3553
General Class	3593	3581	3571	3279
Graduate Class	21	23	26	23
Limited Class	4	4	4	6
Inactive Class	313	322	278	245
Status Changes	March - Dec. 2022	March - Sept. 2022	March 2020 - Dec. 2021	March-Dec. 2017
Resigned	53	51	49	33
Retired	29	27	28	13
Moved out of Ontario	11	11	14	7
Working in other profession	6	6	6	8
Personal/Other Reasons	7	7	1	5
Undertaking	0	0	0	0
Suspended	12	12	3	31
due to non-payment of fees	12	12	3	29
due to disciplinary decisions	0	0	0	0
other reasons	0	0	0	2
Revoked	6	6	0	13
due to non-payment of fees	4	4	0	12
due to disciplinary decisions	0	0	0	0
due to expiration of Grad Certs	2	2	0	1
Reinstated	10	8	24	11
from resigned	6	5	9	4
from suspended	1	1	0	5
from revoked	3	2	15	2

New Applications	March - Dec. 2022	March - Sept. 2022	March 2020 - Dec. 2021	March-Dec. 2017
Applications Received	179	146	214	168
Ontario Graduates	153	128	189	158
Other Canadian Grads	12	9	17	6
USA Graduates	7	5	2	3
International Graduates	7	4	6	1

Council Briefing Note

AGENDA ITEM # 7.5

December 2, 2022

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Draft Revised Infection Control Clinical Best Practice Guideline (CBPG)
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Current Infection Control CBPG Appendix B – Draft Revised Infection Control CBPG
Motion:	It is moved by _____ and seconded by _____ that: The Council approve approves the draft revised Infection Control Clinical Best Practice Guideline for consultation .

PUBLIC INTEREST RATIONALE

Ensuring that Respiratory Therapists understand their professional requirements and responsibilities surrounding infection control.

ISSUE:

Previously revised in November 2016, the Infection Control CBPG has been reviewed and updated. The focus of this document has shifted from a practice guideline to a guidance resource. This CBPG will provide direction for RT's to access information regarding public health guidelines, infection control and new and emerging pathogens.

BACKGROUND:

This CPPG has been condensed, with updated and simplified content to facilitate understanding and clear direction with respect to infection control. This is a living document, intended to provide resources in an ever-changing global health situation. It is extremely important that the expectations and guidelines for Members surrounding this topic are clear, current, and concise.

ANALYSIS:**Summary of Changes**

The format of this document is unchanged, however significant outdated content and links were removed. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant public health guidelines and other health regulators. Consultation with an Infection Control Practitioner was performed, who reviewed and revised the CBPG. The content has gender-neutral pronouns and updated links and references. Additions were made to include aerosol-generating medical procedures (Covid-19).

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised draft of the Infection Control CBPG for public consultation.

NEXT STEPS:

If the motion is approved, the CBPG will be circulated for consultation.

CERTO Clinical Best Practice Guideline:

Infection

Prevention

& Control

CERTO 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. CERTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CERTO publications may be used by the CERTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Appendix A

Acknowledgements

This Clinical Best Practice Guideline (CBPG) was first developed in 2008 by a working group of the CRTO's Patient Relations Committee (PRC) comprised of practising Respiratory Therapists (RTs). The Infection Control Working Group for the first version of this CBPG was also assisted by Dr. Mary Vearncombe, Dr. Allison McGeer and the Infection Control Team at Mount Sinai Hospital.

Original Working Group Members:

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Chris Harris RRT, Team Leader, ICU, London Health Science Centre/University Campus, London.

Ginny Myles RRT, Sr. Polysomnographer & Community RRT, Royal Victoria Hospital, Barrie.

Lisa O'Drowsky RRT, Manager, Patient Safety, St. Joseph's Health Centre, Toronto.

Rick Paradis RRT, Charge Therapist, OR, Respiratory Therapy Department/Anaesthesia, Mount Sinai Hospital, Toronto

Jodie Russell RRT, Infection Control/Risk Management, Timmins and District Hospital, Timmins

Ian Summers RRT, Faculty, Respiratory Therapy Program, Algonquin College, Ottawa

John Traill RRT, Clinical Instructor, Mount Sinai Hospital, Toronto

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CRTO Staff

Mary Bayliss RRT, Manager, Policy and Investigations.

Carole Hamp RRT, Professional Practice Advisor & Staff Respiratory Therapist, Guelph General Hospital

Appendix A

The CRTO is committed to ensuring that our standards and guidelines reflect the most current, evidence-based and best practices. Since the first version, the practice guideline has been revised twice. The CRTO would like to thank the following Professional Practice Committee and working group members for their participation and expertise that led to the updates to this CBPG.

Infection Prevention and Control CBPG Review 2011

Professional Practice Committee (PPC)

Paul Williams, RRT (Council Member and PPC Chairman)

Dave Jones, RRT (Council Member)

Sherri Horner, RRT (Committee Member)

Jim Ferrie (Council Member/Public Member)

Infection Control Specialists

Jennifer Blue RRT, CIC

Jane Montgomery RRT

Michelle Stephens RRT

CRTO Staff

Jennifer Harrison RRT (Professional Practice Advisor)

CBPG Infection Prevention and Control CBPG Review 2016

Infection Control Specialists Working Group

Debbie Demizio RRT, BA, CIC – Infection Control Consultant, Public Health Ontario

Jodie Russell RRT, CIC - Infection Control/Risk Management, Timmins and District Hospital

Carol Turner RRT, BA - Clinical Engagement and Change Management, Chatham-Kent Health Alliance

Arpita Bhattacharya RRT - Infection Prevention and Control Practitioner, William Osler Health System

CRTO Staff

Carole Hamp RRT, MA – Manager of Quality Practice

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Introduction

As a regulated health professional, Respiratory Therapists (RTs) are accountable for providing safe, competent and ethical care to the public in accordance with the standards of the profession. This document has been developed in order to assist RTs in learning how to achieve quality infection prevention and control practices. The SARS epidemic in 2003, the H1N1 Pandemic in 2009, and the MERS and Ebola 2014/2015 outbreaks- as well as the likelihood of another pandemic influenza - suggest it is vital for RTs to remain informed and up to date on current infection prevention and control best practices.

In addition to the public and the CRTO, RTs are accountable to their employer. Employers may have additional policies and procedures related to infection prevention and control. If an employer's policies and procedures are more restrictive than the CRTO's description of the standard of practice, Members should abide by their employer's policies and procedures. Where the employer's policies and procedures are more permissive than the standard of practice described by the CRTO, Members should adhere to the standard of practice described by the CRTO.

Guiding Principles of Infection, Prevention and Control

RTs are accountable for....

- Knowing how infections are transmitted (i.e., [The 6 Links in the Chain of Transmission](#))
- Adhering to the current infection prevention and control guidelines for their practice setting (e.g., employer policies, [OHA Communicable Diseases Surveillance Protocols](#), [Public Health Agency of Canada Best Practice Documents](#), [Public Health Agency of Canada Infection Control Guidelines](#), [MOHLTC Emergency Planning and Preparedness](#))
- Advocating for best practices in infection prevention and control in their workplace
- Educating and modelling infection prevention and control practices for others
- Monitoring changes to infection control practices and updating their practice accordingly (e.g., [MOHLTC Health Bulletins](#)).
- Knowing their [Immunization Status](#) and keeping their immunisation records up to date
- Ensure that there are processes in place to obtain an accurate travel history from patients/clients

Appendix A

RTs protect their patients/clients – as well as themselves – through...

- Consistent use of [Routine Practices](#), including a [Risk Assessment](#) that takes into consideration the client/patient/resident infection status, the characteristics of the client/patient/resident and the type of care activities to be performed ([PIDAC, 2012](#), p.7)
- Application of [Additional Precautions](#), where indicated
- [Hand Hygiene](#) and proper cough etiquette
- Adhering to the principles of good occupational health and hygiene practices and reporting facility outbreaks, where appropriate
- Ensuring appropriate [immunizations](#) are obtained
- Avoiding consuming food or beverages in patient care areas (RPAP, 2012, p. 48)
- Staying home from work when ill with symptoms of fever, chills, cough, malaise and/or nausea, vomiting or diarrhea

Did you know...

Institutional outbreaks involving staff have been reported, particularly with hepatitis A, cryptosporidiosis and norovirus. ([PIDAC, 2012](#), p. 47)

Scenario

You wake up at 0400 with fever, chills and a cough. You are scheduled to begin your shift in the NICU at 0700.

What do you do?

You should call in sick because going to work puts others (specifically your patients) at risk.

Did you know...

Staff who consume food or beverages in care areas (client/patient/resident environment, nursing station, charting areas) are at increased risk for acquiring serious foodborne gastrointestinal infections.

Organizational Accountabilities:

All health care settings should establish a clear expectation that staff do not come into work when ill with symptoms that are of an infectious origin, and support this expectation with appropriate attendance management policies. Staff carrying on activities in a health care setting who develop an infectious illness may be subject to some work restrictions ([PIDAC, 2012](#), p. 22).

Immunizations

Appropriate vaccine use protects the health care provider, colleagues and the patient/client ([RPAP, 2012](#), p. 23). Examples of vaccines that may be necessary to protect RTs and their patient/clients:

- annual influenza
- measles, mumps, rubella (MMR)
- varicella
- pertussis
- hepatitis A, B
- tetanus/diphtheria

Did you know...

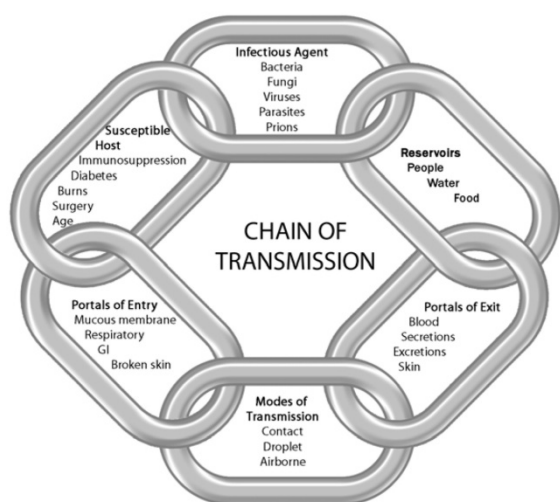
PIDAC states that vaccines appropriate for susceptible health care providers include annual influenza vaccines ([PIDAC, 2012](#), p.40).

Resource

[Immunize Canada](#) has an app to assist in recording vaccines information and accessing immunization schedules.

Professional Accountabilities: Health care workers (HCW), including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings) are at risk of exposure to communicable diseases because of their contact with patients/clients (diagnosed or undiagnosed) or their environment. There is also a risk that HCW could transmit an undiagnosed vaccine-preventable disease to others. Some health care institutions and jurisdictions are moving towards making vaccination a condition of employment for HCW. - [Public Health Agency of Canada](#)

The Six Links in the Chain of Transmission & Breaking the Chain of Transmission



Did you know...

Public Health has a set of free infection prevention and control elearning modules [IPAC Core Competencies Course](#)

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Each link in the chain represents a factor related to the spread of microorganisms. Transmission of infectious agents does not take place unless all six of the elements in the chain of transmission are present. ([PIDAC, 2012](#), p. 1).

The links in the Chain of Transmission can be broken through a careful [Risk Assessment](#) and consistent application of [Routine and Additional Precautions](#), where indicated.

Links in the Chain of Transmission are:		Breaking the Chain of Transmission by assessing:
Infectious Agent	the micro-organisms capable of producing infection (e.g., bacteria, viruses)	the pathogenicity/virulence of the infectious agent
Reservoir	the places in which the infectious agent lives (e.g., humans, animals, water)	the patient/client's environment (e.g., shared facilities, such as multi-bed rooms)
Portal of Exit	the point where the agent leaves the reservoir (e.g., blood, secretions)	the potential for exposure to blood, body fluids, secretions and excretions (e.g. splashing, patient coughing)

Appendix A

	Links in the Chain of Transmission are:	Breaking the Chain of Transmission by assessing:
		considering the duration of exposure (e.g., sterile gown for central line insertions)
Modes of Transmission	<p>Contact – which is divided into:</p> <ul style="list-style-type: none"> • Direct Contact – occurs through touch • Indirect Contact – occurs when micro-organisms are transferred by contaminated object coming into contact with another surface 	<p>the procedure(s) to be performed (e.g., hand hygiene & PPE required) and whether Additional Precautions are required</p> <ul style="list-style-type: none"> • whether there will be contact with non-intact skin or mucous membranes
	<p>Droplet Transmission – occurs when large droplets exit the respiratory tract of a person when he/ she coughs or sneezes. Can also be generated by some procedures (e.g., suctioning). These droplets are projected a short distance of usually < 2m and enter the hosts eyes, nose, mouth or fall onto surfaces.</p>	<ul style="list-style-type: none"> • the potential for handling sharp or contaminated instruments or equipment
	<p>Airborne Transmission – occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source patient, in a different room or ward (depending on air currents) or in the same room that a patient has left, if there have been insufficient air exchanges. (PIDAC, 2012, p. 38).</p>	

Appendix A

Links in the Chain of Transmission are:		Breaking the Chain of Transmission by assessing:
	Parenteral Transmission – the spread of an agent through intact skin by a sharp (e.g., needle stick injury).	
Modes of Transmission (cont'd)	Common Vehicle Transmission – the spread of an agent through a common contaminated source (e.g., multi-dose vials)	
	Vector Transmission – occurs when a host is bitten by an animal or insect carrying the infectious agent (e.g., mosquito transmitting West Nile virus)	
Portal of Entry	the point at which the agent enters the host (e.g., non-intact skin, respiratory or GI tract, mucous membranes)	the need for aseptic technique the appropriate catheter and wound care
Susceptible Host	any person at risk of infection (e.g., immunosuppressed patients, burn victims)	the need for appropriate immunization

Routine Practices

Routine practices must be applied to **all patients at all times, in all settings**, regardless of diagnosis or infectious status.

The basics of Routine Practices include:

- [Hand Hygiene](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Needlesticks and Sharps Injuries Prevention & Safe Injection Practices](#)
- [Cleaning, Disinfection & Sterilization of Medical Devices](#)
- [Waste Disposal](#)
- [Performing a Risk Assessment](#)
- [Additional Precautions](#)

Aerosol-Generating Respiratory Procedures

For any procedure with the potential to generate respiratory droplets or aerosolization (including but not limited to the procedures listed on the next page), Routine Practices require the addition of [Droplet Precautions](#). Proper PPE must be used by staff when within two metres of procedures generating droplets/aerosols on any client/patient/resident, with or without symptoms of an acute respiratory infection, to prevent deposition of droplets/aerosols on staff mucous membranes.

Did you know...

Droplet Precautions are not required when performing aerosol-generating on stable, afebrile patients/clients without new or worsening cough or shortness of breath [such as those who require routine tracheostomy care at home, or chronic or home use of non-invasive positive pressure ventilators (NIPPV)].

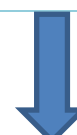
Professional Accountability: These precautions may be a departure for many CRTO Members, however, lessons learned during the SARS crisis remind us that strict vigilance to appropriate infection control prevention activities are vital to ensuring a safe environment for both our patients and ourselves. With the emerging threat of an influenza pandemic and other emerging pathogens, it is crucial that RRTs follow the MOHLTC's recommended infection control guidelines.

Appendix A

Aerosol-Generating Respiratory Procedures (cont'd)

There are certain procedures where there has been confirmed transmission of infectious agents via droplets or aerosols. In other cases, transmission may be possible but not yet proved. The table below illustrates which category many Aerosol-Generating Respiratory Procedures fit into.

Aerosol-Generating Respiratory Procedures with conclusive evidence of transmission	Aerosol-Generating Respiratory Procedures without conclusive evidence of transmission
Endotracheal (ETT) intubation	Nebulized therapies
Cardio-pulmonary resuscitation (CPR)	High-Frequency Oscillatory Ventilation (HFOV)
Bronchoscopy*	Tracheostomy insertion, changing and/or care
Sputum induction*	Chest physiotherapy
Non-invasive positive pressure ventilation for acute respiratory failure (i.e., CPAP, BiPAP)	Nasopharyngeal swabs and/or aspirates
High flow oxygen therapy	Chest tube or chest needle insertion
Open artificial airway suctioning (i.e., ETT, tracheostomy)	Open suctioning (i.e., mouth or nose)
	Other breaches to the integrity of a mechanical ventilation system (e.g., filter changes)



<p>Mask and either protective eyewear or face shield must be used by staff when within two metres of procedures generating droplets/aerosols</p> <p>* For diagnostic (but not therapeutic) bronchoscopy or sputum induction, must wear an N95 respirator, due to risk from undiagnosed TB (PIDAC, 2012, p. 16)</p>	<p>PPE should be determined by risk assessment</p> <p>All units and crash carts should be equipped with:</p> <ul style="list-style-type: none"> • a manual resuscitation bag with hydrophobic submicron filter • in-line suction catheters • non-rebreather mask that allows filtration of exhaled gases • PPE (gloves, gowns, masks, eye protection).
--	--

Hand Hygiene

Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections ([RHPA, 2012](#), p. 9).

There are a number of resources available to assist in the proper application of hand hygiene:

- Public Health Ontario's [Just Clean Your Hands](#), which is a hand hygiene improvement program that includes instructional videos for both acute and long-term care practice settings
- Provincial Infectious Diseases Advisory Committee (PIDAC) [Best Practices for Hand Hygiene in All Health Care Settings, 4th edition](#) (2014), which is best practice guideline on hand hygiene available through Public Health Ontario
- Public Health Ontario's [Hand Hygiene for Health Care Settings](#) Fact Sheet
- Public Health Ontario's [Your 4 Moments of Hand Hygiene](#)

Professional Accountability: An integral part of an effective hand hygiene program is the promotion of hand hygiene by champions and role models within the health care setting. By being role models for best practices, these champions will take personal responsibility and hold others accountable as part of a facility's internal responsibility system ([PIDAC, 2014](#), p. 9).

The Four Moments for Hand Hygiene

Your 4 Moments for Hand Hygiene

1 BEFORE initial patient/patient environment contact	WHEN? Clean your hands when entering the patient's environment: <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture WHY? To protect the patient/patient environment from harmful germs carried on your hands
2 BEFORE aseptic procedure	WHEN? Clean your hands immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER body fluid exposure risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health care environment from harmful patient germs
4 AFTER patient / patient environment contact	WHEN? Clean your hands when leaving the patient's environment: <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture WHY? To protect yourself and the next patient from harmful patient germs

Adapted from WHO poster "Five Moments for Hand Hygiene".

www.ontario.ca/handhygiene

Ontario

Hand Hygiene Considerations

- Ensuring skin integrity (dermatitis, cracks, cuts or abrasions can trap bacteria)
- Use of employer supplied lotions products regularly (3 times a day when cleaning hands several times per hour)
- Things that can reduce the effectiveness of hand hygiene:
 - long nails
 - nail polish
 - artificial nails and nail enhancements
 - hands and arm adornments (associated with poor hand hygiene practices and result in more tears to gloves)

Did you know...

It is estimated that approximately 30% of healthcare providers report symptoms or signs of dermatitis involving their hands and as many as 85% give a history of having chronic skin problems. ([PIDAC, 2014](#), p.20)

Performing Hand Hygiene

First...

- Remove hand and arm jewellery (watch must be worn above the wrist)
- Clothing or other items that impede frequent and effective hand hygiene should be removed ([PIDAC, 2014](#), p. 16)

Professional Accountability: If experiencing skin integrity issues, the Member is required to contact their employee Occupational Health to seek a solution (e.g., alternate skin care products)

Appendix A

Alcohol-Based Hand Rubs (ABHR) - e.g., gels and foams containing **70 - 90%** alcohol

- Is the preferred method of hand hygiene for hands that are not visibly soiled
- Has been shown to be less irritating to skin than soap and water and may significantly decrease dermatitis due to emollients in the product ([PIDAC, 2014](#), p.16)
- Must be used with employer-approved products that are compatible with the gloves being used

Did you know...

ABHR should not be used with water, as water will dilute the alcohol and reduce its effectiveness.

ABHR should not be used immediately after hand washing with soap and water as it will result in more irritation of the hands. ([PIDAC, 2014](#), p.20)

Handwashing Soaps

- Plain soap is recommended for routine hand hygiene when hands are visibly soiled
- Should be in a liquid format in a dispenser that is discarded when empty (should not be refilled)
 - Bar soaps for hand hygiene must not be used in health care facilities
- Antibacterial soap should be limited to specific settings (e.g., OR, ICU and burn units).
- It has been shown that at least 15 seconds of lathering with soap is required to remove transient flora ([PIDAC, 2014](#), p.21)
- Essential components are soap, friction and lukewarm running water.

Did you know...

The best evidence suggests that antimicrobial soap is equivalent to ABHR in terms of microorganism reduction but is harsher on the hands and more time-consuming to use.

