CRTO

Council Meeting Materials

December 03, 2021

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

Council Briefing Note

AGENDA ITEM # 2.0 **December 3, 2021**

From:	*Carole Hamp, RRT – Acting Registrar*
Topic:	*Executive Committee Elections*
Purpose:	*For Decision*
Strategic Focus:	*Governance & Accountability*
Attachment(s):	

PUBLIC INTEREST RATIONALE:
To ensure the CRTO can optimally meet its mandate of acting in the public interest by maintaining a fully constituted Executive Committee.

ISSUE:
As outlined in the CRTO 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 CRTO; and
b) two (2) public Council Members.

The terms for two (2) key leadership roles on Executive and Council (President and Vice-President) ended with the December 3, 2021 meeting.

BACKGROUND:
Up until December 2, 2021, the CRTO Executive consisted of the following members:

Name	Role	Council Term
Allison Chadwick	Executive Chair & Council President	**Ends December 3, 2021**
Rhonda Contant	Executive Vice-Chair & Council Vice-President	**Ends December 3, 2021**
Lindsay Martinek	Professional Member	Ends December 3, 2023 & has expressed a willingness to stand for another term on Executive.

Kim Morris	Public Member	Ends September 12, 2023 & has expressed a willingness to stand for another term on Executive.
Yvette Wong	Public Member	Ends October 16, 2022 has expressed a willingness to stand for another term on Executive.

ANALYSIS:

1. Nominations for Executive Member Positions

Three current members of the Executive have put their names forward for consideration of reappointment to the Executive Committee. In addition, two (2) current members of the Council have put their names forward for consideration of appointment to the Executive Committee. Appointment/reappointment requires at least two (2) nominations from other members of the Council. Some nominations have already been received, and others will be sought at the upcoming Council meeting on December 3, 2021. Nominations may also be taken for any additional Council member on the day of the meeting.

Name	Role	Nominations Received	Nominations Still Required
Lindsay Martinek	Professional Member (reappointment)	2	0
Kim Morris	Public Member (reappointment)	2	0
Yvette Wong	Public Member (reappointment)		2
Jeffrey Dionne	Professional Member (appointment)	2	0
Jody Saarvala	Professional Member (appointment)	1	1

2. Nominations for President & Vice-President of Council

The CRTO By-Laws state that Council shall, at the first meeting following an election (or at least annually), elect from amongst those Council Members in attendance a President and Vice-President. The President and Vice-President of the Council shall then 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

The following Council members have expressed a willingness to stand for these two (2) key leadership positions:

Name	Role	Nominations Received
Lindsay Martinek	Council President	2
Kim Morris	Council Vice-President	2

RECOMMENDATION:
At the December 3, 2021 Council meeting:

1. Executive Member Positions

i. Ask if anyone wishes to nominate someone else to the Executive Committee. (Note - if there are more than the required number of Council members nominated to stand for Executive, then a vote must take place).

ii. Request nominations (where required) for those willing to stand for the Executive Committee.

iii. Request that Council vote on the members who have been nominated to the Executive Committee (see motion Executive Committee Elections – Executive Committee).

2. President & Vice-President of Council Positions

i. Ask if anyone wishes to nominate someone else from the Executive Committee to be President and Vice-President. (Note -if there is more than one person for each position, then an election must take place).

ii. Request nominations (where required) for those willing to stand for President and Vice-President of Council.

iii. Request that Council vote on the members who have been nominated to the Executive Committee (see motions Executive Elections – Council President and Executive Committee Elections - Vice-President).

NEXT STEPS:
Once a President and Vice-President of the Council have been selected, the President will take over the Council proceedings in session.

Council Motion

AGENDA ITEM # 2.0

Motion Title:	*Executive Committee Elections – Executive Committee*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council appoint the following Council members to the CRTO Executive Committee for 2021 – 2022:

- Lindsay Martinek
- Kim Morris
- Yvette Wong
- Jeffrey Dionne
- Jody Saarvala

Council Motion

AGENDA ITEM # 2.0

Motion Title:	*Executive Committee Elections – Council President*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council appoint Lindsay Martinek to the position of CRTO Council President for 2021 – 2022.

Council Motion

AGENDA ITEM # 2.0

Motion Title:	*Executive Committee Elections – Council Vice-President*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council appoint Kim Morris to the position of CRTO Council Vice-President for 2021 – 2022.

CRTO Council Meeting Agenda
December 3, 2021

AGENDA ITEM # 3.0

9:00 am to 1:00 pm
Zoom Video Conference
https://us02web.zoom.us/j/83099103595

Meeting ID: 830 9910 3595
Passcode: 174166

Find your local number: https://us02web.zoom.us/u/kcFbqjqOqn

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900		Introduction & Land Acknowledgement		Carole Hamp		
	1.0	Announcement of New Registrar & CEO		Allison Chadwick		
	2.0	Executive Elections & Acknowledgment of Outgoing Executive	**1 - 7**	Carole Hamp	Decision	Governance & Accountability
	3.0	Approval of Council Agenda	**8 - 10**	Chair	Decision	Governance & Accountability
	4.0	**Strategic Issues**				
0930	4.1	College Performance Measurement Framework	**11 - 18**	Carole Hamp	Information	Governance & Accountability
	4.2	Draft 2021 - 2025 Strategic Direction & Key Priorities	**19 - 25**	Chair	Discussion	Governance & Accountability
	5.0	**Operational & Administrative Issues**				
1000	5.1	Registrar's Report	**26 - 28**	Carole Hamp	Information	Core Business Practices
	5.2	Financial Statements	**29 - 45**	Carole Hamp	Information	Core Business Practices
	5.3	Investment Portfolio	**46 - 49**	Carole Hamp	Information	Core Business Practices
	5.4	Membership Statistics	**50 - 51**	Lisa Ng	Information	Core Business Practices
1030	5.5	Draft Revised Conflict of Interest PPG – Approval for Circulation	**52 - 84**	Kelly Arndt	Decision	Core Business Practices
	5.6	Draft Revised Responsibilities under Consent Legislation PPG – Approval for Circulation	**85 - 134**	Kelly Arndt	Decision	Core Business Practices
	5.7	Draft Revised Oxygen Therapy PPG – Approval for Circulation	**135 - 229**	Kelly Arndt	Decision	Core Business Practices

	5.8	Interpretation of Authorized Acts PPG – For Final Approval	**230 - 256**	Kelly Arndt	Decision	Core Business Practices
	5.9	Documentation PPG – For Final Approval	**257 - 294**	Kelly Arndt	Decision	**Core Business Practices**
	5.10	RTs Providing Education PPG – For Final Approval	**295 - 319**	Kelly Arndt	Decision	**Core Business Practices**
	5.11	Delegation of Controlled Acts PPG – For Final Approval	**320 - 352**	Kelly Arndt	Decision	**Core Business Practices**
	6.0	**Consent Agenda Items**	*Consent Agenda: One Decision for Entire Consent Package*			
1115	6.1	Minutes from Sept. 24, 2021	**354 - 367**	Chair		Governance & Accountability
	6.2	Executive Committee Report	**368**	Chair		Governance & Accountability
	6.3	Registration Committee Report	**369 - 370**	Christa Krause		Governance & Accountability
	6.4	Quality Assurance Committee Report	**371 -372**	Andriy Kolos		Governance & Accountability
	6.5	Patient Relations Committee Report	**373**	Kim Morris		Governance & Accountability
	6.6	Inquiries, Complaints and Reports Committee Report	**374 - 377**	Kelly Munoz		Governance & Accountability
	6.7	Discipline Committee Report	**378**	Lindsay Martinek		Governance & Accountability
	6.8	Fitness to Practise Committee Report	**379**	Lindsay Martinek		Governance & Accountability
	7.0	**Committee Items Arising**				
1215	**7.1**	**Executive Committee Items:**				
		Goals & Terms of Reference	**380 - 389**	Chair		Governance & Accountability
	7.2	**Registration Committee Items:**				
		No items for this meeting		Christa Krause		Governance & Accountability
	7.3	**Quality Assurance Committee Items:**				
		No items for this meeting		Andriy Kolos		Governance & Accountability
	7.4	**Patient Relations Committee Items:**				
		No items for this meeting		Kim Morris		Governance & Accountability
	7.5	**Inquiries, Complaints & Reports Committee Items:**				

		No items for this meeting		Kelly Munoz		Governance & Accountability
	7.6	**Discipline & Fitness to Practise Committees Items:**				
		No items for this meeting		Lindsay Martinek		Governance & Accountability
	8.0	**Legislative and General Policy Issues**				
1230	8.1	Draft Revised Investments & Management of Net Assets Policy – For Approval for Circulation	**390 - 406**	Chair	Decision	Core Business Practices
	8.2	Draft Vaccination Policy – For Final Approval	**407 - 412**	Chair	Decision	Core Business Practices
	8.3	Revised By-Laws – For Approval for Circulation	**413 - 484**	Carole Hamp	Decision	Governance & Accountability
	8.4	CRTO Employee Handbook	**485 - 530**	Carole Hamp	Discussion	Governance & Accountability
	8.5	Polices being Rescinded & Archived	**531 - 605**	Carole Hamp	Decision	Core Business Practices
	9.0	**Other Business**				
	10.0	**Next Meeting - Council: March 4, 2022.**				
	11.0	**Adjournment**				

Open Forum

AGENDA ITEM #4.1

From:	*Carole Hamp. Acting Registrar*
Topic:	*College Performance Measurement Framework*
Purpose:	*For Information*

Ontario Ministry of Health & Long-Term Care 's (MOHLTC) College Performance Measurement Framework (CPMF): Summary Report

2020 Reporting Cycle

Background

The MOHLTC's CPMF initiative aims to strengthen accountability and oversight of Ontario's health regulatory Colleges by providing publicly reported information that is transparent, consistent, and aligned across all 26 regulators. During this initial reporting cycle, College's regulatory performance within the various domains was not assessed or ranked. However, their initial report highlights some commendable College practices, areas where Colleges are collectively performing well, potential areas for system improvements, and the various commitments Colleges have made to improve their performance. In future reporting cycles, Colleges will be evaluated and scored based on established performance benchmarks.

Overall Identified Areas of Improvement

- Enhancing how College's measure and use information to improve performance
- Consistency in competency-based selection of Council members
- Transparency in addressing conflicts of interest
- Clarity on how Council's decisions serve the public interest

Structure of the CPMF Summary Report

The report is divided into the seven **CPMF Measurement Domains**, which are:

1. Governance
2. Resources
3. System Partners
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement.

Domain 1: Governance

Essential Evaluation Elements

1. **Competency of Council and Committee Members**

   - Council and Statutory Committee members must have the knowledge, skill, and judgment to effectively meet their fiduciary duties. This can be accomplished by:
     - Strengthening training and orientation for Council and Committee members
     - Evaluating the effectiveness of Council meetings, as well as Council itself
       - For example - the Royal College of Dental Surgeons of Ontario (RCDSO) has established a set of competencies for its Council and Statutory Committees against which professionals wishing to serve are assessed by an independent committee. Additionally, these individuals must complete an eligibility course and a 21- question assessment. This is followed by an orientation for those elected to Council or appointed to Committees.

2. **Conflict of Interest Risks**

   - Council and Committees are expected to make decisions in the public interest, free from influence by professional or other interests. This can be accomplished by:
     - Transparent and accessible communication of Council member's conflict of interest declarations.
     - Accessible policies and procedures regarding Council conduct and conflict of interest.

3. **Decision-Making Processes**

   - College's decision-making processes must be transparent, and their decisions clearly connected to the public interest. This can be accomplished by:
     - Transparent communication of strategic plans, activities, and/or projects that support its plan and how these are linked to the College's financial plan and budget.
     - Providing information about Council meetings and discipline hearings in a timely manner.