([PIDAC, 2014](#), p.22)

Resource

Techniques for ABHR and Handwashing

Public Health Ontario's [Just Clean Your Hands](#) Videos (ABHR & Handwashing)

Personal Protective Equipment (PPE)

General Principles

- PPE is used to prevent:
 - contact with non-intact skin, blood, body fluid, excretions and secretions
 - the transmission of particular organisms that may be transmitted via the air, or by contact with intact skin (see section on [Additional Precautions](#))
- PPE is only effective in infection control and prevention when applied, used, removed and disposed of properly
- Avoid any contact between contaminated PPE and surfaces, clothing or people outside the patient care area
- Discard used PPE in the appropriate disposal bags
- Do not share PPE
- Remove PPE completely and thoroughly perform hand hygiene each time you leave a patient to attend to another patient or move to a non-patient care area.
- The use of PPE does not replace the need for proper hand hygiene, which needs to be performed both before PPE is applied and after it is removed
- It is essential to perform a risk assessment to determine the PPE needed

Did you know...

All regulated health care professionals have the authority to initiate additional precautions without a physician's order ([PIDAC, 2012](#), pp. 29 & 37)

Professional Accountability:

Increased knowledge, hand hygiene, appropriate PPE, immunization etc., are all part of a system that provides for the safety of our patient/clients, our Members and other members of the interprofessional team

Resource

[Risk Algorithm to Guide PPE Use](#)

Appendix A

Gloves

Gloves must be worn when it is anticipated that the hands will be in contact with:

- mucous membranes
- non-intact skin
- tissue
- blood
- body fluids
- secretions
- excretion
- equipment and environmental surfaces contaminated with the above

Remember...

The use of gloves does not replace the need for proper hand hygiene.

Do's	Don't
Perform hand hygiene <u>before and after</u> each glove use/change.	Do not use gloves for routine care activities e.g., taking a blood pressure in which contact is limited to intact skin, unless additional precautions are in place.
Remove gloves and clean hands between patients and <u>before</u> leaving the patient care area.	Do not use gloves if they are ripped or torn.
Always use the appropriate technique for removing the gloves and disposing of them.	Do not allow the outer surface of the glove to touch your skin.
Gloves should be worn for specific tasks and discarded immediately following.	
Change gloves if they become heavily soiled during the task.	
Change or remove gloves when moving from a contaminated body site to a clean body site during the same task.	

Selection of Glove

Glove Type	Situation and rationale
Vinyl/ Clean	Provides protection for minimal exposure to blood/body fluids/infectious agents and short duration tasks.
Sterile	Used for activities that involve invasive procedures, or where contact with non-intact skin, blood, body fluids or body substances is sustained or continuous (e.g. arterial line insertion, central line insertion). Please note: there is increasing evidence of latex sensitivity and allergies amongst healthcare workers. To reduce this risk, latex gloves should only be used when needed and should be <u>powder free</u> and have <u>low or reduced protein content</u> .
Nitrile	Protection for heavy exposure to blood/body fluids/infectious agents and tasks of longer duration. Used when handling chemicals and chemotherapeutic agents and is the preferred replacement for vinyl gloves when a documented allergy or sensitivity is present.
Neoprene	Used as a replacement sterile latex glove when a documented allergy or sensitivity occurs. Recommended for contact with acids, bases, alcohols, etc.

Remember...

Gloves protect the healthcare professional, but once contaminated they can transmit pathogens to the skin, clothes or to other patients.

Appendix A

Gowns

Gowns are worn in order to protect the health care professional's arms, exposed body areas, and clothing from contact with blood, body fluids, and other potentially infectious material.

Do's	Don't
Discard immediately after each patient encounter.	Do not reuse gowns.
Gowns should fully cover the torso to mid-thigh, fit close to the body, tie in the back and have long sleeves that fit snugly at the wrists.	Do not go from patient to patient wearing the same gown.

Resources

Appropriate Gown Use

[PIDAC 2012, p. 13 \(Box 3\)](#)

New Criteria for Surgical Gowns

www.aami.org

Selection of Gowns

Gown type	Situation and Rationale
Cotton/linen, reusable or disposable, long-sleeved isolation gowns.	Use if contamination is anticipated and in contact/droplet precautions.
Fluid resistant isolation gown or plastic apron over isolation gown.	Use if contamination of uniform or clothing from significant volumes of blood or body fluids is likely or anticipated.
Fluid impervious gowns (e.g., Gortex®)	Use if extended contact or large volume exposure (e.g. large volume blood loss during resuscitation of MVA victim or surgical assist).

Facial Protection

Facial protection may include a [mask](#) or [respirator](#) in conjunction with [eye protection](#), or a face shield that covers eyes, nose and mouth. Facial protection is to be used if it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing client/patient/resident (RPAP, 2012, p. 13).

[Masks](#) provide a barrier that protects the mucous membranes of the mouth and nose which are portals for infection. Droplets can carry microbes and other infectious agents and a surgical mask helps protect you from inhaling respiratory pathogens transmitted by the droplet route.

[Eye protection](#) used in addition to a mask to protect the mucous membranes of the eyes when:

- it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions; and/or
- providing care within two metres of a coughing client/patient/resident.

Eye protection includes:

- safety glasses
- safety goggles
- face shields
- visors attached to masks

Did you know...

Personal eyeglasses and contact lenses are NOT adequate eye protection; they may not provide sufficient protection above, below, or around the eyes.

Mask

Do's	Don't
Mask should securely cover the nose and mouth.	Do not touch mask while wearing it.
Change mask if it becomes wet.	Do not allow mask to hang or dangle around the neck.
Remove mask correctly immediately after completion of task and discard into an appropriate waste receptacle.	Do not re-use disposable masks.
Clean hands after removing the mask.	Do not fold the mask or put it in a pocket for later use.

Selection of Masks

Mask type	Situation and Rationale
Procedure mask	Protection for minimal exposure to infectious droplets. Used for short duration tasks and those that do not involve exposure to blood/body fluids.
Fluid Resistant Mask	Protection for heavy exposure to infectious droplets or blood/body fluids.
Surgical Mask	Protection for exposure to infectious droplets or blood/body fluids and for longer duration tasks.

Did you know...

Some studies have demonstrated that protection with a surgical mask against influenza appears to be similar to the N95 respirator. However, this should not be generalized to settings where there is a high risk for aerosolization (such as intubation or bronchoscopy), where use of an N95 respirator is required. (Loeb et al., 2009)

Appendix A

Respirators

N95 respirators prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route and must:

- filter particles one micron in size
- have a 95% filter efficiency
- provide a tight facial seal with less than 10% leak. ([PIDAC, 2012](#), p. 38).

A fit-tested N95 respirator covering the nose and mouth respirators should be worn when:

- entering the client/patient/resident's room or transporting patient/clients who are on Airborne Precautions (e.g., Active TB)
- performing aerosol-generating procedures such as sputum induction and bronchoscopy.

Did you know...

In Ontario, the Ministry of Health and Long-Term Care recommends the use of a fit-tested, seal-checked N95 respirator and AIIR for MERS-CoV. This advice differs from guidance from the Public Health Agency of Canada. ([PIDAC, 2016](#), p. 6)

Non-immune staff is required to enter the room of a client/patient/resident with measles or varicella ([PIDAC, 2012](#), p. 38).

Directed by the medical officer of health (e.g., Novel Respiratory Illnesses) ([PIDAC, 2015b](#))

N95

Do's	Don't
Undergo regular fit testing as part of an approved fit-testing program.	NEVER put an N95 respirator on a patient/client (patient/clients should wear a surgical/procedure mask when outside their room)
Performing a seal check each time an N95 respirator is used.	Do not use N95 respirator if seal check fails.
Remove the N95 respirator correctly and discard on removal into an appropriate receptacle.	Do not use N95 respirator if wet or soiled.

Appendix A

Fit Testing for N95 Respirators

Fit Testing involves the evaluation of the fit of a specific respirator on an individual with respects to:

- make;
- model; and
- size

This procedure is to be done periodically, **at least every two years and** whenever there is a change in respirator face piece or the user's physical condition which could affect the respirator fit (e.g. significant weight change, facial structure change due to injury or major dental work) ([PIDAC, 2012](#), p. 47)

Performing a Seal Check for an N95 Respirator

A Seal Check (also referred to as a 'fit-check') must be performed each time an N95 respirator is worn to ensure adequate respiratory protection.

Positive Pressure Seal Check:

1. Apply mask as per instructions
2. Cover exhalation valve or cup hands around the sides of the mask
3. Exhale gently into the mask – you should feel no leaks around the mask edge and the mask should rise/lift gently from your face

Negative Pressure Seal Check:

1. Apply mask as per instructions
2. Cover exhalation valve or cup hands around the sides of the mask
3. Gently inhale for 5 seconds – the mask should collapse slightly onto your face without any inward leakage of air around the edges of the mask

Professional Accountability:

Members are required to know what size and manufacturer of N95 respirator is appropriate for them and adhere to their employer's requirement for mask fit testing.

Scenario

You are unable to pass a seal check with an N95 mask prior to entering an airborne isolation room.

What do you do?

You should notify your supervisor that you cannot provide care and ensure that you are mask fit tested as soon as possible.

Appendix A

Eye Protection

Do's	Don't
Eye protection must be removed immediately after the task for which it was used and discarded into waste or placed in an appropriate receptacle for cleaning.	Prescription eye glasses are not acceptable as eye protection.
Reusable eye protection must be sent to a central area for reprocessing after use.	

Selection of Eye Protection

Eye Protection type	Situation and Rationale
Goggles	Provides protection for exposure to infectious droplets or blood/body fluids. However, visibility is often poor.
Face Shield	Protection for exposure to infectious droplets or blood/body fluids. Provide good visibility.
Visor attached to Mask	Protection for minimal exposure to infectious droplets or blood/body fluids.

Resource

Putting On & Taking Off PPE
([PIDAC, 2012](#), pp. 70 & 71)

Needlestick and Sharps Injuries Prevention & Safe Injection Practices

Needlestick and Sharps (e.g., scalpels, lancets) Injuries can occur at every stage of the use, disassembly, or disposal of sharps, and is a component of the Chain of Transmission (i.e., Parenteral Transmission). Improved equipment design, effective disposal systems and safe handling practices are all part of a Sharps Injury Prevention Program (SIPP). Safe injection practices help prevent the transmission of infections (e.g., Hepatitis B and C).

Resource

[Canadian Centre for Occupational Health & Safety](#)

Elements of a SIPP

- **Improved equipment design** [i.e., Safety Engineered Medical Sharps (SEMS)]

- **Effective Disposal Systems**

Sharps containers should always meet or exceeds the Canadian Standards Association (CSA) standards. (Z316.6-07 “*Evaluation of single-use and reusable medical sharps containers for biohazardous and cytotoxic waste*”.)

- **Safe Handling Practices**

- Used needles should be discarded immediately after use and not recapped
- The contents of the sharps container must not exceed the fill line

- **Safe Injection Practices**

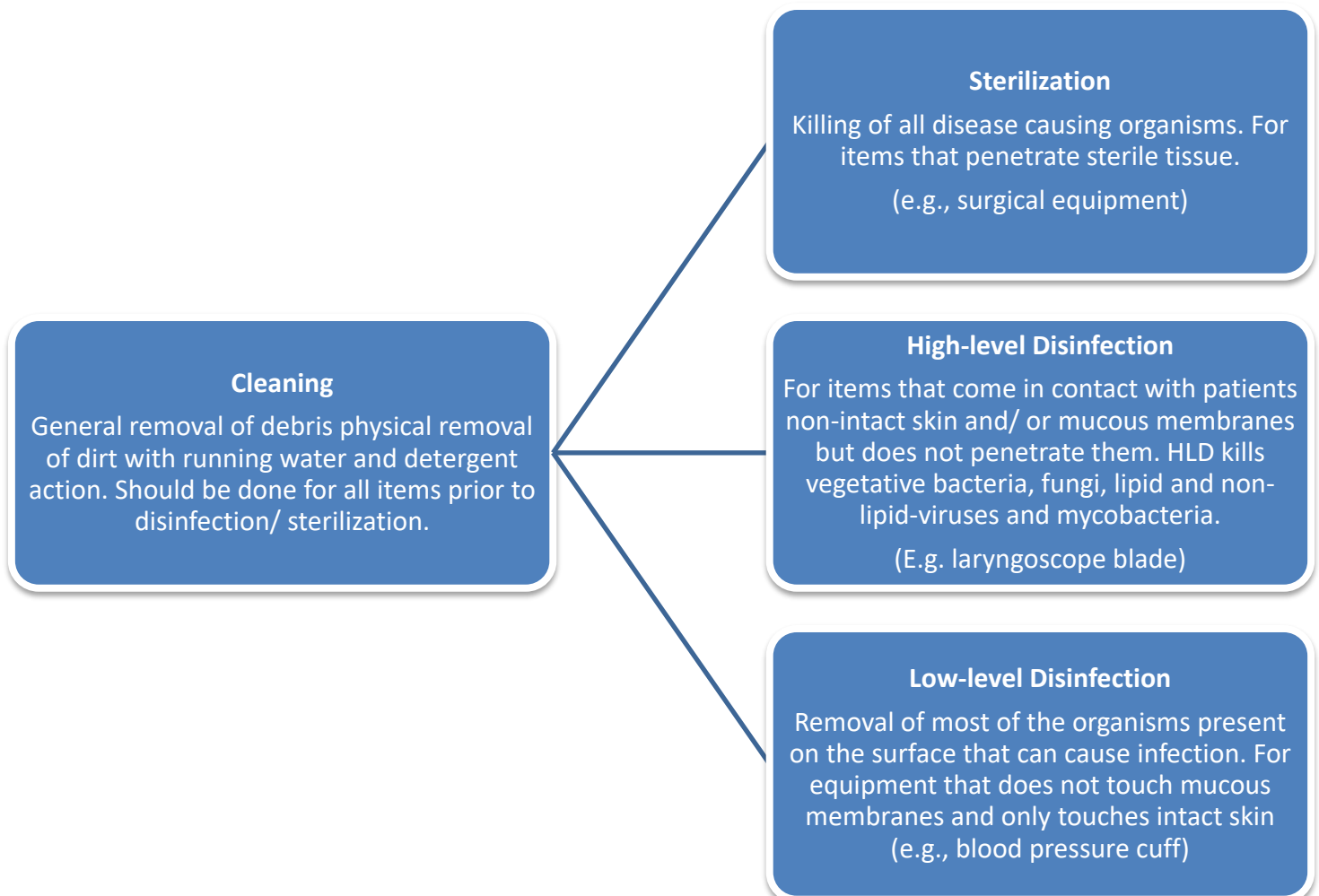
- Use of a new needle and syringe with each injection of a patient/client
- Using medication vials for one patient/client only

Did you know...

Whenever possible, multidose medication vials are not to be used. ([PIDAC, 2015a](#), p. 89)

Cleaning, Disinfection & Sterilization of Medical Devices

Effective cleaning, disinfection and sterilization is an essential part of breaking the chain of transmission of infectious pathogens. Reusable medical equipment must be cleanable and be able to be disinfected or sterilized as appropriate for the equipment.



Resource

[Reprocessing Medical Equipment](#)

(PIDAC, 2015b, p. 49)

The Spaulding Classification

Deciding whether an item needs to be cleaned disinfected or sterilized depends on the type of item involved and how it is used. The Spaulding Classification medical equipment/devices into three categories, based on the potential risk of infection involved in their use (PIDAC, 2013, p. 25).

Classification	Definition	Level of Processing/Reprocessing	Examples
Non-critical equipment/device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by low-level disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none"> • ECG machines • Oximeters • Stethoscopes
Semi-critical equipment/device	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by high-level disinfection (as a minimum). Sterilization is preferred.	<ul style="list-style-type: none"> • Anaesthesia equipment • Most respiratory therapy equipment
Critical Equipment/device	Equipment/device that enters sterile tissues, including the vascular system	Cleaning followed by sterilization	<ul style="list-style-type: none"> • Surgical instruments • Biopsy instruments

Waste Disposal

Biomedical waste is contaminated, infectious waste that requires careful disposal, and includes:

- human anatomical waste
- human cultures or specimens (excluding urine and faeces)
- human blood and blood products

Waste should be segregated into either a plastic bag or rigid container with a non-removable lid according to the categories listed in the table below.

Waste Category	Colour Code	Examples
Anatomical waste	Red	Tissues, organs, body parts
Microbiologic waste	Yellow	Diagnostic specimens, cultures, vaccines
Fluid waste	Yellow	Drainage collection units and suction container contents, blood, blood products, bloody body fluids
General waste	Green, black or clear	Dressings, sponges, PPE, empty IV bags and tubing, catheters, empty specimen containers, Isolation waste from Contact, Droplet and Airborne Precautions rooms

Performing a Risk Assessment

A risk assessment is essential for determining

Risk Presented by the Task

- risk of exposure to:
 - blood and body fluids
 - mucous membranes
 - non-intact skin
 - contaminated equipment
 - splash/spray,
 - cough or sneeze



Routine Practices

Risk Presented by the Patient/Client

- patient/client has a known infection
- patient/client has symptoms of an undiagnosed infection



Routine Practices

+

Additional Precautions

Other Considerations

- Practice setting-specific factors (e.g., long-term care facility, home care)
- Government and related agency (e.g., [Ministry of Health and Long-Term Care](#), [Public Health Ontario](#), [Public Health Agency of Canada](#)) health alerts, surveillance, screening and reporting of suspected illness such as:
 - Acute Respiratory Illness (ARI)
 - Influenza-Like Illness (ILI)
 - Novel Respiratory Illness (NRI)

Professional Accountability:

Members are expected to consider their own health status and whether they are at risk to spread infection to others.

Resource...

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions ([PIDAC, 2012](#), p. 58)

Additional Precautions

Additional Precautions are interventions used in addition to Routine Practices when necessary. The need for Additional Precautions is based on the mode of transmission of microorganisms (e.g., MRSA, VRE, *C. difficile*).

Categories of Additional Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Organizational Accountability

Additional Precautions must be instituted as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed. Each health care setting should have a policy authorizing any regulated health care professional to initiate the appropriate Additional Precautions at the onset of symptoms and maintain precautions until laboratory results are available to confirm or rule out the diagnosis ([PIDAC, 2012](#), p. 29)

Resource

Clinical Syndromes/Conditions with required level of precautions

([PIDAC, 2012](#), Appendix N)

Appendix A

Contact Precautions

Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

1. **Direct** – transmission of microorganisms via touching contaminated individual
2. **Indirect** – transmission of microorganisms via contact with contaminated objects

Droplet Precautions

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated when a patient/client talks, coughs or sneezes and through some procedures performed on the respiratory tract (e.g., suctioning, bronchoscopy or nebulized therapies). **Droplets do not remain suspended in the air and usually travel less than two metres.**

Airborne Precautions

Airborne transmission occurs when airborne particles remain suspended in the air and are then inhaled by others who are nearby or who **may be some distance away from the source.**

Common organisms transmitted via the air (airborne) include:

- Mycobacterium tuberculosis
- Varicella (chickenpox/disseminated shingles)
- Rubella (measles)

Patients with a known or suspected airborne organism should be cared for in an **Airborne Infection Isolation Room (AIIR)** with the door closed. The important characteristics of an airborne room AIIR are that it be:

- single-patient
- negative pressure to the corridor/adjacent areas with audiovisual alarms
- have a minimum of 12 air exchanges/hour (either using the facilities ventilation system or by using HEPA filtration of the air in the room)

Appendix A

- have air flow that is designed to move air from the area of the patient's head/face away from the likely position(s) of health care workers

Even after a patient has left the room everyone entering the room must wear an N95 respirator for the time period specified in your employer's policy.

Resource

Time required for Airborne Infection Isolation Room to Clear M Tuberculosis.

([PIDAC, 2012](#), p. 62)

Essential Elements of Additional Precautions

- **Special Accommodation Considerations** (e.g., a single room with private toileting facilities is highly recommended)
- **Signage** (i.e., that lists the required precautions)
- **Dedicated equipment**, whenever possible
- **Appropriate PPE**
- **Additional cleaning measures**
- **Transportation considerations** (e.g., restricted patient/client movement outside of their room)
- **Effective Communication** with all members of the healthcare team (e.g., patient/client, their family members, other healthcare providers)




Did you know...

Equipment and supplies that are required for the interaction (and cannot be left in the room) should be assembled first and brought into the room after PPE has been put on.

([PIDAC, 2012](#), p. 27)

Appendix A

Additional Precautions in an Acute Care Setting

	Contact	Droplet	Airborne
Special accommodation considerations	Single room with dedicated toilet and patient sink – door may be open	Single room with dedicated toilet and patient sink – door may be open	AIIR Keep door closed
Signage (examples)			
Dedicated equipment	Dedicated equipment if possible	Dedicated equipment if possible	As per Routine Practices
Appropriate PPE	Gloves at all times Gown if skin or clothing will come in contact with the patient/client environment	Facial protection within 2 meters of patient/client	Only immune staff for measles, varicella (no N95 required) Don N95 fit tested respirator and do seal check prior to entry Doff N95 respirator outside patient room.
Additional cleaning measures	VRE and <i>C. diff</i> rooms require special cleaning (routine cleaning for all others)	Routine Cleaning	Routine Cleaning
Transportation considerations	Transport staff to wear gloves and gown for direct contact with patient/client during transport	Patient/client to wear a surgical (procedure) mask during transport Transport staff to wear the appropriate mask during transport Limit transport unless required for diagnostic or therapeutic purposes	Patient/client to wear a surgical (procedure) mask during transport Transport staff to wear an N95 during transport Limit transport unless required for diagnostic or therapeutic purposes

For more information on Additional Precautions in Complex Continuing Care, Long-Term Care, Ambulatory Settings and Home Care, please see [PIDAC, 2012](#), pp. 34 – 35, 37 & 41.

Respiratory Therapy Specific Infection Control Considerations

Ventilator-Associated Pneumonia (VAP)

Ventilator-associated pneumonia (VAP) is the leading cause of death among hospital-acquired infections. Hospital mortality of ventilated patients who developed VAP is 46% compared to 32% for ventilated patients who do not develop VAP (Canadian Patient Safety Institute).

VAP Diagnostic Criteria

In a patient who has been invasively mechanically ventilated for greater than 48 hours, the diagnostic criteria for VAP are as follows:

- New, worsening or persistent infiltrate consolidation or cavitation on CXR compatible with pneumonia and 1 of:
 - White Blood Cells $\geq 12,000$ or $< 4,000$
 - Temperature greater than 38 degrees Celsius or less than 36 degrees Celsius with no other recognized cause

And both of the following:

- New onset of purulent sputum, or change in character of sputum, or increase in respiratory secretions or increase in suctioning requirements
- Worsening gas exchange (e.g., increasing oxygen requirements, worsening PaO₂/FiO₂ ratio, increasing in minute ventilation)

And

- The patient is being treated with antibiotics for ventilator-associated pneumonia

[Ministry of Health and Long Term Care. \(2012\).](#) *Ventilator Associated Pneumonia and Central Line Infection Prevention Toolkit*. Critical Care Secretariat

Appendix A

VAP Bundles

VAP Bundles are a variety of evidence-based practices that, when implemented together, have the potential to result in dramatic reductions in the incidence of VAP.

Adult VAP Bundle

1. Elevate the head of the bed to 45° when possible; otherwise, attempt to maintain the head of the bed at more than 30°
2. Evaluate readiness for extubation daily
3. Use endotracheal tubes with subglottic secretion drainage
4. Conduct oral care and decontamination with chlorhexidine
5. Initiate safe enteral nutrition within 24–48 hours of ICU admission

Pediatric VAP Bundle

1. Elevate the head of the bed
2. Properly position oral or nasal gastric tubes
3. Perform oral care
4. Eliminate the routine use of instil for suctioning

Resource

[Ventilator-Associated Pneumonia \(VAP\): Getting Started Kit \(Safer Healthcare Now\)](#)

Aseptic Practice

When needed, adherence to **aseptic practice** is critical in protecting patients from common and serious hospital-acquired infections such as line-associated tissue and blood stream infections as well as ventilator-associated pneumonia (VAP). For more information on VAP visit [Safer Health Care Now!](#)

Resource

Centre for Disease Control

[Central Line-associated Bloodstream Infections: Resources for Patients and Healthcare Providers](#)

Closed Suction Systems

In-line (closed) suction systems are ideal as they contribute to the reduction of environmental contamination and prevent exposure to respiratory pathogens. Most published clinical practice guidelines for the reduction in ventilator-associated pneumonia (VAP), suggest that in-line catheters do not require routine changes (Hess, 2003). **Breaking the ventilator circuit to change an in-line catheter places patients, RRTs and other health care providers at risk.**

The controversy, therefore, lies in the fact that it is preferable, for infection control purposes, to only change the in-line suction catheter when needed (i.e., visibly soiled, not functioning appropriately) and not routinely breaking the circuit. However, certain manufacturers of in-line suction catheters/systems are now recommending that all in-line suction systems be changed every 24 hours.

Standards related to the practice of routine replacement of in-line suction catheters for mechanically ventilated patients appear to have discrepancies depending on the source being used to support the practice. Most in-line suction products state in their literature that the catheter requires changing every 24 hours. Public Health Agency of Canada (PHAC) does not address the specific issue of routine suction catheter changes. PIDAC suggests that facial protection is routinely required for breaches to the integrity of a mechanical ventilation system which would include changing in-line suction catheters ([PIDAC, 2012](#), p. 16).

Appendix A

Powered Air Purifying Respirators (PAPR)

A PAPR is a battery operated unit consisting of a half or full facepiece, breathing tube, battery-operated blower, and particulate filters (HEPA only). A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a facepiece.

A PAPR may be selected when performing high-risk aerosol-generating procedures if:

- The appropriate N95 respirator does not fit or is not available
- Facial hair or facial deformity interferes with an adequate mask-to-face seal.

Did you know...

PAPRs do not require fit testing.

Resource

PAPR Donning & Doffing
Instructional Videos

[Centre for Disease Control](#)

Novel Respiratory Infections (NRI)

In the previous decade, we have seen the emergence of a number of NRIs (also called Emerging Respiratory Pathogens), such as:

- SARS
- pH1N1
- H7N9 avian influenza A
- MERS-CoV

An NRI is an illness that causes respiratory symptoms (e.g., fever, cough) where the etiologic agent and/or epidemiology of the disease are not yet known.

Resource

[PIDAC Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

MERS-CoV is a viral respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries. Most people infected with MERS-CoV developed severe acute respiratory illness, including fever, cough, and shortness of breath. The virus does not seem to pass easily from person to person unless there is close contact, such as occurs when providing unprotected care to a patient/client. No vaccine or specific treatment is currently available. Treatment is supportive and based on the patient's clinical condition. ([WHO MERS – CoV Fact Sheet](#)).

Resources

[PIDAC Tools for Preparedness: Triage, screening and patient management of Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) infections in acute care settings](#)

[Summary of Assessment of Public Health Risk to Canada Associated with Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)

Final Comments and Recommendations

The rationale for producing this Clinical Best Practice Guideline (CBPG) on Infection Prevention and Control is twofold:

1. to provide a one stop infection control resource for CRTO Members that contains RT-specific infection control guidance; and
2. to remind Ontario Respiratory Therapists of their responsibility and obligation in preventing and controlling the spread of infection in their practice settings.

CRTO Members are expected to keep informed regarding current infection control procedures and to advocate for infection control best practices in their practice environment. This CBPG is a “living document” and will evolve as the practice standards change. In addition to this practice guideline, there are new infection, prevention and control documents being published on an ongoing basis by numerous government and external agencies (e.g., [PIDAC Best Practice Documents](#)).

Appendix A

For information on continuing education for infection control and the certification process to become a Certified Infection Control Practitioner, please see [Infection, Prevention and Control Canada](#).

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CERTO Clinical Best Practice Guideline:

Infection

Prevention

& Control

CERTO 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. CERTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CERTO publications may be used by the CERTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

July 2016

The CERTO will update and revise this document every five years, or earlier if necessary.

Appendix B

Acknowledgements

This Clinical Best Practice Guideline (CBPG) was first developed in 2008 by a working group of the CRTO's Patient Relations Committee (PRC) comprised of practising Respiratory Therapists (RTs). The Infection Control Working Group for the first version of this CBPG was also assisted by Dr. Mary Vearncombe, Dr. Allison McGeer and the Infection Control Team at Mount Sinai Hospital.

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Appendix B

The CRTO is committed to ensuring that our standards and guidelines reflect the most current, evidence-based and best practices. Since the first version, the practice guideline has been revised **twice**. The CRTO would like to thank the following Professional Practice Committee and working group members for their participation and expertise that led to the updates to this CBPG.

Infection Prevention and Control CBPG Review 2011

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CBPG Infection Prevention and Control CBPG Review 2016

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Introduction

As a regulated health professional, Respiratory Therapists (RTs) are accountable for providing safe, competent, and ethical care to the public in accordance with the standards of the profession. This document has been developed in order to assist RTs in learning how to achieve quality infection prevention and control practices. There have been several outbreaks, epidemics and pandemics including but not limited to, Severe Acute Respiratory Syndrome (SARS) epidemic in 2003, H1N1 Influenza Pandemic in 2009, Middle East Respiratory Syndrome (MERS) outbreaks and Ebola outbreaks in 2014/2015, and the **2019 Coronavirus (COVID-19) pandemic**. The incidence of the above suggests it is vital for RTs to remain informed and up to date on current infection prevention and control best practices.

In addition to the public and the CRTO, RTs are accountable to their employer. Employers may have additional policies and procedures related to infection prevention and control. If an employer's policies and procedures are more restrictive than the CRTO's description of the standard of practice, Members should abide by their employer's policies and procedures. Where the employer's policies and procedures are more permissive than the standard of practice described by the CRTO, Members should adhere to the standard of practice described by the CRTO.

Rationale

The rationale for producing this Clinical Best Practice Guideline (CBPG) on Infection Prevention and Control is twofold:

1. to provide a one-stop infection control resource for CRTO Members that contains RT-specific infection control guidance: and links to respective public health and government agencies
2. to remind Ontario Respiratory Therapists of their responsibility and obligation in preventing and controlling the spread of infection in their practice settings.

CRTO Members are expected to keep informed regarding current infection control procedures and to advocate for infection control best practices in their practice environment. This CBPG is a "living document" and will evolve as the practice standards change. In addition to this practice guideline, there are new infection, prevention and control documents being published on an ongoing basis by numerous government and external agencies. For new and emerging pathogens and how to protect yourself and your patients, please use the resources listed at the end of this document.

Guiding Principles of Infection, Prevention and Control

RTs are accountable for....

- Knowing how infections are transmitted (i.e., [The 6 Links in the Chain of Transmission](#))
- Adhering to the current infection prevention and control guidelines for their practice setting (e.g., employer policies, [public health guidelines etc](#))
- Advocating for best practices in infection prevention and control in their workplace
- Educating and modeling infection prevention and control practices for others
- Monitoring changes to infection control practices and updating their practice accordingly (e.g., [MOHLTC Health Bulletins](#))
- Knowing their [Immunization Status](#) and keeping their immunisation records up to date
- Ensure that there are processes in place to obtain an accurate travel history from patients/clients

Infection Control interventions are directed at:

- Controlling or eliminating agent at source of transmission
- Protecting portals of entry
- Increasing host's defenses

The principles necessary to prevent transmission of microorganisms from patient to patient, patient to healthcare worker (HCW) and HCW to patient, across the continuum of care include:

- Consistent use of [Routine Practices](#), including a [Risk Assessment](#) that takes into consideration the client/patient/resident infection status, the characteristics of the client/patient/resident and the type of care activities to be performed.
- Application of [Additional Precautions](#), where indicated
- [Hand Hygiene](#) and proper cough etiquette
- Adhering to the principles of good occupational health and hygiene practices and reporting facility outbreaks, where appropriate. [Health Care-Associated Infections | Public Health Ontario](#)
- Ensuring appropriate [immunizations](#) are obtained
- Avoiding consuming food or beverages in patient care areas, [as this can increase the risk for acquiring serious foodborne gastrointestinal infections](#)

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- Staying home from work when ill with symptoms of fever, chills, cough, malaise and/or nausea, vomiting or diarrhea

Organizational Accountabilities:

- All health care settings should establish a clear expectation that staff do not come into work when ill with symptoms that are of an infectious origin and support this expectation with appropriate attendance management policies. Staff carrying on activities in a health care setting who develop an infectious illness may be subject to some work restrictions

Immunizations

Appropriate vaccine use protects the health care provider, colleagues and the patient/client ([Immunization \(Vaccines\) | Public Health Ontario](#)). Examples of vaccines that may be necessary to protect RTs and their patients/clients:

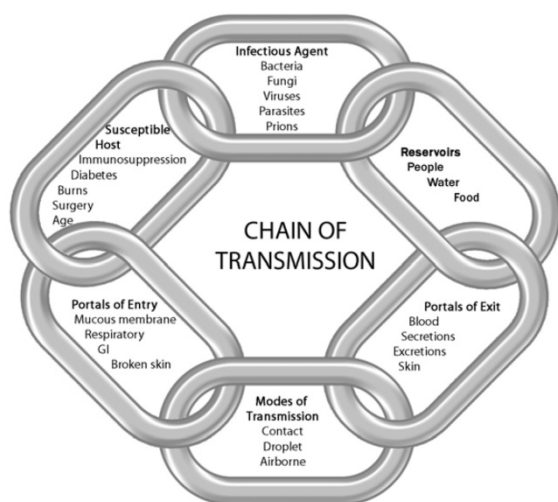
- Influenza
- COVID - 19
- Measles, Mumps, rubella (MMR)
- Varicella
- Pertussis
- Hepatitis A, B
- Tetanus/Diphtheria

[Immunize Canada](#) has an app to assist in recording vaccine information and accessing immunization schedules.

Professional Accountabilities: Health care workers (HCW), including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings) are at risk of exposure to communicable diseases because of their contact with patients/clients (diagnosed or undiagnosed) or their environment. There is also a risk that HCW could transmit an undiagnosed vaccine-preventable disease to others. Some health care institutions and jurisdictions are moving towards making vaccination a condition of employment for HCW. [Public Health Agency of Canada](#)

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The Six Links in the Chain of Transmission & Breaking the Chain of Transmission



Public Health has a set of free infection prevention and control eLearning modules: [Infection Prevention and Control – Online Learning](#) | [Public Health Ontario](#)

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Each link in the chain represents a factor related to the spread of microorganisms. Transmission of infectious agents does not take place unless all six of the elements in the chain of transmission are present. [Public Health of Ontario](#)

The links in the Chain of Transmission can be broken through a careful [Risk Assessment](#) and consistent application of [Routine and Additional Precautions](#), where indicated.

Links in the Chain of Transmission		Breaking the Chain of Transmission
are:		by assessing:
Infectious Agent	the micro-organisms capable of producing infection (e.g., bacteria, viruses)	the pathogenicity/virulence of the infectious agent
Reservoir	the places in which the infectious agent lives (e.g., humans, animals, water)	the patient/client's environment (e.g., shared

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Links in the Chain of Transmission are:		Breaking the Chain of Transmission by assessing:
		facilities, such as multi-bed rooms)
Portal of Exit	the point where the agent leaves the reservoir (e.g., blood, secretions)	the potential for exposure to blood, body fluids, secretions and excretions (e.g. splashing, patient coughing considering the duration of exposure (e.g., sterile gown for central line insertions)
Modes of Transmission	<p>Contact – which is divided into:</p> <ul style="list-style-type: none"> • Direct Contact – occurs through touch • Indirect Contact – occurs when micro-organisms are transferred by contaminated object coming into contact with another surface 	<p>the procedure(s) to be performed (e.g., hand hygiene & PPE required) and whether Additional Precautions are required</p> <ul style="list-style-type: none"> • whether there will be contact with non-intact skin or mucous membranes • the potential for handling sharp or contaminated instruments or equipment
	<p>Droplet Transmission – occurs when large droplets exit the respiratory tract of a person when he/ she coughs or sneezes. Can also be generated by some procedures (e.g., suctioning). These droplets are projected a short distance of usually < 2m and enter the hosts eyes,</p>	

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Links in the Chain of Transmission are:		Breaking the Chain of Transmission by assessing:
	nose, mouth or fall onto surfaces.	
	<p>Airborne Transmission – occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source patient, in a different room or ward (depending on air currents) or in the same room that a patient has left, if there have been insufficient air exchanges.</p>	
	<p>Parenteral Transmission – the spread of an agent through intact skin by a sharp (e.g., needle stick injury).</p>	
<p>Modes of Transmission (cont'd)</p>	<p>Common Vehicle Transmission – the spread of an agent through a common contaminated source (e.g., multi-dose vials)</p>	

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Links in the Chain of Transmission		Breaking the Chain of Transmission
are:		by assessing:
	Vector Transmission – occurs when a host is bitten by an animal or insect carrying the infectious agent (e.g., mosquito transmitting West Nile virus)	
Portal of Entry	the point at which the agent enters the host (e.g., non-intact skin, respiratory or GI tract, mucous membranes)	the need for aseptic technique the appropriate catheter and wound care
Susceptible Host	any person at risk of infection (e.g., immunosuppressed patients, burn victims)	the need for appropriate immunization

Aerosol-Generating Medical Procedures (AGMP)

For any procedure with the potential to generate respiratory droplets or aerosolization (including but not limited to the procedures listed on the next page), Routine Practices require the addition of **Droplet Precautions**. Proper PPE must be used by staff when within two metres of procedures generating droplets/aerosols on any client/patient/resident, with or without symptoms of an acute respiratory infection, to prevent deposition of droplets/aerosols on staff mucous membranes.

There are certain procedures where there has been confirmed transmission of infectious agents via droplets or aerosols. In other cases, transmission may be possible but not yet proved. The table below illustrates which category many Aerosol-Generating Respiratory Procedures fit into.

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Aerosol-Generating Medical Procedures with conclusive evidence of transmission	Aerosol-Generating Medical Procedures without conclusive evidence of transmission
Endotracheal (ETT) intubation/extubation	Nebulized therapies
Cardio-pulmonary resuscitation (CPR)	High-Frequency Oscillatory Ventilation (HFOV)
Bronchoscopy*	Tracheostomy insertion, changing and/or care
Sputum induction*	Chest physiotherapy
Non-invasive positive pressure ventilation for acute respiratory failure (i.e., CPAP, BiPAP)	Nasopharyngeal swabs and/or aspirates
High flow oxygen therapy	Chest tube or chest needle insertion
Open artificial airway suctioning (i.e., ETT, tracheostomy)	Open suctioning (i.e., mouth or nose)
	Other breaches to the integrity of a mechanical ventilation system (e.g., filter changes)

AGMPs and COVID-19

The use of an N95 mask in addition to eye protection, gown and gloves is recommended for patients who are COVID positive and have the following AGMPs:

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Procedures Considered AGMPs

- Intubation, extubation and related procedures e.g., manual ventilation and open deep suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery using high speed devices in the respiratory tract
- Some dental procedures (e.g., high-speed drilling and ultrasonic scalers)
- Non-invasive ventilation (NIV) e.g., Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- Induction of sputum with nebulized saline
- High flow nasal oxygen (high flow therapy via nasal cannula)

The AGMP procedures that are listed are procedures that have epidemiological data that indicate they may significantly increase risk of infection to health care workers within close range of the procedure and thus fit-tested N95 respirators (or equivalent) are required as a minimum level of respiratory protective equipment as well as eye protection.

What are routine precautions?

Routine practices must be always applied to all patients, **in all settings**, regardless of diagnosis or infectious status, **and are based on the premise that all clients/patients/residents are potentially infectious**, even when asymptomatic, and that the same safe standards of practice should be used routinely with all clients/patients/residents to prevent exposure and to prevent the spread of microorganisms.

The basics of Routine Practices include:

- **Hand Hygiene**
- **Performing a Risk Assessment**
- **Personal Protective Equipment (PPE)**
- **Control of the Environment**
 - **Needlesticks and Sharps Injuries Prevention & Safe Injection Practices**
 - **Cleaning, Disinfection & Sterilization of Medical Devices**
 - **Waste Disposal**
- **Administrative Controls**

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- [Additional Precautions](#)

Professional Accountability: These precautions may be a departure for many CRTO Members, however, lessons learned during the SARS crisis remind us that strict vigilance to appropriate infection control prevention activities are vital to ensuring a safe environment for both our patients and ourselves. With the **current, ongoing COVID-19 pandemic and the potential for other emerging pathogens**, it is crucial that RRTs follow the MOHLTC's recommended infection control guidelines.

Did you know...

Droplet Precautions are not required when performing aerosol-generating on stable, afebrile patients/clients without new or worsening cough or shortness of breath [such as those who require routine tracheostomy care at home, or chronic or home use of non-invasive positive pressure ventilators (NIPPV)].

Hand Hygiene

Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections ([RHPA, 2012, p. 9](#)).

There are several resources available to assist in the proper application of hand hygiene:

- Public Health Ontario's [Just Clean Your Hands](#) which is a hand hygiene improvement program that includes instructional videos for both acute and long-term care practice settings
- Provincial Infectious Diseases Advisory Committee (PIDAC) [Best Practices for Hand Hygiene in Healthcare](#) which is best practice guideline on hand hygiene available through Public Health Ontario
- Public Health Ontario's [Hand Hygiene](#) Fact Sheet
- Public Health Ontario's [Your 4 Moments for Hand Hygiene](#)

Professional Accountability: An integral part of an effective hand hygiene program is the promotion of hand hygiene by champions and role models within the health care setting. By being role models for best practices, these champions will take personal responsibility and hold others accountable as part of a facility's internal responsibility system.