- For example - the College of Midwives meeting materials are publicly available on its website and clearly identify the public interest rationale and evidence supporting each topic brought to Council. In addition, topics are accompanied by a regulatory impact assessment that identifies risks and assesses potential impacts and regulatory options to mitigate those risks.

Domain 2: Resources

Essential Evaluation Elements

1. **Financial Resources**

- Colleges are required to manage their financial resources to ensure they can meet their statutory obligations and regulatory mandate. This can be accomplished by:
  - Having in place appropriate financial management policies, including a formal reserve policy (validated by a financial auditor) and a robust reserve fund to meet unanticipated financial demands.
  - Having mechanisms to demonstrate how their strategic plan and budget complement and support each other.

2. **Human Resources**

- Colleges are asked to show how they maintain a competent staff workforce now and for the future. This can be accomplished by:
  - Deliberate human resource planning
  - Ensuring that there is a formal process for professional learning and development for staff
    - For example – the College of Massage Therapists of Ontario uses an internal learning management system to ensure a competent staff complement.
  - Polices and processes to address succession planning for senior leadership

Domain 3: System Partners

Essential Evaluation Elements

1. **Responding to Changing Public Expectations**
   - A College's regulatory activities need to be in step with changing public expectations, population health needs, and models of care, as well as evolving clinical evidence and advances in technology. This can be accomplished by:
     - Diversity, Equity, and Inclusion (DEI) training and planning for all Council and staff
       - For example – The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) developed an internal DEI strategy
     - Notification tools on the Public Register
       - For example, The College of Dental Hygienists of Ontario (CDHO) has implemented a notification tool that will allow a member of the public or an employer to sign up to receive notification about changes to the information posted on the Register for specific members.

2. **Establishing System-Focused Quality Indicators for the Profession**
   - Creating quality indicators will provide the public and stakeholders with a clearer picture of the overall quality of care being provided by the members of the profession.
     - For example – the Ontario College of Pharmacists (OCP), in partnership with Ontario Health (Quality), started developing quality indicators for the profession aligned with Ontario health system indicators.

3. **Access to Information by the Public**
   - Resources and tools should be readily available on the College's website (e.g., CASLPO)

Domain 4: Information Management

Essential Evaluation Elements

1. Colleges must ensure that they have policies and processes to govern the collection, use, disclosure, and protection of information of a personal (both health and non-health) or sensitive nature. This can be accomplished by:
    - Confidentiality agreements
    - IT security training for staff
    - A cyber security risk management plan
    - A policy outlining the College's response plan for unauthorized disclosure of confidential or private information
    - Collection of statistics regarding any authorized disclosure

Domain 5: Regulatory Policies

Essential Evaluation Elements

1. Colleges must have a process to identify when standards of practice, policies, or guidelines need to be updated or when new guidelines are required. This can be accomplished by:
    - Regularly monitor the broader health and regulatory environment to assess the need to develop or revise their policies, standards of practice, and practice guidelines.

    - Formalizing policies and processes for the review and development of guidance documents and making them publicly accessible.

    - Incorporation of a risk assessment in the development of standards, guidelines, and policies.

        - For example – the College of Midwives of Ontario (CMO) uses a rigorous and structured process for the development and revision of guidance that is based on the principles of good regulation. This ensures that:

            - Regulation is proportionate to the risk of harm being managed, evidence-based, and reflects current best practice
            - Regular and purposeful engagement is undertaken with partner organizations, midwives, and the public throughout the policymaking process

- The process is intended to encourage regulatory tools to mitigate risk only when other non-regulatory options cannot produce the desired results.

Domain 6: Suitability to Practice

Essential Evaluation Elements

1. **Timeliness and Transparency of the Complaints Process**

- When a complaint about a regulated health professional is received, a College should ensure all parties receive timely communication to support both the registrant's and the complainant's ability to participate effectively in the process, increase transparency and improve procedural fairness.

  - For example - The College of Physiotherapists of Ontario (CPO) outlines the different stages of its complaints process on its Complaints webpage. Information on how to submit a complaint is clearly identified and accessible in 10 different languages.

- The working group identified the following opportunities for improvement:

  - Greater consistency amongst Colleges in responding to inquiries about the complaints processes within five business days

  - Additional transparency about how Colleges assess risk and prioritize investigations, complaints, and reports

  - Increased collaboration with other relevant regulators and external system partners (e.g., law enforcement, other governments, etc.) identifies concerns about a registrant. Colleges are encouraged to develop formal policies outlining criteria for sharing this information with other relevant regulators and external system partners within the existing legal framework.

2. **Alignment of Registration Requirements with Best Practices**

  - For example - the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) has developed a career map for international applicants that provides step-by-step instructions on the application process, the evaluation process and sets out what documentation is required to support an application for registration.

3. **Risk-Based Approach to QA.**

    - For example - The College of Occupational Therapists of Ontario's (COTO) process includes categorizing risks into four categories, assigning a risk rating to registrants, and using this data as a basis for selecting registrants who will undergo a competency assessment. The College of Optometrists of Ontario's (CoptO) uses its complaints data to identify practice areas that may pose a higher risk and incorporate this into selecting registrants to participate in the QA Program.

4. **Supporting Members in Meeting Practice Expectations**

    - Development of policies and processes regarding the education and support provided to registrants in applying standards of practice and practice guidelines.

Domain 7: Measurement, Reporting, and Improvement

Essential Evaluation Elements

1. **Reporting on Performance of Strategic Objectives and Regulatory Activities**

    - Development of, and implementation of Key Performance Indicators (KPIs) to measure performance against the strategic plan

    - Regular updates at Council meetings using various tools to communicate their progress regarding KPIs (e.g., briefing notes, balanced scorecards, dashboards, etc.).

    - Regular review of regulatory and profession-specific risks can be done using both internal and system-level data, and allows Colleges to identify and proactively respond to threats to the organization.

        - For example - The College of Medical Laboratory Technologists of Ontario (CMLTO) uses a publicly available governance risk register. Approximately every two years, the CMLTO's Council reviews risk trends to update its governance risk register and ensure no key gaps in its policy parameters or actions the Council should be taking.

Draft 2021 – 2025 Strategic Direction & Key Priorities

AGENDA ITEM #4.2

From:	*Carole Hamp RRT – Acting Registrar*
Topic:	*Draft 2021 – 2025 Strategic Direction & Key Priorities*
Purpose:	*For Decision*

Council Motion

AGENDA ITEM # 4.2

Motion Title:	*Draft 2021 – 2025 Strategic Direction & Key Priorities*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council approve the 2021 – 2025 Strategic Direction & Key Priorities. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: CRTO 2021 – 2025 Strategic Direction & Key Priorities

CRTO 2021 – 2025 Strategic Direction & Key Priorities.

2021 – 2025 CRTO Strategic Direction & Key Priorities

Background

The CRTO has traditionally created a strategic plan that is reviewed and revised every four (4) to five (5) years. In 2016, the focus of this document shifted from a strategic "plan" to the CRTO's strategic "direction" in recognition of the numerous evolving factors that influence the decision and actions of our organization. At that same time, the following five (5) strategic domains were established:

1. Member Engagement
2. Governance & Accountability
3. Enhancing Professionalism
4. Healthcare Community
5. Core Business Practices

Foundation of the Strategic Direction & Key Priorities

Building on the most recent 2016 – 2020 CRTO Strategic Direction & Key Priorities document, this updated version is heavily influenced by the reporting requirements in the Ministry of Health's (MOH) 2021 College Performance Measurement Framework (CPMF). Within that framework are many overriding expectations, which include:

- Council & Committee members
  - Competency-based selection criteria
  - Decision-making free of any actual, potential, or perceived conflict of interest
  - Clear code of conduct
- College processes
  - Adherence to the principles of diversity, equity, and inclusion
  - Transparent & easily accessible information available for both Members & the public
  - Ongoing tracking & review of Key Performance Indicators (KPI)
  - Careful management of internal & external organizational risks

Alignment of CPMF with CRTO Strategic Direction

There are several areas in which the CRTO committed to improving upon after our 2020 CPMF report was submitted. Also, in the 2021 CPMF reporting template, the MOH has identified many more areas where it would like to see clear evidence of compliance. Therefore, in the coming months and years, the CRTO must focus much of its strategic direction on the expectations outlined in the CPMF.

2021 – 2025 CRTO Strategic Direction & Key Priorities

Key Priorities

The key priorities become how the CRTO will operationalize each element within our Strategic Direction.

Member Engagement

Alignment of policies & processes with the principles of Right-Touch regulation.

- Evidence-informed approach to QA selection, assessments & remediation.
- Framework for the prioritization of investigations, complaints, & reports.

Transparent, objective, impartial, & fair practices.

- Clear direction regarding the registration requirements for all applicants.
- A complaints process supported by publicly accessible policies & procedures.

Accessible & timely communication.

- Increase the amount of information available on our website in written and online module format.
- Optimize the use of various communication platforms.

2021 – 2025 CRTO Strategic Direction & Key Priorities

Governance & Accountability

A highly competent & effective Council.

- Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.
- Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).
- Ongoing training provided to Council & Committee members that is informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.

Independent, evidence-informed & transparent decision-making processes.

- Publicly accessible Code of Conduct & Conflict of Interest policy for Council & Committee members.

An ongoing commitment to performance improvement.

- Tracking & review of Key Performance Indicators (KPIs) that are linked to the CRTO strategic objectives.
- Ongoing monitoring on KPI dashboard.

Enhancing Professionalism

Policies, standards of practice, & practice guidelines based on the best available evidence.

- Policy framework & review/revision of all policies and practice guidelines.
- Standards of Practice & Ethical Practice documents promotes Diversity, Equity, and Inclusion (DEI).

Supporting the application of new or amended practice standards.

- Online modules to support difficult-to-understand and novel practice standards.

The application of Risk-Based regulation.

- Formal risk assessments in all RC, QAC & ICRC decisions.

Healthcare Community

Actively seeking collaborative opportunities with other health regulatory colleges & system partners.

- Creation of common standards (where possible) both provincially and nationally.

Engaging with stakeholders to enhance quality patient care.

- Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.

2021 – 2025 CRTO Strategic Direction & Key Priorities

Core Business Practices

Clear financial alignment with strategic priorities.

- Revised financial statement & investment portfolio presentation
- A policy that clearly outlines the management of financial reserves
- Finance & Audit Committee

Embedding the principles of diversity, equity, and inclusion in College processes.

- DEI training for Council, Committee & staff members
- Equity Impact Assessment

A comprehensive Risk Management Framework

- The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)
- Succession plan for senior leadership

Registrar's Report – Council
December 3, 2021

AGENDA ITEM #5.1

From:	*Executive Committee*
Topic:	*Registrar's Report*
Purpose:	*For Information*

INTERNAL
CURRENT INITIATIVES

Policy Framework & Professional Practice Guidelines
The review and revision of all CRTO policies continue, with several policies being brought to the December Council to be rescinded and archived (Item 8.5). Although not an official part of the policy framework, there are quite a few administrative policies that require updating. One such policy, the CRTO Investment & Management of Net Assets Policy (Item 8.1), is coming to Council for approval for circulation. This policy outlines the parameter for both investments and the management of reserve funds.

Professional Practice Guidelines (PPGs) are part of our overall document framework, but they have their own ongoing cycle for review and revision. At our December Council meeting, four (4) PPGs will be presented for final approval, and another three (3) will be seeking support for circulation.

CRTO By-Law Review & Revision
During the policy review, it was determined that several policies could be rescinded, as the majority of their content was already included in the CRTO By-Laws. To ensure that nothing was missed, CRTO staff (with the assistance of Margo Orchard) embarked on a by-law review. This revised by-law is being presented to Council for approval for circulation (Item 8.3).