Your 4 Moments for Hand Hygiene



1 BEFORE initial patient/patient environment contact	WHEN? Clean your hands when entering the patient's environment: <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture WHY? To protect the patient/patient environment from harmful germs carried on your hands
2 BEFORE aseptic procedure	WHEN? Clean your hands immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER body fluid exposure risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health care environment from harmful patient germs
4 AFTER patient / patient environment contact	WHEN? Clean your hands when leaving the patient's environment: <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture WHY? To protect yourself and the next patient from harmful patient germs

Adapted from WHO poster "Five Moments for Hand Hygiene".

www.ontario.ca/handhygiene



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Hand Hygiene Considerations

- Ensuring skin integrity (dermatitis, cracks, cuts or abrasions can trap bacteria)
- Use of employer supplied lotions products regularly (3 times a day when cleaning hands several times per hour)
- Things that can reduce the effectiveness of hand hygiene:
 - long nails
 - nail polish
 - artificial nails and nail enhancements
 - hands and arm adornments (associated with poor hand hygiene practices and result in more tears to gloves)

Did you know... It is estimated that approximately 30% of healthcare providers report symptoms or signs of dermatitis involving their hands and as many as 85% give a history of having chronic skin problems.

Professional Accountability: If experiencing skin integrity issues, the Member is required to contact their employee Occupational Health to seek a solution (e.g., alternate skin care products)

Performing Hand Hygiene

First...

- Remove hand and arm jewellery (watch must be worn above the wrist)
- Clothing or other items that impede frequent and effective hand hygiene should be removed

Alcohol-Based Hand Rubs (ABHR) - e.g., gels and foams containing 70 - 90% alcohol

- Is the preferred method of hand hygiene for hands that are not visibly soiled **and has been shown to be less irritating to skin.**

Did you know...

ABHR should not be used with water, as water will dilute the alcohol and reduce its effectiveness.

ABHR should not be used immediately after hand washing with soap and water as it will result in more irritation of the hands.

Handwashing Soaps

- Plain soap, is recommended for routine hand hygiene when hands are visibly soiled, **washing with friction for at least 15 seconds**

Personal Protective Equipment (PPE)

Individual components of routine practices are determined by a point-of-care risk assessment (PCRA) (i.e., one that includes an assessment of the task/care to be performed, the patient's clinical presentation, physical state of the environment and the healthcare setting).

Perform a Risk Algorithm for PPE Use to determine the appropriate need for gloves, gowns, masks, face shields and additional precautions. Public health guidelines and organizational facilities policies will also assist in selecting the correct PPE.

Performing a Risk Assessment

A risk assessment is essential for determining

Risk Presented by the Task

- risk of exposure to:
 - blood and body fluids
 - mucous membranes
 - non-intact skin
 - contaminated equipment
 - splash/spray,
 - cough or sneeze



Routine Practices

Risk Presented by the Patient/Client

- patient/client has a known infection
- patient/client has symptoms of an undiagnosed infection



Routine Practices

+

Additional Precautions

Other Considerations

- Practice setting-specific factors (e.g., long-term care facility, home care)
- Government and related agency health alerts, surveillance, screening and reporting of suspected illness such as:
 - Acute Respiratory Illness (ARI)
 - Influenza-Like Illness (ILI)
 - Novel Respiratory Illness (NRI)

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General Principles **For PPE**

- PPE is used to prevent:
 - contact with non-intact skin, blood, body fluid, excretions and secretions
 - the transmission of particular organisms that may be transmitted via the air, or by contact with intact skin (see section on [Additional Precautions](#))
- PPE is only effective in infection control and disposed of properly

For up to date Public Health guidelines on PPE: [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#)

Did you know...

All regulated health care professionals have the authority to initiate additional precautions without a physician's order

Selection of Gloves

Glove Type	Situation and rationale
Vinyl/ Clean	Provides protection for minimal exposure to blood/body fluids/infectious agents and short duration tasks.
Sterile	Used for activities that involve invasive procedures, or where contact with non-intact skin, blood, body fluids or body substances is sustained or continuous (e.g. arterial line insertion, central line insertion). Please note: there is increasing evidence of latex sensitivity and allergies amongst healthcare workers. To reduce this risk, latex gloves should only be used when needed and should be <u>powder free</u> and have <u>low or reduced protein content</u> .
Nitrile	Protection for heavy exposure to blood/body fluids/infectious agents and tasks of longer duration. Used when handling chemicals and chemotherapeutic agents and is the preferred replacement for vinyl gloves when a documented allergy or sensitivity is present.
Neoprene	Used as a replacement sterile latex glove when a documented allergy or sensitivity occurs. Recommended for contact with acids, bases, alcohols, etc.

Gloves are not a substitute for effective and proper hand hygiene. Gloves can transmit pathogens to skin, clothes and other patients if not used and removed correctly.

Selection of Gowns

Gown type	Situation and Rationale
Cotton/linen, reusable or disposable, long-sleeved isolation gowns.	Use if contamination is anticipated and in contact/droplet precautions.
Fluid resistant isolation gown or plastic apron over isolation gown.	Use if contamination of uniform or clothing from significant volumes of blood or body fluids is likely or anticipated.
Fluid impervious gowns (e.g., Gortex®)	Use if extended contact or large volume exposure (e.g. large volume blood loss during resuscitation of MVA victim or surgical assist).

Selection of Masks

Mask type	Situation and Rationale
Procedure mask	Protection for minimal exposure to infectious droplets. Used for short duration tasks and those that do not involve exposure to blood/body fluids.
Fluid Resistant Mask	Protection for heavy exposure to infectious droplets or blood/body fluids.
Surgical Mask	Protection for exposure to infectious droplets or blood/body fluids and for longer duration tasks.

Selection of Eye Protection

Eye Protection type	Situation and Rationale
Goggles	Provides protection for exposure to infectious droplets or blood/body fluids. However, visibility is often poor.
Face Shield	Protection for exposure to infectious droplets or blood/body fluids. Provide good visibility.

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Visor attached to Mask	Protection for minimal exposure to infectious droplets or blood/body fluids.
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It is important to follow your organizations policies with respect to the use and types of gloves, gowns, masks, respirators, and eye protection, as they may differ and change in response to Infection Control guidelines.

Respirators

N95 respirators prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route and must:

- filter particles one micron in size
- have a 95% filter efficiency
- provide a tight facial seal

A fit-tested N95 respirator covering the nose and mouth respirators should be worn when:

- entering the client/patient/resident's room or transporting patient/clients who are on Airborne Precautions (e.g., Active TB)
- performing aerosol-generating procedures such as sputum induction and bronchoscopy.
- Non-immune staff is required to enter the room of a client/patient/resident with measles or varicella

Directed by the medical officer of health (e.g., Novel Respiratory Illnesses: ([Government of Canada's recommendations on N95 use: COVID-19 medical masks and respirators: For health professionals](#)))

Wearing an N95: To check for gaps, gently place your hands on the N95, covering as much of it as possible, then breathe out. If you feel air leaking out from the edges of the N95, or if you are wearing glasses and they fog up, it is not snug. [How to Use Your N95 Respirator \(cdc.gov\)](#)

Professional Accountability:

Members are required to know what size and manufacturer of N95 respirator is appropriate for them and adhere to their employer's requirement for mask fit testing. If an RT is unable to pass a seal check with an N95 mask prior to entering an airborne isolation room, then they must notify

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their manager that you can not provide care and ensure that they are fit tested with an appropriate mask as soon as possible.

Organizational Expectations

Organizations have a responsibility to have systems in place with established procedures that enable compliance with Hand Hygiene, Routine Practices and Additional Precautions. Both the employer and the employee have duties under the Occupational Health and Safety Act¹⁵:

“An employer shall ensure that the equipment, materials and protective devices as prescribed are provided’ [S. 25(1)(a)] and ‘the equipment, materials and protective devices provided by the employer are maintained in good condition” [S. 25(1)(b)];

“A worker shall use or wear the equipment, protective devices or clothing that his employer requires to be used or worn’ [S. 28(1)(b)] and ‘a worker shall report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself, herself or another worker” [S. 28(1)(c)].

Control of the Environment

These include:

- appropriate placement and bed spacing, such as single room and private toileting facilities for clients/patients/residents who soil the environment
- cleaning of equipment that is used for/on more than one client/patient/resident between uses
- cleaning of the health care environment, including safe handling of soiled linen and waste (e.g., sharps) to prevent exposure and transmission to others,
- engineering controls, such as: well-maintained heating, ventilation and air conditioning (HVAC) systems with sufficient air changes per hour, barriers, such as the use of Plexiglass® screens or curtains, point-of-care sharps containers and alcohol-based hand rub dispensers and adequate dedicated hand wash sinks

Needlestick and Sharps Injuries Prevention & Safe Injection Practices

Needlestick and Sharps (e.g., scalpels, lancets) Injuries can occur at every stage of the use, disassembly, or disposal of sharps, and is a component of the Chain of Transmission (i.e., Parenteral Transmission). Improved equipment design, effective disposal systems and safe handling practices are all part of a Sharps Injury Prevention Program (SIPP). Safe injection practices help prevent the transmission of infections (e.g., Hepatitis B and C).

Resource

[Canadian Centre for Occupational Health & Safety](#)

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Elements of a SIPP

- **Improved equipment design** [i.e., Safety Engineered Medical Sharps (SEMS)]

- **Effective Disposal Systems**

Sharps containers should always meet or exceeds the Canadian Standards Association (CSA) standards. (Z316.6-07 “*Evaluation of single-use and reusable medical sharps containers for biohazardous and cytotoxic waste*”.)

- **Safe Handling Practices**

- Used needles should be discarded immediately after use and not recapped
- The contents of the sharps container must not exceed the fill line

- **Safe Injection Practices**

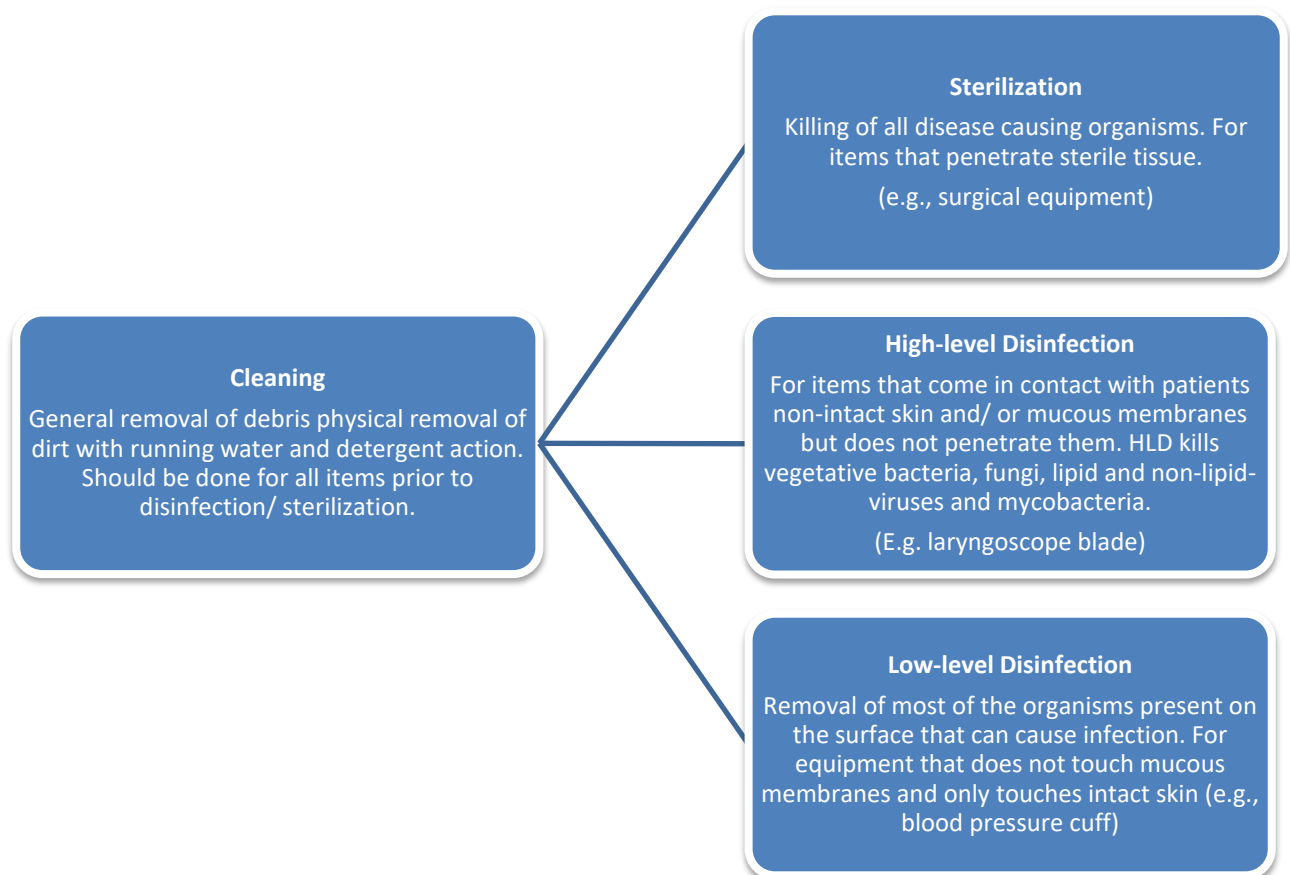
- Use of a new needle and syringe with each injection of a patient/client
- Using medication vials for one patient/client only

Did you know...

Whenever possible, multidose medication vials are not to be used.

Cleaning, Disinfection & Sterilization of Medical Devices

Effective cleaning, disinfection and sterilization is an essential part of breaking the chain of transmission of infectious pathogens. Reusable medical equipment must be cleanable and be able to be disinfected or sterilized as appropriate for the equipment.



The Spaulding Classification

Deciding whether an item needs to be **disposed**, cleaned, disinfected or sterilized depends on the type of item involved and how it is used. The Spaulding Classification medical equipment/devices into three categories, based on the potential risk of infection involved in their use. Public Health Ontario has a resource guide regarding reprocessing of equipment:

[Reprocessing Decision Chart](#)

Classification	Definition	Level of Processing/Reprocessing	Examples
Non-critical equipment/device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by low-level disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none"> • ECG machines • Oximeters • Stethoscopes
Semi-critical equipment/device	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by high-level disinfection (as a minimum). Sterilization is preferred.	<ul style="list-style-type: none"> • Anaesthesia equipment • Most respiratory therapy equipment
Critical Equipment/device	Equipment/device that enters sterile tissues, including the vascular system	Cleaning followed by sterilization	<ul style="list-style-type: none"> • Surgical instruments • Biopsy instruments

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Waste Disposal

Biomedical waste is contaminated, infectious waste that requires careful disposal, and includes:

- human anatomical waste
- human cultures or specimens (excluding urine and faeces)
- human blood and blood products

Waste should be segregated into either a plastic bag or rigid container with a non-removable lid according to the categories listed in the table below.

Waste Category	Colour Code	Examples
Anatomical waste	Red	Tissues, organs, body parts
Microbiologic waste	Yellow	Diagnostic specimens, cultures, vaccines
Fluid waste	Yellow	Drainage collection units and suction container contents, blood, blood products, bloody body fluids
General waste	Green, black or clear	Dressings, sponges, PPE, empty IV bags and tubing, catheters, empty specimen containers, Isolation waste from Contact, Droplet and Airborne Precautions rooms

Administrative Controls

- policies and procedures to ensure that staff are able to deal effectively with transmission risks associated with infectious illnesses
 - staff education to heighten awareness of infectious diseases, their mode of transmission and prevention of transmission
 - healthy workplace policies that exclude staff from working when ill with a communicable disease that would put clients/patients/residents and colleagues at risk
 - immunization programs for staff and for clients/patients/residents where applicable
 - respiratory etiquette for both staff and clients/patients/residents
 - monitoring of compliance with feedback is built into the program to measure compliance with Routine Practices, including hand hygiene
 - sufficient staffing
-

Additional Precautions

Additional Precautions are interventions used in addition to Routine Practices when necessary. The need for Additional Precautions is based on the mode of transmission of microorganisms (e.g., MRSA, VRE, *C. difficile*).

Categories of Additional Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Organizational Accountability

Additional Precautions must be instituted as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed. Each health care setting should have a policy authorizing any regulated health care professional to initiate the appropriate Additional Precautions at the onset of symptoms and maintain precautions until laboratory results are available to confirm or rule out the diagnosis.

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Contact Precautions

Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

1. **Direct** – transmission of microorganisms via touching contaminated individual
2. **Indirect** – transmission of microorganisms via contact with contaminated objects

Droplet Precautions

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated when a patient/client talks, coughs or sneezes and through some procedures performed on the respiratory tract (e.g., suctioning, bronchoscopy or nebulized therapies). **Droplets do not remain suspended in the air and usually travel less than two metres.**

Airborne Precautions

Airborne transmission occurs when airborne particles remain suspended in the air and are then inhaled by others who are nearby or who **may be some distance away from the source.**

Common organisms transmitted via the air (airborne) include:

- Mycobacterium tuberculosis
- Varicella (chickenpox/disseminated shingles)
- Rubella (measles)

Patients with a known or suspected airborne organism should be cared for in an **Airborne Infection Isolation Room (AIIR)** with the door closed. The important characteristics of an airborne room AIIR are that it be:

- single-patient
- negative pressure to the corridor/adjacent areas with audiovisual alarms
- have a minimum of 12 air exchanges/hour (either using the facilities ventilation system or by using HEPA filtration of the air in the room)

Appendix B

- have air flow that is designed to move air from the area of the patient's head/face away from the likely position(s) of health care workers

Even after a patient has left the room everyone entering the room must wear an N95 respirator for the time period specified in your employer's policy.

Essential Elements of Additional Precautions

- **Special Accommodation Considerations** (e.g., a single room with private toileting facilities is highly recommended). *These may be organization specific depending on available facilities.* For information on Additional Precautions in Complex Continuing Care, Long-Term Care, Ambulatory Settings and Home Care, please see: [Infection Prevention and Control for Long-Term Care Homes \(publichealthontario.ca\)](http://publichealthontario.ca)
- **Signage** (i.e., that lists the required precautions)
- **Dedicated equipment**, whenever possible
- **Appropriate PPE**
- **Additional cleaning measures**
- **Transportation considerations** (e.g., restricted patient/client movement outside of their room)
- **Effective Communication** with all members of the healthcare team (e.g., patient/client, their family members, other healthcare providers)

Did you know...

Equipment and supplies that are required for the interaction (and cannot be left in the room) should be assembled first and brought into the room after PPE has been put on.

Respiratory Therapy Specific Infection Control Considerations

Ventilator-Associated Pneumonia (VAP)

Ventilator-associated pneumonia (VAP) is the leading cause of death among hospital-acquired infections. Hospital mortality of ventilated patients who developed VAP is 46% compared to 32% for ventilated patients who do not develop VAP (Canadian Patient Safety Institute).

Appendix B

In a patient who has been invasively mechanically ventilated for greater than 48 hours, the diagnostic criteria for VAP are as follows:

- New, worsening or persistent infiltrate consolidation or cavitation on CXR compatible with pneumonia and 1 of:
- White Blood Cells $\geq 12,000$ or $< 4,000$
- Temperature greater than 38 degrees Celsius or less than 36 degrees Celsius with no other recognized cause

And both of the following:

- New onset of purulent sputum, or change in character of sputum, or increase in respiratory secretions or increase in suctioning requirements
- Worsening gas exchange (e.g., increasing oxygen requirements, worsening PaO₂/FiO₂ ratio, increasing in minute ventilation)

And

- The patient is being treated with antibiotics for ventilator-associated pneumonia

For Ministry's guidelines on how to reduce VAP, please refer to: [VAP and Central Line Infection Prevention Toolkit](#) and [Patient Safety Institute's Measures to Reduce VAP](#)

Powered Air Purifying Respirators (PAPR)

A PAPR is a battery-operated unit consisting of a half or full facepiece, breathing tube, battery-operated blower, and particulate filters (HEPA only). A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a facepiece.

A PAPR may be selected when performing high-risk aerosol-generating procedures if:

- The appropriate N95 respirator does not fit or is not available
- Facial hair or facial deformity interferes with an adequate mask-to-face seal.

Did you know...

PAPRs do not require fit testing.

Resource

PAPR Donning & Doffing
Instructional Videos

[Centre for Disease Control](#)

Novel Respiratory Infections (NRI)

In the previous decade, we have seen the emergence of a number of NRIs (also called Emerging Respiratory Pathogens). An NRI is an illness that causes respiratory symptoms (e.g., fever, cough) where the etiologic agent and/or epidemiology of the disease are not yet known.