2021 – 2025 Strategic Direction & Key Priorities
The CRTO has traditionally created a strategic plan reviewed and revised every four (4) to five (5) years. In 2016, the focus of this document shifted from a strategic "plan" to the CRTO's strategic "direction" in recognition of the numerous evolving factors that influence the decision and actions of our organization. Building on the most recent 2016 – 2020 CRTO Strategic Direction & Key Priorities document, this updated version is heavily influenced by the Ministry of Health's (MOH) 2021 College Performance Measurement Framework (CPMF) reporting requirements. This updated strategic direction and key priorities are being presented to the Council for approval (Item 4.2).

Registrar's Report

ADMINISTRATION

Elections

This process has been completed for 2021, and we welcome the following individual to our Council & Committees:

District 1 – Shawn Jacobson – Council (2 Committee seats remain vacant)
District 2 – Jillian Wilson – Council; Sheena Lykke & Travis Murphy - Committee
District 5 – Christa Krause & Angela Miller – Council; Laura Van Bommel – Committee (note: one additional Committee member who has applied was appointed at the November 29, 2021, Executive meeting).
District 7 – Jody Saarvala

Staffing Changes

We have very recently hired Abeeha Syed for the position of Professional Conduct Associate. She will be primarily responsible for assisting Shaf and Sophia with administering their caseload. Abeeha will begin officially on December 6, 2021.

EXTERNAL

Accreditation of RT Educational Programs

Accreditation Canada and their subsidiary, the Health Standards Organization (HSO), administer the accreditation of RT educational programs through EQual. CRTO staff (Carole Hamp, RRT and Kelly Arndt, RRT) participated as part of the Ontario programs' accreditation teams. Two program reviews have recently been completed, and one more is pending.

College Performance Management Framework (CPMF)

The CPMF was developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges, subject matter experts, and the public to answer the question "How well are Colleges executing their mandate, which is to act in the public interest?" This information is intended to:

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

Each College submitted its first report at the end of March 2021. The Ministry's 2020 Summary Report was released early in October and contained overall generic observations. There will be no individualized reports provided regarding the 2020 submission.

The "soft launch" of the 2021 reporting template took place in late October. At that time,

each College was scheduled to discuss some specific questions regarding collaboration with system partners. In addition, Colleges were asked to provide feedback on the draft reporting template. The final version of the report template was released November 23, 2021. The CRTO is taking part in an HRPO sub-working group to prepare a response sent to the Ministry on behalf of all the Colleges. The final version of the 2021 reporting template was released in November, and the deadline for submission is March 31, 2022.

RT Week

Kelly Arndt, RRT & Shaf Rahman had a busy RT Week (and post RT Week) with the following presentations:

- Oct 25 – CHEO
- Oct 27 – Michener Institute at UHN Stethoscope ceremony
- Oct 28 – St. Mikes
- Nov 2, 4 & 10 – Sick Kids

Health Profession Regulators of Ontario

CPMF Network Meetings

The CRTO is participating in an HPRO working group that meets weekly to discuss the CPMF and consider areas where we might develop common documents, tools, and processes. It is anticipated this group will continue to meet until the submissions are completed next year.

Office of the Fairness Commissioner (OFC)

In April 2021, the OFC launched its Risk-Informed Compliance Framework. The first year of the framework was intended to serve as a transitional period during which the OFC reviewed the historical performance of each regulator and placed them in a provisional compliance category. The CRTO was informed on August 26, 2021, that the CRTO was assigned a "full compliance" provisional rating.

The second phase of this framework requires that all College complete a Regulatory Risk Profile questionnaire. Lisa Ng & Carole Hamp are current working on this submission, which is due December 10, 2021.

Council Briefing Note

AGENDA ITEM #5.2 **December 3, 2021**

From:	*Executive Committee*
Topic:	*Financial Statements*
Purpose:	*For Information*
Strategic Focus:	*Core Business Practice*
Attachment(s):	*Appendix A: Full Financial Statement* *Appendix B: Balance Sheet Summary Report* *Appendix C: Income Statement Summary Report* *Appendix D: Income Statement Reporting Codes* *Appendix E: Sample Graphic Summary Report*

PUBLIC INTEREST RATIONALE:
To ensure the CRTO has the financial resources to meet its statutory objects 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 depend on the activities or programs the CRTO undertakes or identifies to achieve its goals.

BACKGROUND:
To more closely align the CRTO's finances with its strategic plan, it is first necessary to streamline the financial reports reviewed by the Executive Committee and Council.

ANALYSIS:
For transparency's sake, the full Balance Sheet and Income Statement will be provided to the Executive Committee and Council (Appendix A). However, a summary of both these financial statements has been created (Appendix B & C) to make it easier to compare revenue and

expenses from one year to the next. For the Income Statement, categories have been established for similar types of income and costs (Appendix D). Some sample graphs have also been included in this report for consideration as we move forward determining which financial Key Performance Indicators (KPIs) are most important for the CRTO to monitor.

RECOMMENDATION:
That the Executive Committee review and approve the Financial Statements to go to Council for final approval.

NEXT STEPS:
Once approved by the Executive Committee, CRTO will post all Financial Statement material for the upcoming Council meeting.

Appendix A: Financial Statements

Complete Financial Statements for the period ending October 31, 2021.

College of Respiratory Therapists of Ontario
Balance Sheet Comparison
As of October 31, 2021

	Total	
	As of Oct. 31, 2021	As of Oct. 31, 2020
Assets		
Current Assets		
Cash and Cash Equivalent		
1050 Petty Cash	300.00	300.00
1100 Bank-CIBC	737,126.14	742,294.63
Total Cash and Cash Equivalent	**$ 737,426.14**	**$ 742,594.63**
Accounts Receivable (A/R)		
1200 Accounts Receivable	13,367.52	28,292.52
Total Accounts Receivable (A/R)	**$ 13,367.52**	**$ 28,292.52**
1116 CIBC GIC	501,476.44	493,406.57
1118 Investment - Wood Gundy	1,026,816.05	753,241.43
1119 Investment - Wood Gundy Cash	0.15	7,145.90
1190 Prepaids	95,988.23	54,270.76
Total Current Assets	**$ 2,375,074.53**	**$ 2,078,951.81**
Non-current Assets		
Property, plant and equipment		
1310 Furniture & Equipment	70,807.85	70,655.98
1320 Computer	36,424.89	31,457.41
1330 Database	459,127.64	459,127.64
1332 Mobile App	84,433.40	92,230.40
1340 Accum.Dep'n-Furniture&Equipment	-68,094.83	-67,493.22
1350 Accum. Dep'n - Computers	-31,814.19	-30,044.79
1360 Accum. Dep'n - Database	-372,773.61	-331,619.95
1361 Accum.Dep'n-Mobile App	-84,433.40	-84,433.40
1370 Lease improvements	153,875.93	153,875.93
1380 Accum. Dep'n - Leasehold Improv	-153,875.93	-153,875.93
1500 Equipment under captial lease	60,850.00	60,850.00
1520 Accumulated depre'n-capital lea	-6,085.00	0.00
2700 Obilgation under captial lease	-47,505.72	-60,850.00
Total Property, plant and equipment	**$ 100,937.03**	**$ 139,880.07**
Total Non Current Assets	**$ 100,937.03**	**$ 139,880.07**
Total Assets	**$ 2,476,011.56**	**$ 2,218,831.88**
Liabilities and Equity		
Liabilities		
Current Liabilities		

Accounts Payable (A/P)				
2200 Accounts Payable		0.00		0.00
Total Accounts Payable (A/P)	**$**	**0.00**	**$**	**0.00**
2210 Accrued Liability		101,245.98		69,936.19
2300 Deferred Revenue - Renewal Fees		0.00		0.00
Total Current Liabilities	**$**	**101,245.98**	**$**	**69,936.19**
Total Liabilities	**$**	**101,245.98**	**$**	**69,936.19**
Equity				
3110 Gen. Contingency Reserve Fund		500,000.00		500,000.00
3150 Reserve for Funding of Therapy		80,000.00		80,000.00
3651 Reserve for COVID-19 Fund		250,000.00		0.00
3652 Reserve, Investigations&Hearing		150,000.00		150,000.00
3653 Special Projects Reserve Fund		300,000.00		300,000.00
Retained Earnings		82,669.06		75,397.94
Profit for the year		1,012,096.52		1,043,497.75
Total Equity	**$**	**2,374,765.58**	**$**	**2,148,895.69**
Total Liabilities and Equity	**$**	**2,476,011.56**	**$**	**2,218,831.88**

College of Respiratory Therapists of Ontario
Budget vs. Actuals: FY_2021_2022 - FY22 P&L
March - October, 2021

	Mar.1-Oct.31,2021	Budget	+/- Budget	% of Budget	Mar.1-Oct.1,2020
Income					
4100 Registration Application Fees	5,400.00	15,000.00	-9,600.00	36.00%	675.00
4200 Registration & Renewal Fees	2,374,125.00	2,340,000.00	34,125.00	101.46%	2,296,842.50
4210 Competency Assessment-Stage1&2	-803.00	4,000.00	-4,803.00	-20.08%	500.00
4211 Competency Assessment (CSA)	4,250.00	8,500.00	-4,250.00	50.00%	8,250.00
4300 Penalty Fees	4,812.50	5,000.00	-187.50	96.25%	5,812.50
4400 Misc. Revenue	340.00	45.00	295.00	755.56%	45.00
4600 Investment Income	13,067.54	11,351.00	1,716.54	115.12%	7,236.21
Total Income	**$ 2,401,192.04**	**$ 2,383,896.00**	**$ 17,296.04**	**100.73%**	**$ 2,319,361.21**
Expenses					
5000 Admin./Operational Expenses					
5010 Staff Salaries	769,328.75	1,088,650.60	-319,321.85	70.67%	661,862.42
5020 Staff Benefits	48,841.44	68,033.30	-19,191.86	71.79%	40,396.73
5030 CPP&EI-Employer Contribution	30,335.42	40,555.40	-10,219.98	74.80%	26,236.63
5031 Staff RSP	19,253.12	32,455.14	-13,202.02	59.32%	16,846.85
5035 Employer Health Tax (EHT)	0.00	1,728.69	-1,728.69	0.00%	0.00
5040 Staff Training & Development	2,494.76	5,000.00	-2,505.24	49.90%	0.00
5041 Staff Personal Education	499.00	8,000.00	-7,501.00	6.24%	1,159.46
5045 Staff-Travel & Expense-Misc.	2,043.96	5,000.00	-2,956.04	40.88%	1,038.84
5050 Equipment (Non-Capitalized)	1,250.00	2,500.00	-1,250.00	50.00%	0.00
5060 Rent & Occupancy	137,324.87	215,585.50	-78,260.63	63.70%	139,480.39
5070 Equipment Leases & Maintenance	7,316.96	13,876.00	-6,559.04	52.73%	10,559.46
5090 Insurance	3,473.28	6,111.60	-2,638.32	56.83%	3,303.72
5110 Accounting & Audit	3,220.50	10,000.00	-6,779.50	32.21%	1,582.50
5120 Legal - General	13,765.87	25,000.00	-11,234.13	55.06%	8,057.19
5121 Legal - Investigation&Hearing	9,949.24	20,000.00	-10,050.76	49.75%	4,039.49
5130 Expenses-Investigations&Hearing	3,674.25	25,000.00	-21,325.75	14.70%	3,549.25
5131 Investigation Services	83,119.16	75,000.00	8,119.16	110.83%	54,444.13
5140 Consulting - General	33,402.75	15,000.00	18,402.75	222.69%	5,813.34
5210 Telephone/Fax/Internet	8,601.19	13,432.82	-4,831.63	64.03%	9,225.51
5220 Computer Software	11,148.23	20,000.00	-8,851.77	55.74%	20,848.64
5221 Computer Hardware	6,504.25	4,000.00	2,504.25	162.61%	0.00
5223 Website Hosting	2,124.03	4,154.00	-2,029.97	51.13%	254.25
5224 Website Development	18,543.30	12,000.00	6,543.30	154.53%	2,243.05
5230 Postage/Courier - General	3,191.65	7,000.00	-3,808.35	45.60%	1,350.18
5240 Printing - General	2,120.82	10,000.00	-7,879.18	21.21%	892.09
5250 Translation - General	13,297.47	20,000.00	-6,702.53	66.49%	2,423.85
5310 Office Supplies	4,514.30	7,500.00	-2,985.70	60.19%	6,389.52