Due to the evolving and changing climate of new strains of respiratory illnesses, this document discusses this topic as a group, rather than specific diseases. For up to date information regarding the specific recommendations, please see [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings \(publichealthontario.ca\)](#)

For information on continuing education for infection control and the certification process to become a Certified Infection Control Practitioner, please see [Infection Prevention and Control Canada](#)

Appendix B

Resources Used Throughout the Document

[Canadian Patient Safety Institute](#)

[Home | IPAC Canada \(ipac-canada.org\)](#)

[Ontario Ministry of Health and Long-Term Care \(gov.on.ca\)](#)

[Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control \(PIDAC-IPC\)](#)

[Public Health Agency of Canada](#)

[Public Health Ontario](#)

Committee Report Items

AGENDA ITEM 8.1

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

The Executive Committee has met once since the September 23rd Council meeting. On September 18, 2022, the Executive Committee reviewed the following items:

- Registrar’s Report & General Updates
- CRYPTO Financial Statements & Investment Portfolio (March 1st – October 31st)
- Strategic Direction Report
- Draft Council agenda for December 2, 2022
- 2022 College Performance Measurement Framework (CPMF) Update
- Executive Committee Elections
- Council meeting dates for 2023

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM 8.2

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

September 10, 2022 – November 21, 2022

Since the last report, the Registration Committee (RC) has held one virtual meeting on September 15, 2022. In addition, RC Panels met to consider referrals from the Registrar on the following dates:

- September 15, 2022
- November 1, 2022

Registration Committee Panels - Referral Summary

Reason for Referral	Decision
Two applications were referred to the Registration Committee due to currency requirements.	The first application was for a Graduate Certificate of Registration. The Panel directed the Registrar to approve the application with terms, conditions, and limitations (including the direct supervision requirement). The second application was for reinstatement from the Inactive Class. The Panel directed the Registrar to issue the General Certificate of Registration with terms, conditions, and limitations (including the direct supervision requirement).
One application was referred to the Registration Committee to ratify the Registrar’s offer to issue a General Certificate of Registration with terms, conditions, and limitations.	The Panel ratified the Registrar’s offer and approved to issue the applicant a General Certificate with terms, conditions, and limitations (including the general supervision requirement).
The Panel considered two (2) applications for change to TCLs imposed on members’ General Certificates of Registration.	The Panel approved both applications directing the Registrar to modify the terms, conditions, and limitations.

September 15, 2022, RC Meeting Report:

- **Terms of Reference and Action Plan:** The Committee reviewed the updated the Registration Committee Terms of Reference and Action Plan. These documents have been updated based on the recent registration policies review under the CRTO’s Policy Framework. There were also a few housekeeping updates to ensure that references to the CRTO By-law are correct.

Registration Committee Report

- **Office of the Fairness Commissioner (OFC):** the committee was briefed on a new Legislated Obligations and Fair Registration Best Practices Guide for the Health Regulatory Colleges. Regulatory Colleges were given the opportunity to review the guidance document and provide feedback to the OFC. The CRTC submitted its feedback on September 1, 2022.
- **Health Professions Appeal and Review Board (HPARB):** An applicant for registration has appealed the Registration Committee's June 2021 decision directing the Registrar to refuse to issue a certificate of registration. The applicant, CRTC staff and legal counsel attended the HPARB case conference on August 15, 2022. After the case conference, the applicant and the CRTC made additional submissions to HPARB. This matter will now be considered by a panel of the Board for a review and final decision.
- **International Educated Health Professions:** The RC continues to monitor the entry-to-practice assessment process.
- **Approval of Canadian Respiratory Therapy Programs –** The Committee was briefed regarding a new RT program that will be offered through Fleming College (Peterborough) starting January 2023. The program has not yet been accredited by Accreditation Canada.
- **Certification Programs for Advanced Prescribed Procedures Below the Dermis –** The Registration Committee reviewed and subsequently approved the following two submissions from the Children's Hospital of Eastern Ontario:
 - Revised Certification Program for Chest Needle Insertion, Aspiration, Reposition and Removal
 - Revised Certification Program for Intraosseous Needle Insertion.

Respectfully submitted,
Christa Krause, RRT
Registration Committee Chair

Committee Report Items

AGENDA ITEM 8.3

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

September 10, 2022 – November 21, 2022

Since the last Council meeting, there has been one meeting, October 6, 2022, and one panel October 6, 2022 of the Quality Assurance Committee (QAC).

The following is a summary of the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Panel

The panel reviewed 17 deferral requests from Members for their 2023 Portfolio. The panel unanimously voted in favor of granting all deferrals, except for one.

QAC Action Plan and Terms of Reference and Policy Framework Update

The committee reviewed and approved the revision of the QAC terms of reference, action plan, and 2022 action plan. The Peer Assessor review requirement for the QAC was added to the annual action plan.

2022 Peer Assessor Review terms

The QAC reviewed 11 Peer Assessors whose terms had come due. The committee voted unanimously to approve 10 Assessors for renewal and 1 Assessor was thanked for their service and dismissed.

Respectfully submitted,
Ginette Greffe-Laliberté, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM 8.4

PATIENT RELATIONS COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

There have been no meetings of the Patient Relations Committee since the last Council meeting. The work of the Committee on the Diversity, Equity & Inclusion Plan continues.

Respectfully submitted,
Kim Morris
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM 8.5

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

ICRC Deliberations:

Since the last Council meeting, the ICRC held one (1) meeting via Zoom. The meeting was to review an investigation and render a decision on the matter. The investigation related to a matter referred to the ICRC by the Quality Assurance Committee (QAC).

Quality Assurance Committee Referrals:

The QAC alleged that the Member failed to complete the Launch RT Jurisprudence Assessment by the deadline.

After a careful review of the investigation report and the Member's submissions, the Panel identified concerns with respect to the Member's demonstration of accountability and professionalism and believed that an oral caution to the Member would best address these concerns and protect the public interest.

New Matters:

Since the last Council meeting, the CROTO received two (2) new matters. The new matters are comprised of two (2) Employer Reports.

The Employer reports have been reviewed by the Registrar. One of the matters was closed after follow-up with the employer revealed that there were no regulatory concerns related to the report. With respect to the other matter, after follow-up with the employer and review of a response from the Member, the Registrar sent the Member reminders about the standards of practice and no further action was taken.

Policy Framework:

The ICRC continues to review its policies per the CROTO Policy Framework.

Respectfully submitted,
Kim Morris
Inquiries, Complaints and Reports Committee Chair

Committee Report Items

AGENDA ITEM 8.6

DISCIPLINE COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

Since the last Council meeting there have been no Discipline hearings, nor referrals to the Discipline Committee.

Respectfully submitted,

Lindsay Martinek, RRT
Discipline Committee Chair

Committee Report Items

AGENDA ITEM 8.7

FITNESS TO PRACTISE COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

Since the last Council meeting there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

Respectfully submitted,

Lindsay Martinek, RRT
Fitness to Practise Committee Chair

Committee Report Items

AGENDA ITEM 8.8

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 10, 2022, to November 21, 2022

Since the last Council meeting, a sub-committee of the FAC comprised of Michelle Causton, Chair of FAC, Kelly Munoz, Profession Member of FAC, and Shaf Rahman, Deputy Registrar, staff liaison to FAC met on October 14, 2022, to discuss the parameters of the Financial Advisor search.

During the meeting a Request for Proposal (RFP) was developed consisting of 22 questions for interested parties to respond too. The questions covered the following topics:

- 1.) History and scope of the organization submitting a response to the RFP.
- 2.) How the organization's representatives/employees will engage with CRTO staff and Council in relation to providing financial advice.
- 3.) Investment approaches of the organization.
- 4.) Financial reporting of investments (frequency and format).
- 5.) Fee structure for the services the organization would provide.

At this time two companies have submitted a response to the RFP and the FAC sub-committee is in the process of reviewing the responses.

Once the reviews have been completed, the FAC sub-committee will meet with the perspective financial advisors to further discuss their responses. Ultimately the sub-committee will bring forward results and recommendations for further discussion to the FAC.

Respectfully submitted,
Jeffrey Dionne, RRT
Finance & Audit Committee

Council Briefing Note

AGENDA ITEM # 10.1

December 2, 2022

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	REVISED Procurement of Goods & Services Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – REVISED Procurement of Goods & Services Policy CP-203 (with appendices) Appendix B - Procurement of Goods & Services Procedure
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the REVISED Procurement of Goods & Services Policy.

PUBLIC INTEREST RATIONALE:

This policy has been reviewed and revised under the CRTO Policy Framework. The policy reflects the CRTO's commitment to its fiduciary duties and a procurement process that is transparent, fair, and provides optimal value for money.

ISSUE:

If approved, the revised (Council) Procurement of Goods & Services Policy will replace the (administrative) Selection Process for Consultants, Services or Contract Staff Policy (AD-203), which is to be rescinded under agenda item 10.6. The Selection Process for Consultants, Services or Contract Staff Policy was originally approved on February 5, 2010. However, since then the policy has become outdated and no longer aligns with the CRTO's By-laws, processes and the Policy Framework.

The overall goal of the Procurement of Goods & Services Policy is to establish clear guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal value for money.

BACKGROUND:

Recognizing that the procurement of goods and services is central to the CRTO's operations and often represents significant financial commitments, it is important to have clear guidelines for purchasing decisions. According to the Selection Process for Consultants, Services or Contract Staff Policy "a competition will be held for all positions, services and other contracts for amounts of \$5,000 or more". However, it has been noted that this approach is no longer feasible and appears to be more restrictive than the expectations under the CRTO By-laws (By-law:1 11. Expenditures).

The Procurement of Goods & Services Policy was drafted following a detailed review of the current policy and processes, CRTO By-laws and other regulatory Colleges' policies and procedures related to the procurement.

ANALYSIS:**Summary of Changes**

- The revised policy applies to expenditures for goods and services over \$15,000 (increased from \$5,000).
- Clarification of staff responsibilities and the process for obtaining Requests for Quotes and Requests for Proposals (including relevant templates).
- Policy classification – the revised policy has been reclassified as a Council Policy (from Administrative) to better align it with the CRTO By-laws.

RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Procurement of Goods & Services Policy.

NEXT STEPS:

If the motion is approved, the revised policy will come into effect on December 2, 2022.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Procurement of Goods & Services

Type: Policy

Origin Date: February 5, 2010.

Section: CP

Approved By Council on:

Document Number: CP-203

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The procurement of **Goods and Services** must be conducted in the most cost-effective, transparent, and fair manner possible.

2.0 PURPOSE

The purpose of this policy is to establish guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal **Value for Money**.

3.0 APPLICABILITY

This policy applies to all expenditures for goods and services over \$15,000. Purchases under \$15,000 are not subject to the procurement policy.

4.0 RESPONSIBILITIES

The Registrar has the authority to secure goods and services from a **Vendor** on behalf of the CRTO within the approved budget allocations and in accordance with the CRTO By-Laws. For items of significant value (i.e., greater than \$15,000), the following will be obtained, where possible:

- \$15,000 - \$30,000 – a minimum of two (2) **Requests for Quotes (RFQ)**.
- Over \$30,000 – three (3) **Competitive Bids** in response to a **Request for Proposal (RFP)**.

All CRTO staff, Council and Committee members engaging in the procurement process must identify any **Conflict of Interest** that may affect their impartiality.



5.0 AUTHORITY & MONITORING

The Registrar authorizes and enforces this policy.

6.0 DEFINITIONS

Competitive Bids

Allows vendors to submit a written proposal in response to the CRTO's RFP. This includes both an Open Bidding Process, where any vendor can submit a bid, as well as an Invitational Bidding Process, where the CRTO invites specific vendors to submit a bid.

Conflict of Interest

The CRTO By-Laws define a conflict of interest as a situation in which *a reasonable person could conclude that the personal or private interests of the individual Council Member or Committee Member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties.* (Schedule A, s. 2.02 - By-Law 2: Council & Committee).

Goods and Services

Goods are tangible items (e.g., computers), while Services are tasks performed by an external individual or vendor (e.g., consulting services). In accordance with the CRTO By-Laws, *goods and services do not include employment contracts and expenses associated with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO* (s. 11.0, By-Law 1: General CRTO Administration).

Request for Proposal (RFP)

Invitation to receive proposals from a third-party vendor that outlines a specific budget limit for the project. This can involve either an Open or Invitational Bidding Process. The proposal provided by the external party should include, at a minimum:

- organizational background;
- references
- scope of work and exclusions, including deliverables and timelines; and
- proposed costs & payment schedule.

Request for Quote (RFQ)

Invitation to receive quotes from a third-party vendor without a specific budget range or limit outlined. This generally involves a Selective Bidding Process. The proposal provided by the external party should include, at a minimum:

- an estimate of the cost of services and materials necessary to fulfill the project scope; and
- proposed deliverables, timelines, and completion dates.



Value for Money

Based not only on the minimum purchase price but also on the maximum efficiency and effectiveness of the purchase.

Vendor

A third-party resource or service in the form of a contractor, consultant, supplier, or any other contracted worker that is external to the CRTO.

7.0 RELATED DOCUMENTS

CRTO By-Laws
Procurement of Goods & Services Procedure
Signing Officer Policy
Record Retention Policy

8.0 APPENDICES

Appendix A – RFP Template
Appendix B – RFQ Template

9.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

180 Dundas Street West
Suite 2103
Toronto, ON M5G 1Z8
Canada

Telephone:

416-591-7800

Toll-Free (in Ontario):

1-800-261-0528

Fax:

416-591-7890

General Email:

questions@crto.on.ca

Appendix A

REQUEST FOR PROPOSAL

Title

Issued: *date*

QUALIFICATION RESPONSES DUE:

date

Submit questions and proposals via email to:

name,

title

email address



College of Respiratory Therapists of Ontario



ORGANIZATIONAL BACKGROUND

Provides a brief description of the CRYPTO mandate, roles & responsibilities.

SCOPE OF PROJECT

Includes the intended audience, overall objectives, and tangible outcomes (e.g., modules, tools, recommendations). Should note any system integration needs, if applicable.

DELIVERABLES

Outlines each phase of the project from research and development through to implementation and evaluation.

BUDGET

Provides a specific budget limit for the project.

RFP SUBMISSION DEADLINE

Submission deadline date & time, plus contact information for RFP submission.

SELECTION CRITERIA

Outlines any specific selection criteria (e.g., prior experience with health regulatory bodies/not-for-profit organizations).



PROPOSAL REQUIREMENTS

Outlines what the response to the RFP must contain, which includes:

- **Vendor Information**, which should include a primary point of contact as well as their experience and expertise regarding:
 - health regulatory bodies;
 - Not-for-Profit organizations; and
 - factors specific to the proposed project (e.g., experience developing e-learning modules, board governance)
- **References** (specify number required) from past clients on similar projects, including:
 - the type, size, scope, year, and duration of the projects completed;
 - the client's contact information; and
 - samples of previous deliverables (where applicable).
- **Scope of Work and Exclusions**, which should include:
 - proposed approach/methodology;
 - detailed outline of deliverables and timelines (including start & end dates);
 - reporting mechanisms; and
 - any specific elements that will not be included in the project.
- **Proposed Costs and Payment Schedule**, which should include:
 - fees;
 - any associated costs (e.g., travel)
 - the total cost of the project/services to be provided

PROPOSAL SUBMISSION PROCESS

- **Submission of Proposal**
To be eligible for consideration, Respondents must submit their Proposals" by email to [Email] by [Date].
- **Questions and Enquiries**
Questions about this Request for Proposals (RFP) should be submitted to: Name Email Address by no later than [date – usually before the deadline to ensure that there is time to respond].



- **Amending or Withdrawing Proposals**

A Responded may amend or withdraw a submitted Proposal any time before the submission deadline. A notice of amendment or withdrawal should be submitted to the CRTO by email.

CONTACT INFORMATION

All submissions or inquiries relating to this project can be directed to:

name

College of Respiratory Therapists of Ontario

180 Dundas St. West, Suite 2103

Toronto, Ont. M5G 1Z8

Phone: 416.591.7800 x. 27 (Toronto area) or 1-800-261-0528 x. 27 (Toll-free)

Email address

Appendix B

REQUEST FOR QUOTE

Title

Issued: *date*

RESPONSES DUE

date

Submit questions and proposals via email to:

name,

title

email address



College of Respiratory Therapists of Ontario



ORGANIZATIONAL BACKGROUND

Provides a brief description of the CRYPTO mandate, roles & responsibilities.

SCOPE OF PROJECT

Includes the intended audience, overall objectives, and tangible outcomes (e.g., modules, tools, recommendations). Should note any system integration needs, if applicable.

DELIVERABLES

Outlines each phase of the project from research and development through to implementation and evaluation.

BUDGET

Provides a specific budget limit for the project.

RFP SUBMISSION DEADLINE

Submission deadline date & time, plus contact information for RFP submission.

SELECTION CRITERIA

Outlines any specific selection criteria (e.g., prior experience with health regulatory bodies/not-for-profit organizations).



PROPOSAL REQUIREMENTS

Outlines what the response to the RFQ must contain, which includes:

- **Vendor Information**, which should include a primary point of contact as well as their experience and expertise regarding:
 - health regulatory bodies;
 - Not-for-Profit organizations; and
 - factors specific to the proposed project (e.g., experience developing e-learning modules, board governance)
- **References** (specify number required) from past clients on similar projects, including:
 - the type, size, scope, year, and duration of the projects completed;
 - the client's contact information; and
 - samples of previous deliverables (where applicable).
- **Scope of Work & Exclusions**
 1. Provide a description of the proposed approach/methodology, scope of work, outline of deliverables, and timeline for the work you'd undertake with the CRTO. Feel free to use the detail outlined in previous sections of this RFQ and identify realistic timelines/chronology (NOTE: these could potentially be reviewed and revised for the purposes of the contract, as we learn more about each other).
 2. Any relevant samples of similar work/projects completed for other organizations.
 3. Fees, consulting costs, etc.
 4. Any other information that would be important to share.

CONTACT INFORMATION

All submissions or inquiries relating to this project can be directed to:



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Name

College of Respiratory Therapists of Ontario
180 Dundas St. West, Suite 2103
Toronto, Ont. M5G 1Z8
Phone: 416.591.7800 x. (Toronto area) or 1-800-261-0528 x. (Toll-free)

Email:

Thank you for your interest. If you have any questions and would like to chat to determine your level of interest, please reach out anytime at

Appendix B

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Procurement of Goods & Services

Type: Procedure

Origin Date: February 5, 2010

Section: CP

Updated On:

Document Number: CP-203

Next Revision Date: 5 Years After Approval

BACKGROUND

The procurement of goods and services is required to be conducted in an ethical, fair, and transparent manner. Competitive bids will be solicited whenever possible, in line with the purchasing limits and processes outlined in this document, as well as the Procurement of Goods & Services Policy.

OBJECTIVE

The guiding principles of this policy are:

- **Transparency and Fairness** – There should be no conflict of interest between the vendor and the CRTO staff, Council or Committee member involved with securing the services.
- **Value for Money and Quality of Work** – The CRTO will evaluate each proposal based not only on the minimum purchase price but also on the maximum efficiency and effectiveness of the selection.

KEY CONCEPTS

For the procurement of goods and services in excess of \$15,000, the CRTO will utilize a defined process that considers the above-stated objectives, is aligned with the Procurement of Goods and Services Policy and meet the organization's needs.

The CRTO will not, in all cases, choose the lowest-price vendor if there are valid reasons not to. Considerations when selecting a vendor include (but are not limited to):

- quality of the goods or services;
- the ability of the vendor to deliver the product in a timely manner; and
- after-sales service.

In circumstances where a competitive bidding process is required, the Registrar will determine which type of bidding process (open or invitational) best meets the needs of the CRTO (e.g., time constraints, the number of vendors who can provide the necessary service, etc.).



STEPS

1. For goods or services costing between \$15,000 - \$30,000, the CRTO will obtain, where possible, a minimum of two (2) Requests for Quotes (RFQ).
2. For goods or services costing over \$30,000, the CRTO will obtain, where possible, three (3) Competitive Bids in response to a Request for Proposal (RFP).
3. All personnel (e.g., CRTO staff, Council, Committee members) who are engaged in the procurement process must declare to the Registrar if they have a conflict of interest.
4. Once the appropriately qualified vendor has been chosen, the CRTO will enter into a written agreement with the vendor that will include (but is not limited to):
 - description of the goods/services to be provided (including an outline of the project objectives and scope);
 - the individual(s) responsible for delivering the goods or services;
 - the deliverables and timelines;
 - a start and end date;
 - the reporting process;
 - the total cost of the goods/services (including, where appropriate, any additional fees or costs);
 - the fee schedule; and
 - agreement to adhere to the CRTO's Confidentiality Policy.
5. The Registrar or a designate will make all necessary arrangements for the delivery of the goods/services and process of payments to the vendor.
6. All purchase contracts and related documentation must be retained according to the CRTO's Record Retention Policy.

APPROVALS/AUTHORITY

Registrar & CEO

RELATED DOCUMENTS

CRTO By-Laws
Procurement of Goods & Services Policy
Signing Officer Policy
Record Retention Policy

Council Briefing Note

AGENDA ITEM # 10.2

December 2, 2022

From:	CRTO Staff
Topic:	REVISED Honoraria and Reimbursement of Expenses Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practice
Attachment(s):	Appendix A: Honoraria and Reimbursement of Expenses Policy
Motion:	It is moved by _____ and seconded by _____ that: Council approves the Honoraria and Reimbursement of Expenses Policy

PUBLIC INTEREST RATIONALE:

To ensure that the College of Respiratory Therapists of Ontario (CRTO) compensates and/or reimburses volunteers for the time and expenses they commit to participating in CRTO sanctioned activities, enabling to CRTO to meet its regulatory functions and obligations in the public interest.