5320 Office Maintenance/Upkeep	3,049.62	4,000.00	-950.38	76.24%	3,272.45
5321 Office Meeting Expenses	1,753.22	1,000.00	753.22	175.32%	340.56
5330 Bank Account Charges	1,075.94	1,281.97	-206.03	83.93%	920.47
5331 Paypal Charges	851.44	1,347.02	-495.58	63.21%	912.36
5340 Credit Card Merchant Fees	9,920.75	74,371.05	-64,450.30	13.34%	6,940.24
5350 Conference Registration Fees	1,284.90	6,500.00	-5,215.10	19.77%	4,802.50
5380 Membership/Subscriptions	13,349.61	21,000.00	-7,650.39	63.57%	14,122.40
5381 Alliance Expenses	0.00	1,000.00	-1,000.00	0.00%	47.58
5385 Accreditation Services	3,089.22	18,000.00	-14,910.78	17.16%	3,089.22
5500 QA Portfolio Reviewers	16,539.48	20,000.00	-3,460.52	82.70%	18,231.51
5516 QA PORTfolio Annual Fee	0.00	39,550.00	-39,550.00	0.00%	39,550.00
5518 QA PORTfolio Dev't	0.00	10,000.00	-10,000.00	0.00%	0.00
5521 Competency Assessment-Phase1&2	1,099.30	4,000.00	-2,900.70	27.48%	300.00
5522 Competency Assessment-CSA	15,527.92	17,000.00	-1,472.08	91.34%	11,628.62
5523 Comp. Assessment-Train/Dev't	0.00	3,000.00	-3,000.00	0.00%	11,300.00
5545 Outreach Activities-Travel/Exp.	1,124.35	2,000.00	-875.65	56.22%	1,124.35
5546 Communications - General	0.00	3,000.00	-3,000.00	0.00%	0.00
5547 Communications - Social Media	0.00	1,500.00	-1,500.00	0.00%	0.00
5610 Education Day Expenses	0.00	10,000.00	-10,000.00	0.00%	0.00
5620 Data Base Development	186.45	50,000.00	-49,813.55	0.37%	6,517.28
5623 Database Annual Software Fee	0.00	0.00	0.00	0.00%	46,294.97
5624 Database Hosting	7,153.96	9,500.00	-2,346.04	75.30%	5,602.12
5700 Unrealized Gain/Loss (investmt)	-2,781.00	0.00	-2,781.00	0.00%	-1,512.00
5932 Student Council Rep.	0.00	0.00		0.00%	1,363.64
Total 5000 Admin./Operational Expenses	**$ 1,312,563.73**	**$ 2,053,633.09**	**-$ 741,069.36**	**63.91%**	**$ 1,196,845.76**
6000 Council					
6010 Council - Meeting Per Diems	3,600.00				3,600.00
6020 Council - Prep Time Per Diems	3,300.00				2,600.00
6030 Council - Travel Time Per Diems	0.00				366.21
6040 Council - Meals	0.00				1,216.40
6050 Council - Accommodation	0.00				442.08
6060 Council - Travel Expense	0.00				850.07
6097 Council-Education/Training Cost	400.00				0.00
Total 6000 Council	**$ 7,300.00**	**$ 12,000.00**	**-$ 4,700.00**	**60.83%**	**$ 9,074.76**
6100 Executive					
6110 Executive - Meeting Per Diems	1,100.00				1,350.00
6120 Executive - Prep Time Per Diems	750.00				550.00
6170 Executive Telephone	0.00				68.72
Total 6100 Executive	**$ 1,850.00**	**$ 4,200.00**	**-$ 2,350.00**	**44.05%**	**$ 1,968.72**
6200 Registration					
6210 Registration-Meeting Per Diems	987.00				875.00
6220 Registration-PrepTimePerDiems	1,775.00				1,325.00
6270 Registration - Telephone	0.00				124.28
6297 Registration- Educ/Training	3,654.42				0.00

Total 6200 Registration	**$ 6,416.42**	**$ 11,875.00**	**-$ 5,458.58**	**54.03%**	**$ 2,324.28**
6300 Pat.Rel.					
6310 Pat.Rel.-Meeting Per Diems	450.00				0.00
6320 Pat.Rel.-Prep Time Per Diems	450.00				0.00
Total 6300 Pat.Rel.	**$ 900.00**	**$ 9,000.00**	**-$ 8,100.00**	**10.00%**	0.00
6400 QA					
6410 QA - Meeting Per Diems	925.00				0.00
6420 QA - Prep Time Per Diems	800.00				0.00
Total 6400 QA	**$ 1,725.00**	**$ 12,000.00**	**-$ 10,275.00**	**14.38%**	0.00
6500 ICRC					
6510 ICRC-Mtg Per Diems	3,600.00				2,437.50
6520 ICRC-Prep Time	3,850.00				4,675.00
6530 ICRC-TravelTime	0.00				131.38
6540 ICRC-Meals	0.00				512.06
6560 ICRC-Travel Expense	0.00				928.32
6570 ICRC-Telephone	0.00				556.08
6597 ICRC-Educ/Training	616.97				0.00
Total 6500 ICRC	**$ 8,066.97**	**$ 16,000.00**	**-$ 7,933.03**	**50.42%**	**$ 9,240.34**
6600 Discipline					
6697 Discipline-Education/Training	915.00				0.00
Total 6600 Discipline	**$ 915.00**	**$ 3,400.00**	**-$ 2,485.00**	**26.91%**	0.00
6700 Fitness	**0.00**	**1,700.00**	**-1,700.00**	**0.00%**	**0.00**
Total Expenses	**$ 1,339,737.12**	**$ 2,123,808.09**	**-$ 784,070.97**	**63.08%**	**$ 1,219,453.86**
Net Operating Income	**$ 1,061,454.92**	**$ 260,087.91**	**$ 801,367.01**	**408.11%**	**$ 1,099,907.35**
8000 Special Projects					
5555 Scope of Practice Monitoring	49,358.40	85,000.00	-35,641.60	58.07%	56,409.60
Total 8000 Special Projects	**$ 49,358.40**	**$ 85,000.00**	**-$ 35,641.60**	**58.07%**	**$ 56,409.60**
Net Income	**$ 1,012,096.52**	**$ 175,087.91**	**$ 837,008.61**	**578.05%**	**$ 1,043,497.75**

Appendix B: Balance Sheet Summary

A condensed version of the Balance Sheet for the period ending October 31, 2021.

Total Equity	**$**	**2,374,765.58**	**$**	**2,148,895.69**

College of Respiratory Therapists of Ontario
Balance Sheet

		As of October 31, 2021		As of October 31. 2020
Assets				
Current Assets				
Cash and Cash Equivalent	$	737,426.14	$	742,594.63
Accounts Receivable	$	13,367.52	$	28,292.52
Investments	$	1,528,292.49	$	1,253,793.90
Prepaids	$	95,988.23	$	54,270.76
Total current assets	**$**	**2,375,074.53**	**$**	**2,078,951.81**
Property, plant and equipment	$	100,937.03	$	139,880.07
Total assets	**$**	**2,476,011.56**	**$**	**2,218,831.88**
Liabilities				
Accrued liability	$	101,245.98	$	69,936.19
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	$	3,000,000.00
Total Restricted funds	$	1,280,000.00	$	3,730,000.00
Unrestricted Reserves		1,094,765.58		1,118,895.69
Total Liabilities and net assets	$	2,476,011.56	$	2,218,831.88
One month average operating budget approx.	$	182,000.00		

Currently, the CRTO has 6 months of average operating expenses in unrestricted reserves

Appendix C: Income Statement Summary

A condensed version of the Income Statement for the period ending October 31, 2021.

Code	CRTO Income Statement Summary	Mar 1 - Oct 31 2021	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - Oct 31 2020
0	Revenue	$ 2,397,745.04	$ 2,371,396.00	$ 26,349.04	1.1%	$ 2,310,611.21
0.5	Competency Assessment Income	3,447.00	$ 12,500.00	$ (9,053.00)	-72.4%	$ 8,750.00
	Total Income	**$ 2,401,192.04**	**$ 2,383,896.00**	**$ 17,296.04**	**0.7%**	**$ 2,319,361.21**
0.6	Competency Assessment Expense	$ 16,627.22	$ 24,000.00	$ (7,372.78)	-30.7%	$ 23,228.62
1	Wages and benefits	$ 872,796.45	$ 1,249,423.13	$ (376,626.68)	-30.1%	$ 747,540.93
2	Occupancy costs	$ 151,164.73	$ 239,573.10	$ (88,408.37)	-36.9%	$ 156,616.02
3	Professional services	$ 25,587.56	$ 48,432.82	$ (22,845.26)	-47.2%	$ 18,865.20
4	Investigation and hearing expense	$ 130,145.40	$ 135,000.00	$ (4,854.60)	-3.6%	$ 67,846.21
5	Technology / Website	$ 28,007.74	$ 75,654.00	$ (47,646.26)	-63.0%	$ 60,911.67
6	General operating expenses	$ 39,510.88	$ 89,781.97	$ (50,271.09)	-56.0%	$ 39,092.16
7	Credit card and Paypal fees	$ 10,772.19	$ 75,718.07	$ (64,945.88)	-85.8%	$ 7,852.60
8	Memerbership and dues	$ 16,438.83	$ 40,000.00	$ (23,561.17)	-30.7%	$ 17,259.20
9	Quality assurance expenses	$ 16,539.48	$ 69,550.00	$ (53,010.52)	-76.2%	$ 57,781.51
11	Unrealized (gains) losses	$ (2,781.00)	$ -	$ (2,781.00)		$ (148.36)
12	Council and committee	$ 27,173.39	$ 70,175.00	$ (43,001.61)	-61.3%	$ 22,607.34
13	Scope of practice monitoring	$ 49,358.40	$ 85,000.00	$ (35,641.60)	-41.9%	$ 56,409.60
99	Equipment purchased	$ 7,754.25	$ 6,500.00	$ 1,254.25	19.3%	$ -
	Total Expenses	$ 1,389,095.52	$ 2,208,808.09	$ (819,712.57)	-37.1%	$ 1,275,862.70
	Net Income	$ 1,012,096.52	$ 175,087.91			$ 1,043,498.51
			amount of $ remaining in budget			

Appendix D: Income Statement Reporting Codes

A detailed list of the codes used to group various cost centres within the Income Statement.

Income Statement Reporting Codes

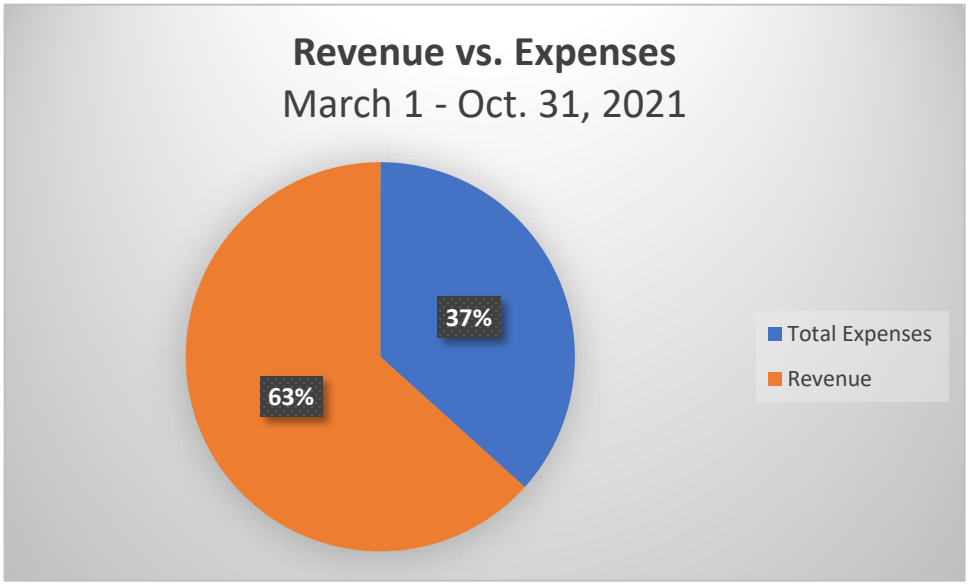
Code	Reporting Line	Line Item #	Desription
0	**Revenue**	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4400	Misc Rev
		4600	Invest Income
0.5	**Competency assessment revenue**	4210	Comp Assess 1&2
		4211	Comp Assess CSA
0.6	**Competency assessment expenses**	5521	Comp Assess 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	RST
		5035	EHT
		5040	Training and Dev
		5041	Personal education
		5045	Staff Travel & Exp
2	**Occupancy costs**	5060	Rent
		5070	Equ lease and Mtce
		5090	Insurance
		5320	Office mtce / upkeep
3	**Professional services**	5110	Audit
		5120	Legal - general
		5210	Telephone, etc
4	**Investigation and hearing expense**	5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
		5140	Consulting - general
5	**Technology / Website**	5223	Website hosting
		5224	Website development
		5620	Data base development
		5623	Data base Annual software fee
		5624	Data base hosting
6	**General operating expenses**	5220	Computer software
		5230	Postage, etc
		5240	Printing - general

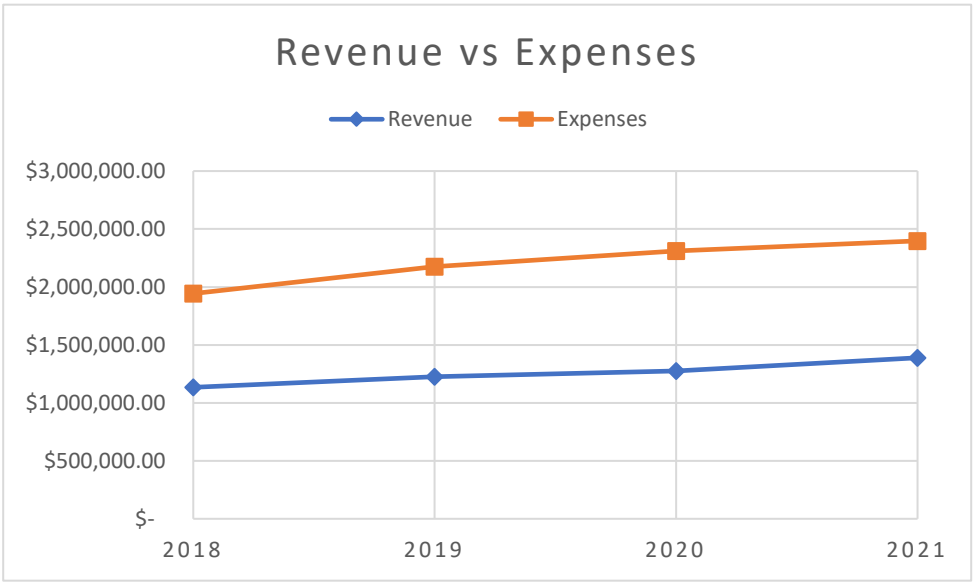
		5250	Translation - general
		5310	Offfice supplies
		5321	Office meeting exp
		5330	Bank account charges
		5350	Conf reg fees
		5545	Outreach / Travel
		5546	Communications - general
		5547	Communications - Social Media
		5610	Education day expenses
7	**Credit card and Paypal fees**	5331	Paypal charges
		5340	Credit card merch fees
8	**Memebership and dues**	5380	Membership / subs
		5381	Alliance expense
		5385	Accreditaion services
9	**Quality assurance expenses**	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
		5518	QA Port Dev't
11	**Unrealized (gains) losses**	5700	Unrealized (gain) / loss
		5932	Student council rep
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
13	**Scope of practice monitoring**	8000	Scope of practice monitoring
99	**Equipment purchased**	5050	Equip purchases
		5221	Computer hardware

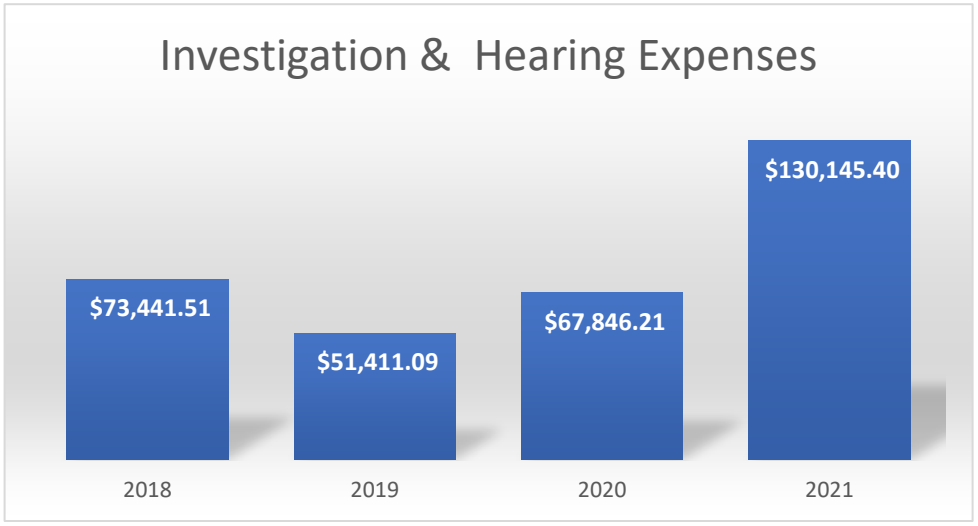
Appendix E: Sample Graph Summary Report

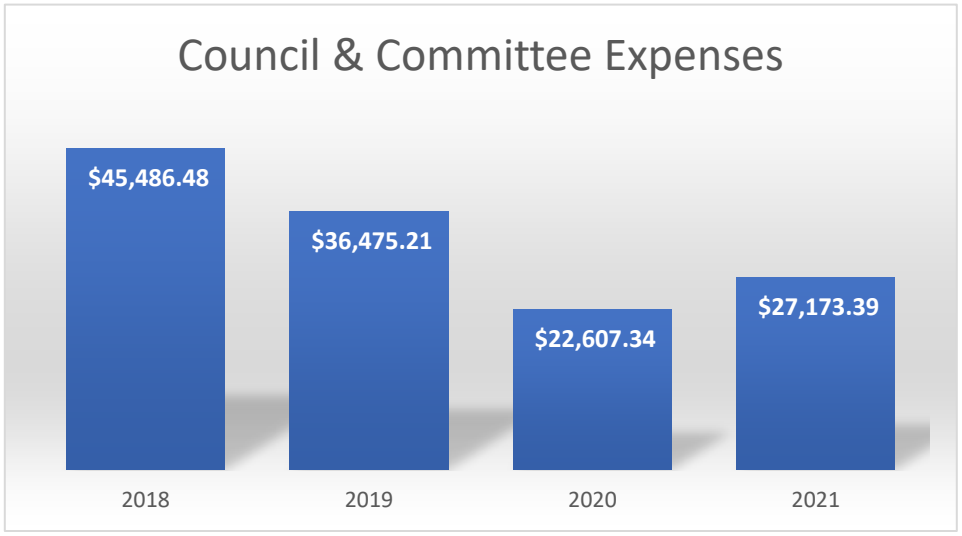
A sample graph summary report.

CRTO Financial Reporting Summary









Investment Portfolio

AGENDA ITEM #5.3

From:	*Executive Committee*
Topic:	*Investment Portfolio*
Purpose:	*For Information*

CRTO Investment Portfolio - Distribution
October 31, 2021

Investment Category	Term Limitation	Fund Limitation	Minimum Rating	Additional Fund Limitations		Current Investments	Book Value ($)	Portfolio %
Cash		Unlimited					**1,220,705**	**62%**
						Regular Chequing Account	745,150	38%
						REN HIGH INT SAVINGS	373,046	19%
						(including $250,000 COVID surplus amount)		
						CIBC HIGH INT SAVINGS	102,509	5%
Federal Government:							**0**	**0%**
Bonds	365 days to 3 years	50%					0	0%
Bonds	3 to 5 years	20%		Total investments 3 to 5 years not to exceed 20% of Fund			0	0%
Provincial Government:				a. Total provincials not to exceed 50% of Fund b. Investment in any one province not to exceed 25%			**0**	**0%**
Securities/Notes	365 days	40%	AA				0	0%
Bonds	365 days to 3 years	40%	AA				0	0%
Bonds	3 to 5 years	20%	AA	Total investments 3 to 5 years not to exceed 20% of Fund			0	0%
Schedule "A" Banks:							**742,638**	**38%**
GICs	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio		GIC Holdings		
						Effort Trust Company GIC 0.8%3May22 (1 Yr)	100,000	5%
						HOME TRUST COMPANY 1.18% 28Jn22 (2 Yr)	63,400	3%
						VANCITY CREDIT UNION .80% 6Jn22 (1 Yr)	51,000	3%
						CIBC GIC .45% 26Ap22 (1 Yr)	498,343	25%
						HAVENTREE BANK GIC .97% 27Oct22 (2 Yr)	47,314	
						HOME TRUST COMPANY .9% 27Oct22 (2 Yr)	36,600	2%
						INDUSTRIAL & COMMERCIAL BANK OF CHINA .85% 27Oct22 (2 Yr)	45,981	2%
						CDN WESTERN BANK 1.25% 9Dec23 (3 Yr)	100,000	5%
						EQUITABLE BANK 1.25% 9Dec.23 (3 Yr)	100,000	5%
Banker's Acceptance	365 days to 3 years	50%					**0**	**0%**
Canadian Corporations:								
Commercial Paper	365 days	10%	R-I Mid	Limit any single holding to 10% of Fund			0	0%
						Total	**1,963,343**	**100%**

SECURITY INCOME ANALYSIS (CAD)

As of October 29, 2021

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO ATTN KEVIN M TAYLOR (420075002C)