ISSUE:

The CRTO has had an Honoraria and Reimbursement of Expenses policy since September 2006. However, the policy has become outdated and required updating. The main areas of change include:

- a.) Increasing the scope of the policy to account for all scenarios in which volunteers may require compensation (e.g., Email voting on motions, video conferencing, etc.).
- b.) Update of the compensation rates and better articulation of the rates of compensation.
- c.) Adding definitions into the policy to better clarify terminology.

BACKGROUND:

As part of the CRTO's initiative to review and update all existing policies under the new CRTO policy framework, the Honoraria and Reimbursement of Expenses policy was reviewed. After an initial review and revision of the policy by staff, the Finance and Audit Committee (FAC) were

invited to provide feedback on the updated policy. Once feedback was obtained, CRTO staff made changes based on the feedback and are bringing the policy forward to Council for review and approval.

ANALYSIS:

The following changes were made to the Honoraria and Reimbursement of Expenses policy

- 1.) The “Applicability” section of the policy was updated to include compensation to public members of council who provide their services to non-statutory committees of the CRTO.
- 2.) A “Guiding Principles” section was added to better articulate the approach CRTO takes in providing compensation for voluntary services.
- 3.) A new section accounting for email review and voting on motions was added, as that is a new initiative that has started at the CRTO since the COVID pandemic started.
- 4.) Travel expenses compensation rates, specifically kilometers driven, were updated to align with the current Canadian Revenue Agency allowances.
- 5.) The amount for meal expenses was increased, and allowance breakdown per meal was eliminated. Discretion is now given to the person submitting a meal expense on how they will allocate the meal allowance.
- 6.) Definitions were added to the policy to better clarify terminology within the policy.

RECOMMENDATION:

Council review and approve the Honoraria and Reimbursement of Expenses policy.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Honoraria and Reimbursement of Expenses

Type: Policy

Origin Date: September 22, 2006

Section: CP

Approved By Council on: Month Day, Year

Document Number: 131

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) to compensate and/or reimburse volunteers for the time and expenses they commit to participating in CRTC sanctioned activities, which enables to CRTC to meet its regulatory functions and obligations.

2.0 PURPOSE

The purpose of this policy is to set out rates at which elected and appointed volunteers who fulfill a number of roles for the CRTC including, but not limited to; Council and Non-Council Committee members, Peer Assessors and Internationally Educated Health Professional (IEHP) Assessors, are compensated and/or reimbursed for their time and expenses.

3.0 APPLICABILITY

This policy applies to Council members, Non-Council Committee members, and other volunteers who are invited to participate in CRTC activities in person, by telephone, or online (e.g., video conferencing, email, webinar).

Council and Non-Council Committee members appointed by the Lieutenant-Governor of Ontario (i.e., Public members), who provide their services for Council and Statutory Committee activities, are remunerated by the Health Boards Secretariat (HBS) at the rates established by the HBS



4.0 GUIDING PRINCIPLES

1. It is the intent of the College of Respiratory Therapists of Ontario (Cрто) that public and professional members of Council and Committees, and other volunteers are treated equally and fairly and that rates of remuneration be comparable, wherever reasonable.
2. The Cрто will use the Health Boards Secretariat's "*Remuneration Framework for Public Appointees to Health Professions Regulatory Bodies (Colleges) under the Regulated Health Professions Act*", as a broad framework for reimbursement of profession Council and Committee members. In addition, the HBS "*Summary of Allowable Expenses*" will be used to guide allowable expenses.
3. It is expected that all volunteers be fiscally responsible and consider the most cost-effective goods and services (where possible) when they incur expenses while participating in Cрто sanctioned activities.

5.0 HONORARIA AND REIMBURSEMENT OF EXPENSES

a) Per Diem Honorarium:

- I. Per diem rates for Council and Committee Members are as follows:
 - i. Council or Committee meeting: \$200.00 per day
 - ii. Acting as Chair of Council or Committee: \$300.00 per day
 - iii. Acting as Chair of a panel of the Discipline or Fitness-to-Practise Committees: \$350.00 per day.
- II. Participants of working groups who are not Council or Non-Council Committee Members will, as a general rule, receive the same per diem honorarium described above.
- III. The rates at which honoraria or reimbursement of expenses are paid for Council and Committee Members attending meetings, educational sessions or events other than meetings of Council, its committees or working groups, will be considered by the Registrar on a case by case basis and in accordance with the budget approved by Council.



b) Meeting Time:

- I. Attendance at *meetings* will be pro-rated on the established per diem rate as follows:

Actual Meeting Time	Pro-rated Per Diem
0 - 3.0 hrs.	½ day per diem
>3.0 - 7.25 hrs.	1 day per diem

- II. Attendance at *panel video/telephone conferences* that occur outside of regular meetings (e.g., ICRC panels, Registration panels, QA panels) will be pro-rated on the established per diem rate as follows:

Actual Meeting Time	Pro-rated Per Diem
0 – 1.5 hrs.	¼ day per diem
1.5 – 3.0 hrs.	½ day per diem
3.0 - 7.25 hrs.	1 day per diem

c) Preparation Time:

- I. Preparation time for meetings will be established by the Chair of the meeting.
- II. Preparation time should reflect the actual time spent in preparation and may exceed the actual time for the meeting itself (i.e., ½ day prep could be applied to a ¼ day meeting, if appropriate).
- III. Preparation time will be pro-rated on the established per diem rate as follows:

Actual Preparation Time	Pro-rated Per Diem
0 - 3.0 hrs.	½ day per diem
>3.0 - 7.25 hrs.	1 day per diem

d) Email Votes

- I. For all items sent by email by CROTO staff to council or a committee that require review and vote on a motion, the CROTO will compensate the individual committee/council member at a rate of \$25 per review and vote.
- II. To qualify for the compensation, the council/committee member must complete their review and vote on the motion via email by the specified deadline.
- III. CROTO staff will notify the respective council or committee member if the review and vote will qualify for compensation in the initial email to the council or committee member.



e) Travel Expenses:

- I. Travel will be reimbursed for the most economical means of transportation that is practical. Travel expenses are reimbursed if the distance from the individual's home to the meeting location is more than 40 km (one-way). Prior approval is required for car rental.
- II. Receipts for travel expenses incurred must be provided to the CRTO to obtain reimbursement.
- III. If using your own vehicle, mileage will be remunerated on the following schedule:

Distance	Per km
First 5,000 km	\$0.61
After first 5,000 km	\$0.55

f) Travel Time:

- I. Travel time remuneration is provided for volunteers who drive their own vehicle to or from a meeting (one-way), and the distance travelled exceeds 40kms.
- II. Remuneration is calculated at the rate of \$20.69/hr.
- III. The maximum travel time remuneration is \$90 per day.

g) Accommodation Expenses:

- I. Accommodation is provided to members who attend meetings that start at 0900 hrs or earlier and who live more than 40 km from the meeting location.
- II. Individuals are required to make their own accommodation arrangements, and then submit their receipts for reimbursement.
- III. The amount expensed should not exceed the current rate being offered by the CRTO corporate hotel partner unless otherwise authorized by the Registrar.

h) Telephone/Internet Expenses:

- I. Members will be reimbursed for telephone and/or internet expenses while away from home to a maximum of \$10.00 per night.

i) Meal Expenses:

- I. Meal(s) expense may be claimed where a member is required to leave home a minimum of two (2) hours prior to a scheduled meeting time or if the meeting, hearing, or review time extends beyond 6:30 p.m. and/or the normal return trip to home exceeds two (2) hours.



- II. For each full day, and where meals are not provided as part of a meeting, a member may claim a daily maximum expense of \$50 (total) for all meals.
- III. Members cannot claim any purchase of alcohol.
- IV. Receipts are required to cover the total meal expenses claimed in one day. If one receipt exceeds the maximum daily expense, then only one receipt is required. Original receipts are required.

j) Remuneration

- I. Council and Committee Members must submit per diem and expenses claim statements using the CRTO's expense form template.
- II. The expense forms must be submitted no later than 60 days post-meeting date or 30 days following the year end of any given year.
- III. When applicable, receipts for travel, accommodations and meals must be attached to the expense form.
- IV. The CRTO will endeavour to process the expense forms within one month of receiving them.
- V. The CRTO will prepare and provide T4s to those who claim time-based honoraria from the College.

6.0 AUTHORITY & MONITORING

The Registrar and CEO of the CRTO is responsible for administering this policy.

7.0 RELATED DOCUMENTS

CRTO By-law 2: 15

8.0 DEFINITIONS

- *Per Diem*: A per diem is a payment to someone for time spent working or attending meetings for the CRTO. Per diems are paid on a daily or hourly basis, consistent with the rules and the rates in this policy. They are based on a full day being seven hours of work.
- *Travel Time*: Travel time is a payment to someone for time spent getting to and from CRTO-related business. Travel time is paid on an hourly basis, consistent with the rules and the rates in this policy.
- *Preparation Time*: Preparation time is a payment to someone for time spent getting prepared for CRTO-related business. Preparation time is paid on an hourly basis, consistent with the rule and the rates in this policy.



9.0 APPENDICES

Expense Form (will be updated to reflect the changes in this policy, if /when policy is approved)

10.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

HBS – Health Boards Secretariat

11.0 CONTACT INFORMATION

**College of Respiratory Therapists of
Ontario**

180 Dundas Street West,
Suite 2103
Toronto, ON M5G 1Z8

Telephone: 416-591-7800

Toll-Free (in Ontario): 1-800-261-0528

Fax: 416-591-7890

General Email: questions@crto.on.ca

Council Briefing Note

AGENDA ITEM # 10.3

December 2, 2022

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	REVISED Privacy Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – REVISED Privacy Policy CP-200 (with appendices) Appendix B – Consultation Results
Motion:	It is moved by _____ and seconded by _____ that: The CRTC Council approves the REVISED Privacy Policy.

PUBLIC INTEREST RATIONALE:

The Privacy has been revised under the new Policy Framework. The policy reflects the CRTC's commitment to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The purpose of this policy is to ensure that there are mechanisms in place to protect the personal information collected and used by the CRTC while still enabling the College to fulfill its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA) and the *Respiratory Therapy Act, 1991*.

ISSUE:

The Privacy Policy was last approved on February 4, 2009. It is recommended that the policy be updated to reflect the CRTC's Policy Framework. The revised policy has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been met. Council approved the draft (revised) policy for consultation on September 23, 2022. The policy is now being presented to Council for final approval.

BACKGROUND:

While performing its regulatory functions the CRTC, may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, CRTC employees, its Council and Committee members, and members of the

public. The personal information being collected is critical to the CRTC's ability to effectively regulate the profession in the public interest.

The policy sets out the mechanisms through which the CRTC safeguards the personal information it collects, uses and/or discloses while carrying out its regulatory activities.

ANALYSIS:

Summary of Changes

Although there have been no changes in the policy's intent, the policy has been updated to ensure its relevance to current legislation, improve readability and incorporate privacy provisions currently covered in other CRTC documents. These changes include:

- Addition of Information Sharing Requests provision – this was previously covered under the CRTC's Data Request Policy which was archived in September 2022.
- Addition of Website Privacy provisions – these are currently included in the CRTC's Electronic Media Policy (to be archived under agenda item 10.6).
- The Data Request Form and the Request for Access to Personal Information form have been added as appendices to the policy.
- The Privacy Policy has previously been categorized as an Administrative Policy. Given the extensive scope of the Policy, its relevance to the CRTC's commitment to transparency and to the Council's Confidentiality Policy, it is recommended that the Policy be recategorized as a Council Policy.

Public Consultation

The policy was posted for consultation according to the CRTC's public consultation process. The survey was posted on the CRTC's website. Additionally, a notice about the consultation was sent to all members in the October 2022 CRTC email communication. In total, 36 people viewed the consultation survey, and seven responses were received.

- For full consultation results see appendix B.
- All respondents found the policy clear, understandable, and free from omissions and errors. Two additional comments were received (see appendix B).

CONSULTATION FEEDBACK

36

Viewed

7

Completed

19%

% Completed
(Views vs. Completions)

Date consultation opened: October 14, 2022

Length of time consultation was open: 31-days

Date consultation closed: November 14, 2022

RECOMMENDATION:

It is recommended that Council approve the revised Privacy Policy.

NEXT STEPS:

If the motion is approved, the policy will come into effect on December 2, 2022, and will be posted on the CRTO website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Privacy

Type: Policy

Origin Date: February 4, 2009

Section: CP

Approved By Council on: Month Day, Year

Document Number: CP - 200

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

While performing its regulatory functions the College of Respiratory Therapists of Ontario (Cрто) may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, Cрто employees, its Council and Committees, and members of the public. The personal information being collected is critical to the Cрто's ability to effectively regulate the profession in the public interest.

2.0 POLICY STATEMENT

The Cрто is committed to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The Cрто fulfils its commitment to protecting personal information by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and by voluntarily adopting the privacy provisions outlined under this Policy.

3.0 PURPOSE

The purpose of this policy is to establish a mechanism through which the Cрто can provide appropriate privacy rights to individuals involved in its regulatory functions and operational activities while still enabling the Cрто to meet its statutory mandate under the RHPA and the *Respiratory Therapy Act, 1991* (collectively referred to in this document as "the Legislation").

4.0 APPLICABILITY AND SCOPE

The Privacy Policy applies to any personal information that may be collected, used and disclosed by the Cрто in the course of carrying out its regulatory activities. This may include information about applicants for registration, Members of the Cрто, their patients/clients, Cрто employees, persons elected or appointed to serve on the Cрто Council and Committees, and members of the public.

The Privacy Policy is not intended for use by Members of the Cрто in connection with their obligations under the *Personal Information Protection and Electronic Documents Act (PIPEDA)* or the *Personal Health Information Protection Act (PHIPA)*".



5.0 RESPONSIBILITIES

The Registrar is responsible for making sure the CROTO follows this Privacy Policy and any related procedures. The CROTO's Privacy Officer oversees the organization's information-handling practices in compliance with the Privacy Policy.

Individuals who are employed, retained or appointed by the CROTO, as well as every member of the CROTO Council or Committee are required by section 36 of the RHPA to preserve secrecy with respect to all information that comes to their knowledge in the course of their duties.

6.0 COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

The purpose for which the CROTO collects, uses, and discloses personal information is to perform its regulatory functions and to meet its statutory obligations. This includes, but is not limited to:

- Processing applications for registration and reinstatement
- Maintaining the Public Register of Members
- Investigating complaints regarding the conduct or actions of Members of the CROTO
- Assessing whether a Member continues to meet the standards of the profession
- Administering the Quality Assurance Program
- Compiling aggregate statistics and data analytics for reporting purposes
- Carrying out CROTO's operations, and meeting auditing, legal and regulatory requirements.

Personal information may be collected in several ways, for example, when a person submits an application for registration, or when a member of the public submits a complaint about a Member of the CROTO. The CROTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

Under the Legislation, the CROTO must keep all personal information that comes to its knowledge confidential and is not permitted to disclose this information to any other person unless the information is public and/or the CROTO is required or permitted by law to share the information.

The CROTO will retain personal information for as long as necessary to fulfill its legal or business purposes and in accordance with an established record retention schedule.

6.1 Information Sharing Requests

The CROTO may assist an individual or organization with a data sharing request (for example, for a research study) if it is determined that:

- The request aligns with the CROTO's public interest mandate
- The data will not be used for commercial purposes



- The information is available, and it is feasible for the CRTC to provide the information (e.g., the CRTC has the resources to provide the data); and
- There is no significant risk associated with providing the data.

All data sharing requests must be submitted in writing to the CRTC using Data Request Form (Appendix 1).

7.0 CONSENT

The CRTC will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, as described in section 6.0 above. In some instances, the CRTC may collect, use, or disclose information without consent, for example, in the course of a Professional Conduct investigation or as part of the Quality Assurance Program. In such cases, personal information will only be collected, used and disclosed without the knowledge and consent of the individual when it is permitted or required by law.

8.0 ACCURACY

It is in the best interest of the public that the CRTC collect, use and disclose only accurate personal information in regulating the profession. The CRTC therefore will make every effort to ensure that the personal information it holds is accurate, complete and up to date. If there is a reason to believe information is inaccurate, the CRTC will take reasonable steps to verify the accuracy of the information.

9.0 PRIVACY SAFEGUARDS

The CRTC will take reasonable steps to ensure that the personal information it collects, and uses is protected against theft, loss or misuse. The safeguards will vary based on the degree of sensitivity of the information; however, in general the CRTC security measures include:

- Restricting access to personal information to authorized personnel
- Providing and accessing information on a “needs to know” basis only
- Ensuring that personal information is stored in a secure manner. For example, physical files are under lock and key and access to electronic files is restricted
- Providing an orientation and ongoing training to CRTC employees, Council and Non-Council Committee members and consultants regarding the CRTC’s privacy requirements and their confidentiality obligations
- Ensuring that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion
- Conducting regular reviews of internal procedures to protect personal information.

10.0 CRTC WEBSITE PRIVACY

The CRTC is committed to protecting the personal privacy of individuals who access the CRTC’s website. The following outlines the information that may be collected from individuals accessing the CRTC website:



- **Personal Information**

The CRTO does not use the website to gather any personal information, such as names, phone numbers, email addresses, etc. unless it is necessary for the purpose of regulating the profession in the public interest. This includes collecting personal information through online forms used to address Members' and the public's needs.

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website [e.g., submission of an online request or a form using encryption such as Secure Socket Layer (SSL) protocol when transmitting personal information].

- **Internet Protocol (IP)**

The CRTO tracks the Internet Protocol (IP) addresses of users who access its website. The information is strictly used for statistical purposes and to observe user traffic through various website areas. Information gathered from logging IP addresses may include the type of browser used, date and time of visit, and pages/documents viewed. No information can be obtained from IP logging that could identify individual users.

- **Cookies**

The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.

External Links and Social Media

The CRTO strives to use external links to reputable organizations that provide information that is relevant to CRTO Members and members of the public. The CRTO does not accept any responsibility for the third party's privacy practices. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy, and the CRTO's privacy policy does not apply to other organizations.

The CRTO uses certain social media sites such as Twitter™, Facebook™ and LinkedIn™ to communicate with its Members and the public. Users who choose to interact with the CRTO via social media are advised to read the terms of services and privacy policies of the relevant platforms.

11.0 ACCESS TO PERSONAL INFORMATION

Individuals can make a written request for access to their personal information held by the CRTO. Requests for access must be submitted in writing to the Privacy Officer using the Request for Access to Personal Information Form (Appendix 2).

The CRTO shall allow access to an individual's information unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation, or it is impracticable or impossible for the CRTO to retrieve the information.



The CRTO will make every effort to respond to the request for access to personal information within thirty days. In the event the CRTO refuses to provide access to all of the personal information it holds, then the CRTO will provide reasons for denying access.

In cases where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the CRTO.

12.0 AUTHORITY & MONITORING

The CRTO collects, uses and discloses personal information under the general authority of the RHPA, the *Respiratory Therapy Act*, 1991 the regulations under the Act and the CRTO By-laws.

The CRTO is not engaged in commercial activities, and as such, its collection, use and disclosure of personal information is not covered by the *Personal Information Protection and Electronic Documents Act* (PIPEDA), which identifies regulatory Colleges like the CRTO as an “Investigative Body.” This has the effect of allowing an organization or person to disclose personal information to the CRTO without the consent of the individual to whom the information relates, in order to initiate or facilitate an investigation and allows an investigative body to disclose personal information to another organization.

13.0 CHALLENGING COMPLIANCE

Complaints or questions regarding the CRTO's compliance with the Privacy Policy should be directed to the Privacy Officer. The CRTO has a formal privacy complaints procedure in place for managing any privacy-related concerns to ensure that they are responded to in a timely and effective manner. The Privacy Officer oversees the complaints, investigation and corrective actions for all privacy breach situations.

14.0 CONSEQUENCES FOR NON-COMPLIANCE

Individuals who breach the provisions under 36 of the RHPA face fines of up to \$25,000 for a first-time offence and up to \$50,000 for a second or subsequent offence. In addition, personal information handled by the CRTO is subject to the provisions of this Privacy Policy.

15.0 RELATED DOCUMENTS

- Confidentiality Policy
- Privacy Procedure
- *Regulated Health Professions Act, 1991*
- *Health Professions Procedural Code*
- *Respiratory Therapy Act, 1991*

16.0 DEFINITIONS

Legislation - the CRTO operates under the *Regulated Health Professions Act, 1991* (RHPA) and



the Respiratory Therapy Act, 1991. The Health Professions Procedural Code, Schedule 2 to the RHPA, sets out the CRTO's regulatory functions (objects). The RHPA and the Respiratory Therapy Act, are collectively referred to in this document as "the Legislation."

Member means a Member of the CRTO.

Organization includes an individual, a corporation, an association, a partnership, and a trade union.

Patient/client is deemed to include an individual to whom an applicant or Member of the CRTO has purported to provide professional services.

Personal information means any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history as well as any sensitive information such as financial or health data.

Privacy Officer is a CRTO staff member, designated by the Registrar, accountable for compliance with the CRTO Privacy Policy and Procedure and whose specific responsibilities are outlined in the CRTO Privacy Policy Procedure; "Role of the Privacy Officer".

Public information under the Code and the CRTO By-laws, the CRTO must provide certain information on the Public Register. Public information includes, but is not limited to registration information, such as name, class of registration and any terms, conditions, or limitations that have been imposed on a certificate of registration, employment address, allegations of professional misconduct or incompetence that have been referred to the Discipline Committee, and results of discipline or incapacity proceedings.

17.0 APPENDICES

- Appendix 1 – Data Request Form
- Appendix 2 - Request for Access to Personal Information

18.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario
180 Dundas Street West,
Suite 2103
Toronto, ON M5G 1Z8

Telephone: 416-591-7800
Toll-Free (in Ontario): 1-800-261-0528
Fax: 416-591-7890
General Email: questions@crto.on.ca



Appendix 1

DATA Request Form

Occasionally, researchers and/or third-party organizations contact the College of Respiratory Therapists of Ontario (CRTO) with requests for information about its Members. While the CRTO aims to be helpful in responding to data requests, it must ensure that the request aligns with the CRTO's public interest mandate and that any provision of information complies with its Privacy Policy.

All information requests for the purpose of third party studies/surveys must be submitted in writing using this Data Request Form. All data requests must be approved by the Registrar.

1. INSTRUCTIONS

- Please complete all applicable sections of this form
- Return the form by e-mail to officeofregistrar@crto.on.ca
- If your request is approved, we will e-mail you a data sharing agreement. To finalize your request, you will need to return the completed agreement form to our office.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ORGANIZATION

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Name of your project:

What is the purpose of the project?

What information regarding RTs registered with the CRTO do you want us to provide? List all the data elements needed (e.g., practice postal code, main area of practice, etc.)



Data type (e.g., aggregate or de-identified record-level data):

Preferred Format (specify the preferred format of the completed data e.g., Excel, CSV).

How do you intend to use the data?

Who will have access to the data?

List all the persons who will have access to the data (e.g., research assistants), their names, position titles, organizations and email addresses.

Other comments:



SIGNATURE _____

DATE _____

NOTE

When reviewing data requests, the CRYPTO will consider factors such as:

- Purpose of the request
- Whether the request aligns with the CRYPTO public interest mandate
- Whether or not the information is available, and if so, how resource-intensive will it be to produce the data
- Any possible risks in sharing the data.

The CRYPTO collects its data during application and registration renewal. This information is self-reported by members and will be provided "As Is" without verification of the data.



Appendix 2

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Individuals may make a written request for access to their personal information held by the CRTO. For more information, please see the Privacy Policy. All requests must be submitted in writing using this Request Form.

1. NOTES & INSTRUCTIONS

- Please complete all applicable sections of this form
- Attach a copy of two pieces of valid government-issued identification which include your date of birth and signature (e.g., driver's license, cared, passport or citizenship or permanent resident card).
- Return the form by e-mail to officeofregistrar@crtto.on.ca or by mail to:
CRTO, Privacy Officer
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
Canada
- Requests for access to personal information will be processed within thirty (30) days, failing which the applicant will be notified of the delay and the reason for it.
- Where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Please provide details to identify the records being requested, including types of documents (if known) and dates:

- ☐ I certify that I am requesting access to my own personal information. I understand that copies of documents received from the CRTO become the responsibility of the requestor.



SIGNATURE _____ DATE _____

Appendix B: Consultation Survey Results

Answers to Questions Privacy Policy Consultations Survey As of: 11/16/2022 8:52:50 AM		
Page: About You		
Question: Are you a...		
Number Who Answered: 9		
Respiratory Therapist (including retired)	7	78 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	2	22 %
Question: I live in...		
Number Who Answered: 9		
Ontario	7	78 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	2	22 %
Page: Questions		
Question: Is the purpose of the Privacy Policy clear?		
Number Who Answered: 7		
Yes	No	
7	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		
Question: Do you agree that the Privacy Policy is clear and understandable?		
Number Who Answered: 7		
Yes	No	
7	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		
Question: Is the Privacy Policy free from omissions and/or errors?		
Number Who Answered: 7		
Yes	No	
7	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		
Question: Does this Privacy Policy provide you with a sufficient understanding of the mechanisms put in place to protect the personal information the CRTO may collect, use, and disclose in the course of carrying out its regulatory activities?		
Number Who Answered: 7		
Yes	No	
7	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		
Page: Additional Comments		
Question: Do you have any additional comments you would like to share?		

Number Who Answered: 2*

*Comments received:

1. JOB WELL DONE
2. Usually a fee is charged when requesting access to private information. Will this be applicable here as well?

Council Briefing Note

AGENDA ITEM # 10.4

December 2, 2022

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	NEW Records Management & Retention Policy
Purpose:	For Information
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – NEW Records Management & Retention Policy

PUBLIC INTEREST RATIONALE:

The new Records Management & Retention Policy aligns with the Privacy Policy and reflects the CRTO's commitment to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The CRTO ensures that its record-keeping practices comply with the legislative requirements and privacy and confidentiality obligations.

ISSUE:

Under the Privacy Policy, the CRTO commits that it will retain personal information for as long as necessary to fulfill its legal or business purposes and in accordance with an established records retention schedule.

Recently, staff conducted an extensive review of the CRTO's record management processes and drafted a new administrative policy to establish clear organizational standards for the management of records from creation, retention to disposal. The policy includes an updated record retention schedule.

A copy of the new policy has been attached to this briefing note as an information item. The policy has been reviewed by the College's legal counsel, who confirmed that the provisions in the policy and the retention schedule are consistent with the CRTO's legislative requirements and align with other regulatory organizations' approaches to record management.

NEXT STEPS:

Starting in January 2023, staff will start reviewing the records currently retained by the CRTO (paper and electronic) to ensure that the provisions of the new policy are met.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Records Management and Retention

Type: Policy

Origin Date: November 15, 2022

Section: AD

Approved By Registrar on: November 15, 2022

Document Number: 208

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (“the CRTO”) ensures that its record-keeping practices comply with the legislative requirements and privacy and confidentiality obligations. The CRTO has mechanisms in place to ensure proper record retention, storage, and disposal.

2.0 PURPOSE

The purpose of the Records Management and Retention Policy is to establish clear organizational standards for the management of records from creation, retention to disposal.

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all recorded information received, created, or used in the course CRTO performing its regulatory functions. It applies to all records regardless of their format, e.g., electronic files, paper, email, voice recordings, written notes, etc., and includes information stored on the CRTO’s database systems.

All records created, received, accumulated, and maintained during a person’s employment with the CRTO are the property of the CRTO; this includes records stored on email programs, networks, and personal drives.

4.0 RECORD MANAGEMENT PROCESS

4.1 Records Creation, Usage and Storage

When creating, using, or accessing CRTO records, staff are expected to comply with the CRTO’s Privacy and Confidentiality Policies. When a record contains personal information, the privacy measures outlined in the College’s Privacy Policy must be followed.

When creating a record, staff are expected to:

- Comply with the CRTO’s style guide and use the appropriate templates
- Save records in the appropriate network drive and folder and use the CRTO’s file naming conventions



- To eliminate having multiple versions of a document, staff are encouraged to delete versions of documents that are no longer relevant, e.g., previous drafts.

Each department is responsible for and controls the respective department records for the length of time outlined on the Retention Schedule. In doing so, staff must ensure that the records are protected from loss, theft, damage, breach of confidentiality, and unauthorized access. Records must also be safeguarded against corruption or any unauthorized alteration, removal, or deletion of the record.

If it is required to retain a hard copy of a document, it must be stored in a secure place where it cannot be accessed or viewed by unauthorized individuals. No physical files are to be removed from the office unless authorized. A staff member who signs out a physical file(s) from the office is responsible for the security, care, handling, location, and return of the file(s).

Electronic copies of documents must be stored on a computer device with sufficient security features (e.g., multi-factor authentication, password-protected access and hard drive encryption). The records should only be stored within the established record-keeping system, such as a departmental folder within a shared network directory, such as the K drive.

4.2 Records Digitization

CRTO records will be retained in an electronic format unless it is deemed necessary to keep a hard copy of the document.

Paper documents, of which there is not already an electronic or digital version, will be assessed and flagged for scanning by the Manager responsible for the records. Records identified as inactive or obsolete will be disposed of (see section 4.4).

When digitizing a record, staff are expected to:

- Conduct quality control on each scanned item to check the image quality and readability. The electronic record must provide the same information as the paper source record, and the limitations of the reproduction shall be well defined and not obscure significant details
- Ensure that the record's authenticity and reliability are demonstrable
- Where applicable, ensure that digital records are legally admissible in place of the Source Records
- Save the electronic record in the appropriate folder

Once a document has been digitized and saved, the hard copy can be disposed of (see section 4.4. below) unless it is deemed necessary to keep a hard copy of the document.



When using outside vendors to digitize records, the CROTO will assign a staff member to coordinate the scanning project and to ensure that the process complies with the CROTO's privacy and confidentiality obligations.

4.3 Records Retention

CROTO records are retained according to the established Records Retention Schedule (see Appendix 1). The schedule is based on the CROTO's legal, administrative and operational requirements.

The Retention Schedule prescribes the minimum period the records must be retained; however, in some cases, the records may be kept for a longer period if it is deemed necessary.

In addition, the following exceptions apply to the Records Retention Schedule:

- Where litigation, a government inspection or investigation has been initiated or is reasonably anticipated, relevant records will be retained for two (2) years after the litigation is resolved, including any appeals.
- Where records are required by contract or by any law to be kept for a longer period of time, the records will be retained for the period provided in the contract or law.

The default retention period for records not otherwise classified is one (1) year after they are no longer current.

4.4 Record Disposal

- Records will be disposed of according to the approved records retention schedule, see Appendix 1
- Destruction of records (regardless of format) must be approved by the Registrar or Program Manager
- When disposing records (either electronic or paper) with sensitive or personal information, the confidentiality of the record must be preserved
- Destruction of paper records must be conducted by a designated service provider. The destruction of electronic records stored on CD's, flash drives, and other storage devices should be conducted by the Corporate Services Department. At no time should individuals use a personal household device, such as a simple shredder, to destroy confidential information
- Records that have been identified as having a Legal Hold due to litigation will not be destroyed until the corresponding department has removed the Legal Hold

5.0 RESPONSIBILITIES

The Registrar and CEO is responsible for administering this policy in compliance with the *Regulated Health Professions Act, 1991* (RHPA), *Personal Information Protection and Electronic Documents Act, 2000* (PIPEDA) and the CROTO's Privacy and Confidentiality Policies.



Corporate Services oversees the CROTO's record-keeping management practices in compliance with this policy and is responsible for ensuring that an organization-wide analysis/review of records is conducted and assigned to appropriate departments every ten (10) years.

All CROTO staff are responsible for complying with the Records Management and Retention Policy. They are expected to be aware of their role in creating and managing records, ensuring the confidentiality and security of records throughout all phases of the record's life cycle.

6.0 RELATED DOCUMENTS¹

- Privacy Policy and Procedure
- Confidentiality Policy
- *Regulated Health Professions Act, 1991 (RHPA),*
- *Personal Information Protection and Electronic Documents Act, 2000 (PIPEDA)*

7.0 DEFINITIONS

Disposal – the physical destruction of a document by means of shredding when the document is in paper format; or deletion and/or destruction of hard drives when the document is in electronic format

Image quality – the cumulative result of the scanning resolution, the enhancement processes, the scanning device and the skill of the operator

Quality control – planned activities that need to be fulfilled in the process of digitizing records to meet legislative and operational requirements

Records – any record of information created, received and accumulated by the CROTO regardless of how it is recorded (e.g., in printed form or by electronic means). Records may include “correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine readable record, any other documentary material, regardless of physical form or characteristics, and any copy thereof”²

Retention – the maintenance of records either in paper or electronic format. Electronic documents can be kept in a “current” folder or an “archived” folder, depending on the CROTO's needs

Retention schedule – a control document that categorizes the CROTO's records and indicates the length of time each category shall be retained before destruction is permitted

Source record – the record itself or any copy or duplicate intended by the author of the record to have the same effect

¹ Acknowledgements: This policy is based in part on the College of Occupational Therapists of Ontario (COTO) Records Management Policy. Thanks to COTO for its support and for the use of its materials.

² Definition based on the *Freedom of Information and Protection of Privacy Act*, 1990 (which does not apply to the CROTO)



8.0 APPENDICES

Appendix 1 - Records Retention Schedule

9.0 CONTACT INFORMATION

**College of Respiratory Therapists of
Ontario**

180 Dundas Street West,
Suite 2103
Toronto, ON M5G 1Z8

Telephone: 416-591-7800

Toll-Free (in Ontario): 1-800-261-0528

Fax: 416-591-7890

General Email: questions@crto.on.ca

Appendix 1 CRTO Records Retention Schedule

Record Category	Record Type	Retention Period (Years)	Responsible Department
Administration	Business - general administrative records, contact lists and general correspondence	3 years	Corporate Services
	Internal administrative documents	3 years	Corporate Services
	Organizational charts, corporate policies and procedures	Permanent	Office of the Registrar
	Insurance	Permanent	Office of the Registrar
	Contract management, tender purchases, agreement and contracts	Permanent	Office of the Registrar
Communications & Stakeholder Relations	Publications (e.g., newsletters, annual reports, FRP)	Permanent	Communications
	Communiqués, news releases, general member communications and announcements	Permanent	Communications
	Public relations events	3 years	Communications
	Educational initiatives and requests	3 years	Communications
	Government/Intergovernmental relations	Permanent	Office of the Registrar
	Federation of Health Regulatory Colleges of Ontario	3 years	Office of the Registrar
	National Alliance of Respiratory Therapy Regulatory Bodies	Permanent	Office of the Registrar
Council and Committees	Council and Committee meeting agendas, minutes and supporting documentation	Permanent	Office of the Registrar

Record Category	Record Type	Retention Period (Years)	Responsible Department
	Records relating to Council and Committee orientation, training	5 years	Office of the Registrar
Financial	Audited financial statements	Permanently	Corporate Services
	All other financial documents, e.g., General Ledger, quarterly statements, payroll, banking, investments, audit records, budgets, tax records (including T4s), fixed assets (including depreciation schedules, copies of invoices, financial planning documents, Discipline Committee cost payment records and records related to funding provided for Funding for Therapy and Counselling fund	7 years	Corporate Services
Governance	Elections and appointments	5 years	Office of the Registrar
	Council and Committee governance documents, policies, strategic and operational planning	10 years	Office of the Registrar
	CPMF	Permanently	Office of the Registrar
	Risk Management	10 years	Office of the Registrar
Legal	Legal advice, legal claims	Permanently	Office of the Registrar
Legislation and Regulations	Legislation and regulations development, correspondence with government, consultation	Permanently	Office of the Registrar

Record Category	Record Type	Retention Period (Years)	Responsible Department
Personnel Files	Staff files³		Corporate Services
	The employee information (e.g., 's name, address and starting date of employment)	3 years after the end of employment	Corporate Services
	Hours worked by the employee	3 years	Corporate Services
	Retention of vacation time records	3 years	Corporate Services
	Information related to leaves	3 years	Corporate Services
	Income tax ⁴	6 years from the end of the last tax year they relate to.	Corporate Services
	Payroll Processing and Payroll Remittances	7 years	Corporate Services
	Council/Non-Council Personnel Files	3 years (after term ends)	Corporate Services
	Benefit plans	7 years	Corporate Services
	Occupational health and safety/workplace safety records	5 years	Corporate Services
Policy Framework Documents	By-laws	Permanent	Office of the Registrar
	Position Statements	Permanent	Professional Practice
	Standards of Practice/Guides/Guidelines & Essential Competencies	Permanent	Professional Practice

³ [Guide to the Employment Standards Guide](#)

⁴ [Government of Canada Income Tax – Keeping Records](#)

Record Category	Record Type	Retention Period (Years)	Responsible Department
	Policies and Procedures	Permanent	Based on the scope of the policy
	Fact Sheets	Permanent	Based on the scope of the policy
Professional Conduct	Complaints and Investigations member/complainant files, e.g., intake forms, mandatory reports and Registrar's inquiries, HPARB appeal records, compliance records, unauthorized practice files	Permanently	Professional Conduct
	Discipline and Fitness to Practice files (including compliance records related to monitoring orders and costs)	Permanently	Professional Conduct
	Other documents, reports, audits, reviews, statistics, correspondence and other general documentation	5 Years	Professional Conduct
Quality Assurance	Member Files	Permanently	Quality Assurance
	Other documents, e.g., guides, program reports, audits, reviews, statistics, correspondence and other documentation regarding the quality assurance program	5 Years	Quality Assurance
Registration	Applicant files (<u>including those whose registration was denied</u>), member files, RC Referrals, HPARB appeal files, exam results information	Permanently	Registration
	Inactive application files	5 Years after the date of last activity.	Registration

Record Category	Record Type	Retention Period (Years)	Responsible Department
	Credit card information submitted by members and/or applicants outside of iMIS (e.g., pdf registration payment form)	N/A – the form will be redacted or destroyed after the payment is processed.	Registration
	Other documents, e.g., registration guides, reports, forms, general correspondence and other registration department documentation	5 Years	Registration
Special Projects	All	5 Years after completion	Project dependant

Council Briefing Note

AGENDA ITEM # 10.5

December 2, 2022

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	REVISED Communications on Behalf of the CRTO Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – REVISED Communications on Behalf of the CRTO Policy
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p>The CRTO Council approves the REVISED Communications on Behalf of the CRTO Policy.</p>

PUBLIC INTEREST RATIONALE:

The Communications Policy has been revised under the CRTO's Policy Framework. The purpose of this policy is to ensure that CRTO's communications are clear, consistent, coordinated, effectively managed and that they meet the needs of the public, College Members, and other stakeholders.

ISSUE:

The Communications Policy was last approved on November 29, 2013. It is recommended that the policy be updated to reflect the CRTO's Policy Framework and to clarify the purpose of the policy. The revised policy has gone through a rigorous policy review process, including external legal review.

BACKGROUND:

Individuals communicating on behalf of the CRTO are expected to comply with the College's Confidentiality and Privacy Policies, the CRTO By-laws, and the Employee Handbook.

The Communications on Behalf of the CRTO Policy provides a guide for the CRTO Staff, Council and Committee members when communicating on behalf of the CRTO. This is to ensure that the communications issued by or on behalf of the CRTO are effectively managed, consistent, timely, and accurate.

ANALYSIS:**Summary of Changes**

The policy has been updated to clarify its purpose, improve readability and to better align it with other CROTO documents (e.g., the By-laws and the Accessibility Standards Policy). These changes include:

- The title of the policy changed from Communications to Communications on Behalf of the CROTO. This is to clarify the purpose of the policy.
- To content was updated to reflect that the policy applies to CROTO Staff, Council and Committee members. The CROTO's expectations with respect to Members' communications are covered under the Standards of Practice and the Use of Social Media by Respiratory Therapists Fact Sheet.
- The Accessibility for Ontarians with Disabilities (AODA) Information and Communication Standard section was removed as these provisions are already covered under the Accessibility Standards Policy.
- The Communications Policy was previously categorized as a patient relations and then administrative policy. However, given the scope and applicability of the policy, it is recommended that it be recategorized as a Council Policy.

A copy of the current Communications Policy is available on the CROTO [website](#).

RECOMMENDATION:

It is recommended that Council approve the revised Communications on Behalf of the CROTO Policy.

NEXT STEPS:

If the motion is approved, the policy will come into effect on December 2, 2022.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Communications on Behalf of the CRTO

Type: Policy

Origin Date: November 29, 2013

Section: CP (Internal)

Approved By Council on: Month Day, Year

Document Number: 104

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) ensures that its communications are clear, consistent, coordinated, and effectively managed to meet the needs of the public, the CRTO Members, and other stakeholders.

2.0 PURPOSE

The purpose of this policy is to guide the CRTO's communications and to provide the CRTO Staff, Council and Committee members with the information they need to consider when communicating on behalf of the CRTO.

3.0 APPLICABILITY AND SCOPE

This policy applies to CRTO Staff, Council and Committee members.

Spokespersons

Under the CRTO By-law 1, the Registrar and President are the official designated speakers for the CRTO unless otherwise authorized.

The Registrar or President may designate others to speak in an official capacity on subjects in which they have expertise, or which fall under their responsibilities. Individuals designated to speak on behalf of the CRTO in any capacity will receive specific instructions to ensure they can carry out their responsibilities appropriately and effectively.

Staff, Council and Committee members must refrain from speaking or appearing to speak, on behalf of the CRTO, unless explicitly authorized to do so by the Registrar or the Executive Committee.

Media and Public Relations

Media inquiries must be directed to the Registrar or President. Media responses will be developed in consultation with the appropriate content experts.



Press Releases

The CRYPTO may issue press releases from time to time to provide information to the public when appropriate. Press releases will be prepared and reviewed in accordance with the CRYPTO's established practices, including review by the CRYPTO's Council and Committees, where appropriate. All press releases must be approved by and issued under the supervision of a designated spokesperson.