Margin
Your Investment Advisor: J B MOORE

Quantity	Description	Opening Date	Book Value	Market Value	Unrealized G/L **	Accum. Int./Div.	Total Return	Total Return (%)
CASH & CASH EQUIVALENTS								
Cash								
748	ACCOUNT BALANCE CAD		748.12	748.12		172.57		
High Interest Savings Account								
102,509.310	CIBC HIGH INT SAVINGS ACC (CTC) CL A (5002)	04/19/2016	102,509.31	102,509.31	0.00	6,509.86	6,509.86	6.35
373,045.790	RENAISSANCE HIGH INT SAVINGS ACCOUNT (5000)	11/24/2009	373,045.79	373,045.79	0.00	5,506.11	5,506.11	1.48
Total High Interest Savings Account			**$ 475,555.10**	**$ 475,555.10**	**$ 0.00**	**$ 12,015.97**	**$ 12,015.97**	**2.53 %**
Others								
100,000	EFFORT TRST CO GIC A 0.8% 3MY22	04/30/2021	100,000.00	100,000.00	0.00		392.33	0.39
51,000	VANCITY SAVINGS CREDIT UNION GIC A 0.8% 8JN22	06/07/2021	51,000.00	51,000.00	0.00		159.85	0.31
63,400	HOME TRST CO GIC A 1.18% 30JN22	06/29/2020	63,400.00	63,400.00	0.00	748.12	996.13	1.57
Total Others			**$ 214,400.00**	**$ 214,400.00**	**$ 0.00**	**$ 748.12**	**$ 1,548.30**	**0.72 %**
Total Cash & Cash Equivalents			**$ 690,703.22**	**$ 690,703.22**	**$ 0.00**	**$ 12,936.66**	**$ 13,564.27**	**1.97 %**
SHORT-TERM FIXED INCOME								
Guaranteed Investment Certificate								
47,314	HAVENTREE BNK GIC CA 31OC22	10/28/2020	47,314.00	47,775.45	461.45		461.45	0.98
36,600	HOME TRST CO GIC CA 31OC22	10/28/2020	36,600.00	36,931.23	331.23		331.23	0.91
45,981	IND & COMM BK CHINA (CDA) GIC CA 31OC22	10/28/2020	45,981.00	46,374.00	393.00		393.00	0.85
100,000	CDN WESTERN BNK GIC CA 9DC23	12/08/2020	100,000.00	101,115.70	1,115.70		1,115.70	1.12
100,000	EQTBL BNK GIC CA 11DC23	12/08/2020	100,000.00	101,115.70	1,115.70		1,115.70	1.12
Total Short-Term Fixed Income			**$ 329,895.00**	**$ 333,312.08**	**$ 3,417.08**		**$ 3,417.08**	**1.04 %**
Total			**$ 1,020,598.22**	**$ 1,024,015.30**	**$ 3,417.08**	**$ 12,936.66**	**$ 16,981.35**	**1.67 %**

SECURITY INCOME ANALYSIS (CAD)

As of October 29, 2021

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO ATTN KEVIN M TAYLOR (420075002C)

Margin

Your Investment Advisor: J B MOORE

Accrued Interest:	**$ 800**
Declared and Unpaid Dividends:	
Total Portfolio Value:	**$ 1,024,815**

**** Where applicable, Unrealized G/L includes accumulated interest. Accumulated interest is included in the ''Unit Cost'' / ''Invested Cost'' and in the ''Book Value'' / ''Invested Capital'' columns.**

Agenda Item 5.4

AGENDA ITEM #5.4

From:	*Lisa Ng, Registration Manager*
Topic:	*Membership Statistics*
Purpose:	*For Information*

CRTO MEMBERSHIP STATISTICS

for Council December 3, 2021

Report generated November 16, 2021

Membership	Dec 2021	Sept 2021 (At last Council)	Dec 2020 (1 year ago)	Dec 2016 (5 years ago)
Total members	**3879**	**3871**	**3772**	**3448**
General Class	3571	3560	3497	3188
Graduate Class	26	27	30	15
Limited Class	4	4	5	6
Inactive Class	278	280	240	239
Status Changes	**Mar - Dec 2021**	**Mar - Sept 2021**	**Mar - Dec 2020**	**Mar - Dec 2016**
Resigned	**49**	**49**	**74**	**39**
Retired	28	28	27	15
Moved out of Ontario	14	14	16	13
Working in other profession	6	6	14	5
Personal/Other Reasons	1	1	17	6
Undertaking	0	0	0	0
Suspended	**3**	**3**	**15**	**20**
due to non-payment of fees	3	3	14	19
due to disciplinary decisions	0	0	1	0
other reasons	0	0	0	1
Revoked	**0**	**0**	**5**	**19**
due to non-payment of fees	0	0	2	18
due to disciplinary decisions	0	0	0	0
due to expiration of Grad Certs	0	0	3	1
Reinstated	**24**	**22**	**22**	**15**
from resigned	9	7	18	7
from suspended	0	0	1	3
from revoked	15	15	3	5
New Applications	**Mar - Dec 2021**	**Mar - Sept 2021**	**Mar - Dec 2020**	**Mar - Dec 2016**
Applications Received	**214**	**178**	**196**	**154**
Ontario Graduates	189	159	155	135
Other Canadian Grads	17	13	28	10
USA Graduates	2	2	5	4
International Graduates	6	4	8	5

Council Briefing Note

AGENDA ITEM # 5.5 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Draft Revised Conflict of Interest (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*Protecting public interest by ensuring that Respiratory Therapists understand their professional responsibilities and obligations with respect to conflicts of interest*
Attachment(s):	Appendix A – Current Conflict of Interest PPG Appendix B – Revised Conflict of Interest PPG

PUBLIC INTEREST RATIONALE:
The Conflict of Interest regulation, which is within the *General Ontario Regulation* (O. Reg. 596/94) established under the Respiratory Therapy Act, was approved in 2013. This PPG enables Respiratory Therapists (RT) in Ontario to understand the expectations and professional responsibilities set out by the CRTO and this regulation regarding conflict of interest.

ISSUE:
Previously revised in June 2014, the Conflict of Interest PPG has been reviewed and updated. While mentioned in the CRTO's Standards of Practice 5, Conflict of Interest, this PPG sets out further direction for RTs, including definitions, identifying, and preventing conflict of interest.

BACKGROUND:
The patient/client and RT relationship is fiduciary (duty of loyalty, good faith, and diligence) in nature and is built on trust. This trust should not be undermined by a conflict of interest or even the perception of a conflict of interest. The Conflict of Interest regulation clearly states that "*a **Member** shall not practice the profession while in a conflict of interest*", and practicing the profession while in a conflict of interest is considered to be professional misconduct. It is, therefore, 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. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations. The content has been revised to include legislation amendments, gender neutral pronouns and updated links and references. Addition made to the "Treatment of a Spouse" section.

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Conflict of Interest PPG for circulation for feedback from members and stakeholders/rights and title holders, as per the attached motion.

NEXT STEPS:

If the motion is approved, the PPG with be sent for public consultation and review. Final draft to be presented to Council in March 2022.

Council Motion

AGENDA ITEM # 5.5

Motion Title:	*Draft Revised Conflict of Interest Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Draft Revised Conflict of Interest Professional Practice Guideline* for circulation and feedback. (A copy is attached as Appendix B to this motion within the materials of this meeting. Additionally, the current Conflict of Interest as Appendix A is attached).

Appendix A: Conflict of Interest PPG

Current Conflict of Interest Professional Practice Guideline.

Conflict of Interest

PROFESSIONAL PRACTICE GUIDELINE

Professional Practice Guideline

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

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

It is important to note that employers may have policies related to conflict of interest situations RTs may encounter. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

2nd Revision: June 2014
Originally Published: 2006

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Introduction

An essential element of safe, competent and ethical care in Respiratory Therapy (RT) practice is placing patient/client interests above personal and financial interests. The patient/client and RT **relationship** is **fiduciary** (duty of loyalty, good faith and diligence) in nature and is built on trust. This trust is very important and should not be undermined by a conflict of interest or even the perception of a conflict of interest.

The new ***Conflict of Interest regulation***, which is within the *General Ontario Regulation* (O. Reg. 596/94) established under the ***Respiratory Therapy Act*** (RTA), was approved in 2013. This regulation clearly states that "a **Member** shall not practice the profession while in a conflict of interest". Practising the profession while in a conflict of interest is considered to be **professional misconduct** under the ***Professional Misconduct regulation*** (O. Reg. 753/93). Therefore, ideally RTs should not place themselves (or allow themselves to be placed) in any situation where there is an actual, potential or perceived conflict of interest. However, every scenario is unique, making it difficult to clearly define every possible set of circumstances where a conflict of interest might exist in advance. The intent of this Professional Practice Guideline (PPG) is therefore to provide Members with key factors to consider when determining if a conflict of interest is present, and then apply these factors to their specific situation.

Please note that words and phrases in **bold** lettering are cross-referenced in the Glossary at the end of the document.

This guideline is divided into three primary sections:

1. Definitions
2. Identifying a Conflict of Interest
3. Preventing a Conflict of Interest

Definitions

Conflict of Interest

A conflict of interest exists when an RT is in a position where his/her duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship or benefit. A conflict of interest may be actual, potential or perceived.

Actual Conflict of Interest – means that something has happened to influence an RT's professional judgment during the course of their practice.

Potential Conflict of Interest - occurs when a **reasonable person**, would conclude that an RT might fail to fulfil their professional obligation to act in the best interest of the client.

Perceived Conflict of Interest - where a reasonable person may conclude that the RT's professional judgment has been improperly influenced, even if that is not actually the case.

Benefit

A benefit may be described as a financial or non-financial consideration that might directly or indirectly influence, or appear to influence, an RT's professional judgment and/or objectivity.

Financial Benefit – considered a tangible conflict because it can be seen and measured (e.g., rebate, credit, gift, profit, business interests).

> **Example:**
> Being offered a commission for every patient that is added to a company's roster.

Non-Financial Benefit - may include a personal gain or advantage that may influence treatment decisions or clinical activities (e.g., a patient/client provides an RT with a letter of reference for a research grant application).

A conflict of interest cannot be avoided by moving the benefit to a **related person** or a **related company**. In other words, in considering whether or not an actual, potential or perceived conflict of interest exists, an RT must acknowledge that benefits to a related person or a related company are also benefits to them.

Personal or Financial Interest

The ***Conflict of Interest regulation*** (O.Reg 596/94) states the following:

> *"A member is in a conflict of interest if the member's personal or financial interest, or the personal or financial interest of another person who is in a non-arm's length relationship with the member conflicts (actual), appears to conflict (perceived) or potentially conflicts (potential) with the member's professional or ethical duty to a patient or the exercise of the member's professional judgment [1]."*

Personal Interest – (e.g.) status, employment, career advancement.

Financial Interest - (e.g.) monetary payment, a rebate, credit, discount or reimbursement for goods or services, a payment or reduction of a debt or financial obligation, a payment of a fee for consultation or other services, a loan, a present that is more than token in nature, a service at a reduced or no cost.

Scenario: An equipment vendor offers a department four free registrations to an upcoming RT conference. The manager, who is an RT, raffles the registrations off to her staff.

The individual staff RTs would not likely be in a conflict of interest, provided they do not have significant input into decisions made about what equipment is purchased. However, in this scenario, there is a perceived conflict of interest on the part of the RT manager. Any reasonable person may conclude that the manager's professional judgment has been improperly influenced by the "gift". Even if he/she did not have any input into equipment procurement decisions, there is a significant likelihood of the manager influencing the person who makes those decisions.

Non-arm's Length Relationship - People who are related to one another or joined in a business relationship are considered to be in a "non-arm's length relationship". This is because of potential for them to have undue influence over one another, possibly having an impact on their actions.

[1] Conflict of Interest Regulation (O. reg. 596/94) s.2

Identifying a Conflict of Interest

The Conflict of Interest regulation (O. Reg. 596/94) outlines the situations where an RT might find themselves in an actual, potential or perceived conflict of interest [s. 3 (1)]. The likelihood of a conflict of interest increases when:

- The magnitude of the benefit is substantial (e.g., a full course meal with drinks at an expensive restaurant vs. muffins & coffee);
- The benefit is personal (e.g., a cash donation given a specific individual vs. the entire RT department);
- There is no educational component (e.g., a department being offered lunch during RT week without any educational session vs. a lunch & learn); and
- It involves a patient/client (or their family) where there is an ongoing professional relationship (e.g., a current home care patient/client offers their RT a piece of antique china vs. the family of a deceased patient/client offering the same gift in gratitude for the RT's past services).

Three Key Factors to Consider when Identifying a Conflict of Interest

1. Why is this benefit being offered to me? (i.e., what advantage does this transaction provide to the person/organization proposing the benefit?)
2. Are there factors in this situation that influence, or might influence, my professional judgement and/or objectivity?

Scenario: An RT working in an asthma clinic has been approached by the owner of a local health food store to see if she would consider offering a line of herbal asthma remedies in her clinic. The RT believes that these products would be beneficial to some of her patients/clients and, in addition, she would also receive a percentage of the profit from the sales.

There are several issues involved with the above scenario. The first is the fact that such an arrangement clearly places the RT in a conflict of interest, and should not be undertaken. The other concern is that the use of these herbal products is not likely part of the current medically accepted guidelines for the treatment of asthma.

3. Is it possible that others might perceive that my professional judgement and/or objectivity is impaired?

> **Scenario: An RT has been asked by the family of a patient/client in the pulmonary rehab clinic where they work if they can sublet her apartment while she is travelling during the summer.**
>
> This could be a conflict of interest as it may alter how the RT provides care to the patient/client in the future because the relationship is no longer purely professional in nature.

Additional Considerations

1. Is my **relationship** with this patient/client purely professional?

> ### Treatment of a Spouse*
>
> The sexual abuse provision in the *Regulated Health Professions Act* (RHPA) [Schedule 2 s. 1(3)] prohibits healthcare professionals from treating their spouses in a professional capacity. **Therefore, a CRTO Member must not provide respiratory therapy services to their spouse.**
>
> ** "spouse", in relation to a Member, has been defined in the RHPA as:*
>
> *(a) a person who is the member's spouse as defined in section 1 of the Family Law Act, or*
>
> *(b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not* less than three years.
>
> In addition, it is the view of the CRTO that RTs should avoid treating other family members as well. In providing treatment to a family member who is not a spouse, the Member risks not only being in an actual, potential or perceived conflict of interest, but they also risk a lack of objectivity that may affect their professional judgement. However, the CRTO recognizes that there may be circumstances where the RT is the only practitioner available to provide the necessary care, as is the case in sole-charge practice settings. In situations where it is in the patient's best interest for the RT to treat a family member who is not their spouse, this may be permissible until such time as alternative care arrangements can be made. In such circumstances, the RT is encouraged to transfer care to an appropriate provider as soon as possible.
>
> For more information on what constitutes sexual abuse, please see the CRTO's Abuse Awareness & Prevention PPG.

2. Have I (or do I plan to) offer or receive a benefit (financial or non-financial) related to the referral of this patient/client to my practice or to the services that I provide?

> **Scenario:** **An RT works both for a home care company and the local hospital. While working at a hospital, he is required to arrange home oxygen for a patient/client who wants to be set up with one particular company. However, it is the RT's professional opinion that the patient/client would receive better services if they went with the company he works for.**
>
> Whether this is an actual or potential conflict of interest situation depends on if the RT will benefit in any way from adding this patient/client to his home care company's roster. Also, there is a chance the patient may perceive this to be a conflict once they find out that the RT works for the company they are recommending. The best way for the RT to deal with this is to declare his relationship with the home care company up front, before offering his professional opinion.

3. Have I (or do I plan to) enter into an **agreement** (including related to my employment) that influences/appears to influence my professional judgement.

> **Example:** The RT Manager of a Sleep Lab enters into an exclusive service agreement with the manufacturer of a particular CPAP device because they're able to offer an incentive that the other companies cannot.

4. Have I (or do I plan to) engage in any form of revenue, fee or income sharing agreement that influences/appears to influence my professional judgement[2]?

> **Scenario: An RT owns a sleep lab and rents some of the office space to a home care company. The RT receives a percentage of the profits of the home care company; meaning that the more patients/clients the RT sends to the home care company, the greater her share.**
>
> To avoid a conflict of interest in this situation, the RT must disclose the income sharing arrangement to her patients/clients in advance of any referral to the home care company, and assure them that their care will not be affected if they choose another company.

Preventing a Conflict of Interest

RTs should avoid any situation that may result in a real, potential or perceived conflict of interest. The *Conflict of Interest regulation* states that an RT is not considered to be in a conflict of interest related to a recommendation for a referral or treatment provided that the RT:

- Discloses the nature of the relationship or benefit to the patient/client; and
- Where applicable, advises the patient/client that his or her selection of supplier of a product or service will not adversely affect the assessment, care or treatment that they receive[3].

It is also advisable that the RT:

- Provide the patient with information on at least one other source of the product(s) or service(s) required; and
- Documents any discussions with patient related to conflict of interest in the patient's record (e.g., documentation of full disclosure)

2 Conflict of Interest Regulation (O. reg. 596/94) s. 3(1)(g).
3 *Conflict of Interest Regulation* (O. reg. 596/94). s. 4 (1) & (2).

Illustrations of When a Conflict of Interest is Unlikely

1. An RT offering or availing him/herself of a hospitality suite or hospitality food and beverage that a broad group of individuals have unrestricted access to.

2. Soliciting, offering, or accepting pens, paper or other reasonable or incidental items or gifts of a promotional nature at a conference.

3. Soliciting, offering, or accepting entertainment or hospitality that is not related to any exercise of professional judgment as a respiratory therapist (e.g. a vendor of respiratory therapy equipment offers you tickets to an entertainment event and you are not in a position, or perceived to be in a position, to influence the purchase of equipment).

4. Accepting reasonable, usual and customary hospitality (e.g. attending a holiday party given by a company).

5. Referring a patient/client to a home care company that has an agreement with the RT's hospital but that offers no direct benefit to the RT specifically*.

***Please Note...**

Even in situations where the RT does not receive a benefit, there remains a professional obligation to put the interest of the patient/client above any personal or organizational interests.

Scenario: A staff RT works for a hospital that has a revenue sharing agreement with a respiratory home care company that maintains an office in the building. While they have not stated it outright, the hospital's management team has implied that they would like the RTs to encourage patients/clients to use this particular company.

It is the RT's responsibility to protect the interest of their patients/clients, and not allow themselves to be placed in a conflict of interest situation. Therefore, it is advisable to have a process in place that requires the RTs to disclose the hospital's relationship with that particular home care company and allow the patients/clients to choose another company if they wish. The patient/client must also be assured that the care they receive will be in no way impacted by their decision to employ the services of a different home care company.

A Final Word

Given their professional knowledge and position of authority, RTs are accountable for identifying, preventing and managing conflict of interest situations. It is important to note that consent on the part of a patient/client is not a defence in a conflict of interest situation.

The CRTO recommends that if an RT is in doubt about whether a conflict of interest situation exists, it's best to err on the side of caution. Although the CRTO can provide guidance regarding conflicts of interest, the individual Respiratory Therapist is responsible for determining if an actual, potential or perceived conflict of interest situation exists at the time. If anyone believes that an RT is in a conflict of interest, that person may submit a complaint to the CRTO.

Glossary

Agreement - a revenue, fee or income sharing arrangement.

Fiduciary - a relationship based on trust and confidence.

Member - refers to a Respiratory Therapist (RT) who is registered with the CRTO as either a Registered Respiratory Therapists (RRT), Practical (limited) Respiratory Therapist (PRT) or Graduate Respiratory Therapists (GRT).

Professional Misconduct - as defined in the *Professional Misconduct Regulation* (o. Reg. 753/93), established under the *Respiratory Therapy Act*.

Reasonable Person - an individual who is neutral and informed.

Relationship - in the course of their practice, RTs engage in therapeutic (patient/client) and professional relationships (students, colleagues, coworkers).

Related Person - any person connected with a Member by blood relationship, marriage, common-law or adoption, and

- 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, for a period of not less than three years, cohabited in a relationship of some permanence; and
- persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is so connected by blood relationship.

Related Company - means a company, corporation or business partnership or entity that is owned or controlled, in whole or in part, directly or indirectly, by a person or another person related to the person.

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

Manager, Quality Practice
College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103
Toronto, Ontario
M5G 1Z8

Tel (416) 591 7800
Fax (416) 591-7890
Toll Free 1-800-261-0528
Email questions@crto.on.ca

Appendix B: Conflict of Interest PPG

New Conflict of Interest Professional Practice Guideline (PPG) to replace the existing Conflict of Interest PPG.

Conflict of Interest

Professional Practice Guideline

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

> It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

June 2014

The CRTO will update and revise this document every five years, or earlier, if necessary. The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Table of Contents

Introduction

An essential element of safe, competent, and ethical care requires ~~is that~~ Respiratory Therapists (RT) to ~~must~~ place patient/client interest above their own personal and financial interests. The patient/client and RT **relationship** is **fiduciary** (duty of loyalty, good faith and diligence) in nature and is built on trust. This trust is very important and should not be undermined by a conflict of interest or even the perception of a conflict of interest.

The new ***Conflict of Interest*** regulation, which is within the *General Ontario Regulation* (O. Reg. 596/94) established under the ***Respiratory Therapy Act***, was approved in 2013. This regulation clearly states that "*a **Member** shall not practice the profession while in a conflict of interest*". Practicing the profession while in a conflict of interest is considered to be **professional misconduct** under the ***Professional Misconduct*** regulation (O. Reg. 753/93). Therefore, ideally RTs should not place themselves (or allow themselves to be placed) in any situation where there is an actual, potential or perceived conflict of interest. However, each scenario is unique and it is difficult to clearly define in advance every possible set of circumstances where a conflict of interest might exist. The intent of this Professional Practice Guideline (PPG) is, therefore, to provide Members with key factors to consider when determining if a conflict of interest is present, which they can then apply to their specific situation.

Note that words and phrases denoted by **bold** lettering are cross-referenced in the Glossary at the end of the document.

This guideline is divided into three (3) primary sections:

1. Definitions
2. Identifying a Conflict of Interest
3. Preventing a Conflict of Interest

DEFINITIONS

Conflict of Interest

A conflict of interest exists when an RT is in a position where their ~~his/her~~ professional judgement, or duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship, commercial interest or financial benefit. A conflict of interest may be actual, potential, or perceived.

Actual Conflict of Interest – means that something has happened to influence an RT's professional judgment during ~~the course of~~ their practice.

Potential Conflict of Interest - occurs where a **reasonable person**, would conclude that an RT might fail to fulfil their professional obligation to act in the best interest of the client.

Perceived Conflict of Interest - is where a reasonable person may conclude that the RT's professional judgment has been improperly influenced, even if that is not actually the case.

Benefit

A benefit may be described as a financial or non-financial consideration that might directly or indirectly influence, or appear to influence, an RT's professional judgment and/or objectivity.

Financial Benefit – is considered a tangible conflict because it can be seen and measured (e.g., rebate, credit, gift, profit, business interests).

> **Example**: Being offered a commission for every patient that is added to the company's roster.

Non-Financial Benefit - may include a personal gain or advantage that may influence treatment decisions or clinical activities (e.g., a patient/client provides an RT with a letter of reference for research grant application).

A conflict of interest cannot be avoided by moving the benefit to a **related person** or a **related company**. In other words, in considering whether or not an actual, potential or perceived conflict of interest exists, an RT must acknowledge that benefits to a related person or a related company are also benefits to them.

Personal or Financial Interest

The ***Conflict of Interest*** regulation (O.Reg 596/94 s.2) states the following:

> *"A member is in a conflict of interest if the member's personal or financial interest, or the personal or financial interest of another person who is in a non-arm's length relationship with the member conflicts (actual), appears to conflict (perceived)or potentially conflicts (potential) with the member's professional or ethical duty to a patient or the exercise of the member's professional judgment[1]."*
>
> **Personal Interest –** (e.g.) status, employment, career advancement.
>
> **Financial Interest** – (e.g.) monetary payment, a rebate, credit, discount or reimbursement for goods or services, a payment or reduction of a debt or financial obligation, a payment of a fee for consultation or other services, a loan, a present that is more than token in nature, a service at a reduced or no cost.