Public Statements of Personal Opinion

CRYPTO staff, Council and Committee members must refrain from publicly stating their personal opinion regarding the CRYPTO, and from presenting a personal opinion regarding the CRYPTO as a fact. This applies to any form of communication and includes participation on social media platforms.

Online Communications and Social Media

CRYPTO staff, Council and Committee members who engage in online communications and social media must maintain a respectful, constructive and professional tone and comply with the expectations outlined in the CRYPTO's Employee Handbook, Code of Conduct and the Privacy and Confidentiality Policies. Any person posting to a social media site on a CRYPTO-related matter must have prior authorization to do so from the Registrar.

When participating in online communications related to the CRYPTO, staff, Council, and Committee members are expected to disclose their affiliation with the CRYPTO.

CRYPTO staff, Council and Committee members who use social media for personal purposes must not share any CRYPTO information/material in a personal online space. In addition, they are expected to:

- Consider whether personal thoughts published online may reasonably be understood as expressing the positions or opinions of the CRYPTO.
- Use a disclaimer anywhere there may reasonably be uncertainty about the capacity in which they are acting, e.g., "The postings on this site are my own and do not represent the views or opinions of my employer";
- Use common sense and recognize that content posted online will likely remain online permanently;
- Recognize that inappropriate, unprofessional comments published or made in any forum or format may result in disciplinary action.

4.0 RESPONSIBILITIES

When communicating on behalf of the CRYPTO, individuals are expected to comply with the CRYPTO's Confidentiality and Privacy Policies, the CRYPTO By-laws and the Employee Handbook.



5.0 RELATED DOCUMENTS

- CRTO By-law 1 and 2
- Privacy Policy
- Confidentiality Policy
- Employee Handbook

6.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 10.6

December 2, 2022

From:	Carole Hamp, RRT - Registrar & CEO
Topic:	Policies Being Rescinded & Archived
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Selection Process Appendix B: Electronic Media Appendix C: Website Terms of Use Appendix D: Social Media Terms of Use
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p>The CRTO Council approves that the following policies be rescinded & archived:</p> <ul style="list-style-type: none">• Selection Process• Electronic Media• Social Media Terms of Use

PUBLIC INTEREST RATIONALE:

The CRTO is committed to adopting a proportionate and responsive regulatory approach with the continued policy review based on the guidance of the CRTO Policy Framework.

ISSUE:

During the policy review process, guided by the Policy Framework, it has been determined that several policies are repetitive, or include information that does not need to be in a policy format. For these reasons, it is recommended that the attached policies (Appendix A, B and D) be rescinded and archived to increase clarity and avoid potential discrepancies between guiding documents.

BACKGROUND:

Below is a brief rationale for each policy recommended to be rescinded & archived:

- **Selection Process AD- 203 (Appendix A)**

The Selection Process for Consultants, Services or Contract Staff Policy states that there will be a competition for all positions, services and other contracts for amounts of \$5,000 or more. However, it has been noted that this approach is not feasible and appears to be more restrictive than the expectations under the CRTO By-laws (By-law :11. Expenditures).

It is recommended that this policy be rescinded and replaced by the Procurement of Goods & Services (Council) Policy (agenda item 10.1) which sets out clear, realistic guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal value for money.

- **Electronic Media Policy PR-101 (Appendix B)**

According to the introductory statement, this policy applies to all electronic media communications by CRTO staff, designated spokespersons, Council and Committee Members; however, the content of the policy appears to include information that is relevant to the users of the CRTO website in general. Furthermore, the content is either included in other CRTO Policies (e.g., Privacy) or does not need to be in a policy format. A new Terms of Use document (Appendix C) has been drafted to address issues related to copyright and reproduction of CRTO materials, privacy, external links, and social media. The document has been reviewed by legal counsel and will be posted on the CRTO website. The revised Communications Policy (agenda item 10.5) includes provisions related to electronic media communications by CRTO staff, designated spokespersons, Council and Committee Members.

- **Social Media Terms of Use PR-101 (Appendix D)**

This policy is meant to “assist staff, designated spokespersons, Council and Committee Members in making appropriate, use of social media”. However, these provisions have already been addressed in the newly revised Communications on Behalf of the CRTO Policy (agenda item 10.5). Additionally, the newly drafted Terms of Use document (Appendix C) addresses issues related to social media from the perspective of those who use and interact with the CRTO through its website and social media.

RECOMMENDATION:

It is recommended that the CRTO Council approve the policies, as outlined above, to be rescinded and archived.

NEXT STEPS:

If the motion is approved, the policies will be archived internally. The Website Terms of Use document will be posted on the CRTO website.

Appendix A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Selection process for consultants, services or contract staff**

Date originally approved:
February 5, 2010

Number: **AD-Selection-Consultant/Services/Contract-203**

Date(s) revision approved:
N/A

POLICY

A competition will be held for all positions, services and other contracts for amounts of \$5,000 or more. This involves advertising the position or, where very specific skills or services are required, sending a request for proposal to at least 3 individuals or companies.

A selection committee of at least 3 persons will select the individual/organization based on predetermined criteria, and which may involve an interview or presentation.

The Registrar will negotiate a contract with the selected individual/organization. Council will be informed of the selection and the decision will be made available to the membership/public.

Policy - selection process for consultant

K:\Policy_Procedures\AD-Admin\Final&PDF\Selection\Policy Selection Process-203.docx

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Electronic Media Policy**

Number: **PR-CRTO Electronic Media-101**

Date originally approved:
February 22, 2013

Date(s) revision approved:
June 2, 2017

POLICY

This policy applies to all electronic media communication by all CRTO staff, designated spokespersons, Council and Committee Members.

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) to encourage clear, consistent and effective communication with all Members, stakeholders and members of the public through a variety of accepted electronic media (including but not limited to ebulletins, Twitter™ and the CRTO website). The CRTO's electronic media must meet communications standards, adhere to our privacy policy and ensure reliable information is shared.

The objectives of this policy are to:

- Encourage the safe, creative and effective use of electronic media by CRTO designated spokespersons.
- Provide a framework for the application of the policies and guidelines that oversee electronic media use, such as the Social Media Terms of Use and the Foundations and Resources for a Best Practices Approach to Social Media.
- Enable electronic media use in communicating overall CRTO themes and policy directions.
- Ensure that the use of electronic media by CRTO staff and designated spokespersons complies with all applicable laws, and all CRTO policies and procedures, including those related to protection of privacy, retention of records, security, code of conduct, confidentiality and Internet/email use.
- Ensure blogs, discussion forums or other electronic media initiated and/or created by, and within the control of the CRTO must be moderated.
- CRTO-hosted electronic media services must include Terms of Use Guidelines for users.

Disclaimer

The CRTO's electronic media policy is intended to provide information to Respiratory Therapists, its stakeholders and members of the public. The CRTO will make every effort to ensure that all information is accurate and complete, however this cannot be guaranteed.

External Links to Third-Party Sites

Whenever possible, the CRTO strives to use external links to reputable, non-profit organizations that provide healthcare information that is relevant to CRTO Members and members of the general public of Ontario. The CRTO does not accept any responsibility for the content, accuracy, reliability, or currency found on these external sites, and the linking to these external sites does not imply endorsement on the part of the CRTO of any of the organizations or information. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy and the CRTO's privacy policy does not apply to other organizations. Links from our electronic media to other sites are presented

as a convenience to users, and every effort will be made to ensure the use of credible sources. Users wishing to rely upon third-party information should directly contact the organization responsible for the information to verify its accuracy.

Copyright and Reproduction Permission

Information in electronic media is produced by the CRTO for the purpose of providing material relevant to the regulation of Respiratory Therapists in Ontario. The information may be reproduced for personal, non-commercial, and/or educational use, in part or in whole, without further permission from the CRTO, provided:

- Credit is given to the CRTO when any electronic media is reproduced.
- Due diligence is used to ensure that documents reproduced are accurate.
- Reproductions of electronic media are not represented as:
 - official CRTO versions;
 - being created in association with the CRTO; or
 - being created with endorsement from the CRTO.

Reproduction of information from electronic media must not be part of a published work (i.e., book, journal or website) without prior written consent from the CRTO. If permission is granted by the CRTO, users are required to notify the CRTO when the work is published or posted for verification.

The graphics, logos and videos contained in the electronic media are the property of the CRTO and may not be copied, imitated or used in whole or in part without the prior written consent of the CRTO.

For permission to reproduce or redistribute electronic media, please contact the Manager of Communications at socialmedia@crtto.on.ca.

Privacy Statement

The CRTO is committed to protecting the personal privacy of individuals who access the CRTO's electronic media. As part of that commitment, below is an outline of information that may be collected, as well as why and how it will be used. The CRTO does not use the website to gather any personal information such as names, phone numbers, email addresses, etc., during visits to the CRTO website.

1. Personal Information

Use of the CRTO electronic media (excluding the Member Login area), is done anonymously. Submission of a request or form directly to the CRTO, will ask users to provide specific information such as name, email, phone number, etc. for the purposes of replying to the inquiry.

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website through the use of Secure Sockets Layers (SSL) technology, which encrypts information, entered into submission forms. For more information please see the CRTO Privacy Policy.

2. Internet Protocol (IP)

The CRTO tracks the Internet Protocol (IP) addresses of users who access the electronic media. The information is strictly used for the statistical purposes of observing general user traffic through various areas.

Information gathered from logging IP addresses may include the type of browser used, date and time of visit, pages/documents viewed. No personal information can be obtained from IP logging that could identify individual users.

3. Cookies

A cookie is a small amount of data that may be written to a user's hard drive when information is viewed. Cookies are used by websites to determine which sections are visited most often. Sites that require user names and passwords (such as the Member Login area) also use cookies to remember visitors. Every website creates a unique cookie for every visitor, so one cookie cannot be "read" by another website.

The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.

Appendix C

Terms of Use – Website and Social Media (to be posted on the CRTO website)

1. General (website)

a. Copyright/Permission to Reproduce

- I. **Commercial or for-profit** redistribution, use or sale of the materials on this site, in part or in whole, is prohibited except with the written consent of the CRTO.
- II. The graphics and logos on this site are the property of the College of Respiratory Therapy of Ontario (the “CRTO”) and may not be copied, imitated or used in whole or in part without the prior written consent of the CRTO except as set out under section III below.
- III. The materials on this site may be reproduced for **personal, non-commercial, and/or educational** use, in part or in whole, without further permission from the CRTO, provided that:
 - Credit is given to the CRTO when any electronic media¹ is reproduced.
 - Due diligence is used to ensure that the documents reproduced are accurate.
 - Reproductions of electronic media are not represented as:
 - official CRTO versions
 - being created in association with the CRTO, or
 - being created with endorsement from the CRTO.
- IV. Reproduction of information from the CRTO website must not be included as part of a published work (i.e., book, journal or website) without prior written consent from the CRTO. If permission is granted by the CRTO, users are required to notify the CRTO when the work is published or posted for verification.
- V. For permission to reproduce or redistribute CRTO electronic media, please contact the Office of the Registrar at officeofregistrar@crt.on.ca.

b. Website Privacy

The CRTO is committed to protecting the privacy of individuals who access the CRTO’s website. The following outlines the information that may be collected from individuals accessing the CRTO website:

• Personal Information

The CRTO does not use the website to gather any personal information, such as names, phone numbers, email addresses, etc. unless it is necessary for the purpose of regulating the profession in the public interest. This includes collecting personal information through online forms used to address Members’ and the public’s needs.

¹ Electronic media refers to the CRTO website, eBulletins, and the CRTO’s social media channels, including but not limited to Twitter™, Facebook™ and LinkedIn™

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website (e.g., submission of an online request or a form using encryption such as Secure Socket Layer (SSL) protocol when transmitting personal information.

- **Internet Protocol (IP)**

The CRTO tracks the Internet Protocol (IP) addresses of users who access its website. The information is strictly used for statistical purposes and to observe user traffic through various website areas. Information gathered from logging IP addresses may include the type of browser used, date and time of visit, and pages/documents viewed. No information can be obtained from IP logging that could identify individual users.

- **Cookies**

The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies help the CRTO enhance a user's online experience. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.

- **External Links and Social Media**

The CRTO strives to use external links to reputable organizations that provide information that is relevant to CRTO Members and members of the public. The CRTO does not accept any responsibility for the third party's privacy practices. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy, and the CRTO's privacy policy does not apply to other organizations.

The CRTO uses certain social media sites such as Twitter™, Facebook™ and LinkedIn™ to communicate with its Members and the public. Users who choose to interact with the CRTO via social media are advised to read the terms of services and privacy policies of the relevant platforms.

For information about how the information of CRTO's website users is treated, please see the Privacy Policy [link to be provided].

- **External Sources Disclaimer**

Some of the information on this website has been provided by external sources. The CRTO is not responsible for the accuracy, reliability or currency of the information provided by external sources. Users wishing to rely upon this information should consult directly with the source of information.

2. Social Media

The College of Respiratory Therapists of Ontario ("the CRTO") may use social media platforms such as Twitter™, Facebook™ and LinkedIn™ and other tools to provide a useful means of communication with our stakeholders.

Rules for posting content

The CRTO welcomes user participation and engagement through our social media. However, any comments or content will be removed if the CRTO determines that the comments and content:

- Are abusive, obscene, hateful, harassing or use offensive language.
- Are unlawful, misleading, false, malicious, defamatory or otherwise inappropriate;
- Constitute spam, advertise, promote or solicit business, and/or are off-topic
- Include personal information or information that may identify a third party
- Make false or unsubstantiated allegations
- Abuse or infringe any intellectual property right
- Are written in a language other than English or French
- Breach any law, regulation, standard, order, policy or rule.

In addition, users may be removed or banned from the CRTO's social media account(s) for violation of any of the above-noted restrictions.

We endeavour to read all comments posted and respond where appropriate during our regular business hours. However, we do not address specific issues and/or complaints through social media channels. Please contact the CRTO directly with respect to specific issues or complaints.

Comments posted by users on the CRTO's social media channels do not reflect the opinions and position of the CRTO, and the CRTO does not verify or confirm the accuracy of such comments.

The CRTO is not responsible for any comments, content, information, references, links, opinions, claims, or advice in the comments or content posted by users of the CRTO social media sites.

Any sharing or re-tweeting of links on the part of the CRTO does not equate to an endorsement.

Users accessing social media sites through the CRTO are encouraged to read the terms and conditions of use and the privacy policy of those social media sites.

Appendix D

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **CRTO Social Media Terms of Use Policy**

Number: **PR – Social Media Terms of Use Policy - 102**

Date originally approved:
May 24, 2013

Date(s) revision approved:
June 2, 2017

POLICY

Social Media Terms of Use Guidelines

College of Respiratory Therapists of Ontario (CRTO) staff, designated spokespersons, Council and Committee Members use the Internet in the course of their work as well as during their private time. Social media – blogs, Twitter™, public wikis and social networking sites such as Facebook™ and LinkedIn™ – provide a useful means of communication with each other, Members, stakeholders and the public.

The following policy is meant to assist staff, designated spokespersons, Council and Committee Members in making appropriate, use of social media at home and at work.

What is social media?

Social media refers to online technologies and practices that are used to share information and opinions, host conversation and build relationships. It can involve a variety of formats, including text, pictures, video, audio and “live”, real-time dialogues of a few, or thousands of participants.

Examples of social media include discussion forums, blogs, social networks, webinars, wikis, podcasts, Google Wave and vlogs (video blogs).

Benefits of social media

Social media can help the CRTO to better understand, respond to and attract the attention of specific audiences. It enables interactive communication – the exchange of information, perspective and opinion – among multiple audiences, effectively, efficiently, and in places where those conversations are already taking place. Social media can:

- increase the CRTO’s access to audiences and improve the accessibility of communication and engagement efforts;
- enable the CRTO to be more active in its communications with Members, stakeholders and the public;
- offer greater scope to adjust or refocus communications quickly, when necessary;
- enhance the credibility of the CRTO’s initiatives or proposals through non-traditional channels;
- increase the speed of public feedback and input;
- reach specific audiences on specific issues; and
- reduce the CRTO’s dependence on traditional media channels and counter any inaccurate press coverage, in a more timely manner.

Official Use of Social Media

The CRTO can make use of social media in two ways:

- by contributing to existing platforms operated by outside organizations or individuals, or
- by setting up its own discussion forums or other online communication platforms. These may be ongoing or may be established for a specific time-limited proposal or initiative. They may be open to the public or access may be confined to a particular group of stakeholders.

When considering launching a social media initiative, the CRTO will be clear about the purpose and the resource implications required to maintain and monitor the effort.

Guiding Principles for Use of Social Media

The CRTOs Confidentiality, Privacy, Employee and Conflict of Interest policies ([K:\Policy Procedures\](#)) apply to on-line communication as fully as they do to activities in any other circumstance or venue.

Professionalism

Social media is chatty and informal so, it is acceptable to be chatty and informal online. However, when participating as a CRTO employee or representative of the CRTO, professionalism should never be compromised. CRTO staff, designated spokespersons, Council and Committee Members who engage in social media must:

- maintain a respectful, constructive, professional tone that maintains the brand consistency of the CRTO;
- stick to the facts and refrain from debates over matters of strict opinion;
- never launch personal attacks or make defamatory or offensive (racist, sexist, lewd etc.) statements;
- refrain from making partisan or political comments while speaking as a CRTO employee;
- not criticize policies of the CRTO; and
- maintain the integrity and values of the CRTO.

Confidentiality

Please review the [CRTOs Confidentiality policy](#). Many staff, designated spokespersons, Council and Committee Members are privy to confidential and sensitive information. It is very important to protect this type of information when posting comments online. If something would not be said to a reporter, it should not be said in a blog or any social media discussion thread.

Authorization

Before granting an interview to a reporter or agreeing to appear on the evening television news, etc., individuals are required to make contact with the Registrar or President to discuss the request. Unless otherwise authorized, the Registrar and president are the only personnel authorized to talk to media on behalf of the CRTO. The same authorization applies to online communications. Any person posting to a social media site on a work-related matter must, have a discussion with the Registrar or Manager of Communications first. The public is not well served if communication from different sources within the CRTO is inconsistent.

All work-related, external social media initiative must be approved by the Registrar who is responsible for ensuring appropriate awareness and agreement with the initiative.

For further details please see the CRTOs [Communication Policy](#).

Self-Identification

CRTO staff that wish to speak or write online about something connected with their role or department, even simple comments, require identification as a CRTO employee. This applies whether posting from a desk during office hours or from a cell phone on the weekend. Doing so will add a little more weight to what is being said in posts; more importantly, it will prevent situations from developing where an individual or the CRTO, could be accused of covertly attempting to influence free discussion.

Personal Use of Social Media During Work Hours

CRTO staff have legitimate, business-related reasons to make use of social media in the course of doing their jobs; others do not. However, it is not appropriate for CRTO staff to be regularly updating their Facebook status, or otherwise spending significant amounts of time with social activity while at work.

Personal Use of Social Media Outside of Work Hours

All Employees

As a member of the public, as well as an employee, it is acceptable to use social media in all the same ways as others outside of work hours. It is important to recognize however, that anything published on the Internet may reflect on the CRTO. Employees who use social media for personal purposes should:

- use a disclaimer anywhere there may be uncertainty about the capacity in which they are acting. A disclaimer, such as: "The postings on this site are my own and do not represent the views or opinions of my employer" can help protect you;
- recognize that anything posted on the Internet is there for good. Despite attempts to delete posts, photos, comments, etc., it is likely that this information has been stored in a number of other places. Content posted to the Internet should be thought of as permanent;
- avoid sharing CRTO material in a personal space. Try and keep a personal online presence and a work online presence separate;
- respect copyright and fair use;
- recognize that published inappropriate comments that reflect badly on the CRTO may result in disciplinary action; and
- use common sense.

For individuals who work in sensitive areas, a disclaimer by itself does not exempt the special responsibility when posting online. By virtue of the position, these individuals should consider whether personal thoughts published may be misunderstood as expressing the positions or opinions of the CRTO. Consultation with the Registrar is advised prior to posting.

Council Briefing Note

AGENDA ITEM # 11.1

December 2, 2022

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2023 Council Dates
Purpose:	For Decision
Strategic Focus:	Governance & Accountability: To ensure a highly competent & effective governance structure.
Attachment(s):	N/A
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p>The Council approve the dates for the 2023 Council meetings.</p>

PUBLIC INTEREST RATIONALE:

Ensuring transparency by publicly posting the CRTO Council dates well in advance.

BACKGROUND:

The proposed Council dates for 2023 are:

DATE	DAY	MEETING	TIME	LOCATION
March 3, 2023	Friday	Council Meeting	9:00 a.m. - 1:00 p.m.	Virtual
May 26, 2023	Friday	Council Meeting & Education Day	9:00 a.m. - 3:00 p.m.	In-person (Downtown Toronto)
September 26, 2023	Friday	Council Meeting	9:00 a.m. - 1:00 p.m.	Virtual
December 1, 2023	Friday	Council Meeting	9:00 a.m. – 1:00 p.m.	Virtual

RECOMMENDATION:

Once approved by Council, these dates will be made publicly available on the CRTO website.