Scenario: *An equipment vendor offers a department four free registrations to an upcoming RT conference. The manager, who is an RT, raffles the registrations off to ~~her~~ the staff.*

The individual staff RTs would not likely be in a conflict of interest, provided they do not have significant input into decisions made about which piece of equipment to purchase. However, in this scenario, there is a perceived conflict of interest on the part of the RT manager. Any reasonable person may conclude that the manager's professional judgment has been improperly influenced by the "gift". Even if they ~~he/she~~ did not have any input into equipment procurement decisions, there is a significant likelihood of the manager influencing the person who makes those decisions.

[1] ~~*Conflict of Interest Regulation* (O. reg. 596/94) s.2~~

Non-arm's Length Relationship – ~~When~~ People who are related to one another or joined in a business relationship are considered to be in a "non-arm's length relationship". This is because there is the potential for them to have undue influence over one another, and this may have an impact on their actions.

IDENTIFYING A CONFLICT OF INTEREST

The *Conflict of Interest* regulation (O. Reg. 596/94) outlines the situations in which an RT might find themselves in an actual, potential or perceived conflict of interest [s. 3 (1)]. The likelihood of a conflict of interest increases when:

- The magnitude of the benefit is substantial (e.g., a full course meal with drinks at an expensive restaurant vs. muffins & coffee);
- The benefit is personal (e.g., a cash donation given to a specific individual vs. the entire RT department);
- There is no educational component (e.g., a department being offered lunch during RT week without any educational session vs. a lunch & learn); and
- It involves a patient/client (or their family) where there is an ongoing professional relationship (e.g., a current home care patient/client offers their RT a piece of antique china vs. the family of a deceased patient/client offering the same gift in gratitude for the RT's past services).

Three Key Factors to Consider when Identifying a Conflict of Interest

1. Why is this benefit being offered to me? (i.e., what advantage does this transaction provide to the person/organization proposing the benefit?)
2. Are there factors in this situation that influence, or might influence, my professional judgement and/or objectivity?;

Scenario: *An RT working in an asthma clinic has been approached by the owner of a local health food store to see if they ~~she~~ would consider offering a line of herbal asthma remedies in their ~~her~~ clinic. The RT believes that these products would be beneficial to some of their ~~her~~ patients/clients and, in addition, ~~she~~ the RT would also receive a percentage of the profit from the sales.*

There are several issues involved with the above scenario. The first deals with the fact that such an arrangement clearly places the RT in a conflict of interest and should not be undertaken. The other concern is that the use of these herbal products is not likely part of the current medically accepted guidelines for the treatment of asthma.

3. Is it possible that others might perceive that my professional judgement and/or objectivity is impaired?

Scenario*: An RT has been asked by the family of a patient/client in the pulmonary rehab clinic where they work if they can sublet the RT's ~~her~~ apartment while they are ~~she is~~ travelling during the summer.*

This could be a conflict of interest as it may alter how the RT provides care to the patient/client in the future because the relationship is no longer purely professional in nature.

Additional Considerations

1. Is my **relationship** with this patient/client purely professional?

Treatment of a Spouse*

The sexual abuse provision in the *Regulated Health Professions Act (RHPA)* [Schedule 2 s. 1(3)] prohibits healthcare professionals from treating their spouses in a professional capacity. In the RHPA, sexual abuse is defined by an action, not by the intent. In addition, under the RHPA's definition of sexual abuse, only a patient can be sexually abused. As such, regulated health professionals who provide treatment to their spouse, which then makes them their patient, fall within this definition. In other words, if a health professional is found to be treating their spouse (with whom they inherently have established a sexual relationship) they too would be subject to the mandatory revocation provisions of the RHPA. **Therefore, a CRTO Member must not provide respiratory therapy services to their spouse.**

> * "spouse", in relation to a Member, has been defined in the *RHPA* as:
>
> *(a) a person who is the member's spouse as defined in section 1 of the Family Law Act, or*
>
> *(b) a person who has lived with the member in a conjugal relationship outside of marriage continuously for a period of not less than three years.*
>
> **Treating a sexual partner who does not meet the definition of a spouse under the RHPA will continue to be considered sexual abuse.**

In addition, it is the view of the CRTO that RTs should avoid treating other family members as well. In providing treatment to a family member who is not a spouse, the Member risks not only being in an actual, potential or perceived conflict of interest, but they also risk a lack of objectivity that may affect their professional judgement. However, the CRTO recognizes that there may be circumstances where the RT is the only practitioner available to provide the necessary care, as is the case in sole-charge practice settings. In situations where it is in the patient's best interest for the RT to treat a family member who is not their spouse, this may be permissible until such time as alternative care arrangements can be made. Emergency care of family members where no one else is available is acceptable because the benefits outweigh the "challenges posed by the personal relationship". In such circumstances, the RT is encouraged to transfer care to an appropriate provider as soon as possible.

For more information on what constitutes sexual abuse, please see the CRTO's Abuse Awareness & Prevention PPG.

Scenario: *An RT works both for a home care company and the local hospital. While working at a hospital, ~~he~~ they are ~~is~~ required to arrange home oxygen for a patient/client who wants to be set up with one particular company. However, it is the RT's professional opinion that the patient/client would receive better services if they went with the one that the RT ~~he~~ works for.*

Whether this is an actual or potential conflict of interest situation depends on if the RT will benefit in any way from adding this patient/client to their ~~his~~ home care company's roster. Also, there is a chance that the patient may perceive this to be a conflict once they find out that the RT works for the company they are recommending. The best way for the RT to deal with this is to declare their ~~his~~ relationship with the home care company up front.

2. Have I (or do I plan to) offer or receive a benefit (financial or non-financial) related to the referral of this patient/client to my practice or to the services that I provide?

Example: The RT Manager of a Sleep Lab enters into an exclusive service agreement with the manufacturer of a particular CPAP device because they are able to offer an incentive that the other companies cannot.

3. Have I (or do I plan to) enter into an **agreement** (including related to my employment) that influences/appears to influence my professional judgement?

Scenario: *An RT owns a sleep lab and rents some of the office space to a home care company. The RT receives a percentage of the profits of the home care company; meaning that the more patients/clients the RT sends to the home care company, the greater their ~~her~~ share.*

To avoid a conflict of interest in this situation, the RT must disclose the income sharing arrangement to their ~~her~~ patients/clients in advance of any referral to the home care company, and ensure them that their care will not be affected if they choose another company.

4. Have I (or do I plan to) engage in any form of revenue, fee or income sharing agreement that influences/appears to influence my professional judgement (O. reg. 596/94) s. 3(1)(g).[2]?

PREVENTING A CONFLICT OF INTEREST

RTs should avoid any situation that may result in real, potential or perceived conflicts of interest. The *Conflict of Interest* regulation states that an RT is not considered to be in a conflict of interest related to a recommendation for a referral or treatment provided that the RT:

- Discloses the nature of the relationship or benefit to the patient/client; and
- Where applicable, advises the patient/client that their ~~his or her~~ selection of supplier of a product or service will not adversely affect the assessment, care or treatment that they receive[3].(O. reg. 596/94). s. 4 (1) & (2).

[2] ~~*Conflict of Interest* regulation (O. reg. 596/94) s. 3(1)(g).~~
[3] ~~*Conflict of Interest* regulation (O. reg. 596/94). s. 4 (1) & (2).~~

It is also advisable that the RT:

- Provide the patient with information on at least one other source of the product(s) or service(s) required; and
- Documents any discussions with patient related to conflict of interest in the patient's record (e.g., documentation of full disclosure).

Illustrations of Where a Conflict of Interest is Unlikely

1. An RT offering or availing themself ~~him/herself~~ of a hospitality suite or hospitality food and beverage that a broad group of individuals have unrestricted access to.

2. Soliciting, offering, or accepting pens, paper or other reasonable or incidental items or gifts of a promotional nature at a conference.

3. Soliciting, offering, or accepting entertainment or hospitality that is not related to any exercise of professional judgment as a respiratory therapist (e.g. a vendor of respiratory therapy equipment offers you tickets to an entertainment event and you are not in a position, or perceived to be in a position, to influence the purchase of equipment).

4. Accepting reasonable, usual and customary hospitality (e.g. attending a holiday party given by a company).

5. Referring a patient/client to a home care company that has an agreement with the RTs hospital but that offers no direct benefit to the RT*.

***Please note…**

Even in situations where the RT does not receive a benefit, there remains a professional obligation to put the interest of the patient/client above any personal or organizational interests.

Scenario: *A staff RT works for a hospital that has a revenue sharing agreement with a respiratory home care company that maintains an office in the building. While they have not stated it outright, the hospital's management team has implied that they would like the RTs to encourage patients/clients to use this particular company.*

It is the RTs responsibility to protect the interest of their patients/clients, and not allow themselves to be placed in a conflict of interest situation. Therefore, it is advisable to have a process in place that requires the RTs to disclose the hospital's relationship with that particular home care company and allow the patients/clients to choose another company if they wish. The patient/client must also be assured that the care that they receive will be in no way impacted by their decision to employ the services of a different home care company.

A Final Word

Given their professional knowledge and position of authority, RTs are accountable for identifying, preventing and managing conflict of interest situations. It is important to note that consent on the part of a patient/client is not a defence in a conflict of interest situation.

The CRTO recommends that if an RT is in doubt about whether a conflict of interest situation exists, it is best to err on the side of caution. Although the CRTO can provide guidance regarding conflicts of interest, the individual Respiratory Therapist is responsible at the time to determine if an actual, potential or perceived conflict of interest situation exists. If anyone believes that an RT is in a conflict of interest, that person may submit a complaint to the CRTO.

Glossary

agreement: a revenue, fee or income sharing arrangement.

fiduciary: a relationship based on trust and confidence

Member: refers to a Respiratory Therapist (RT) who is registered with the CRTO as either a Registered Respiratory Therapists (RRT), Practical (limited) Respiratory Therapist (PRT) or Graduate Respiratory Therapists (GRT).

professional misconduct: as defined in the *Professional Misconduct* Regulation (o. Reg. 753/93), which was established under the *Respiratory Therapy Act*.

reasonable person: an individual who is neutral and informed

relationship: in the course of their practice, RTs engage in therapeutic (patient/client) and professional relationships (students, colleagues, coworkers) .

related person: means any person connected with a member by blood relationship, marriage, common-law or adoption, and

- 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, for a period of not less than three years, cohabited in a relationship of some permanence; and
- persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is so connected by blood relationship.

related company - means a company, corporation or business partnership or entity that is owned or controlled, in whole or in part, directly or indirectly, by a person or another person related to the person.

Appendices

College of Nurses of Ontario. Professional Conduct. (2019) Retrieved from:

https://www.cno.org/globalassets/docs/ih/42007_misconduct.pdf

College of Physicians and Surgeons of Ontario. Physicians' Relationship with Industry: Practice, Education and Research. (2014) Retrieved from:

https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Physicians-Relationships-with-Industry-Practice

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Institute of Medicine (US) Committee on Conflict of Interest in Medical Research, Education, and Practice; Lo B, Field MJ, editors. Conflict of Interest in Medical Research, Education, and Practice. Washington (DC): National Academies Press (US); 2009. Summary. Retrieved from:

https://www.ncbi.nlm.nih.gov/books/NBK22926

Council Briefing Note

AGENDA ITEM # 5.6 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Draft Revised Responsibilities Under Consent Legislation (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*Protecting patient safety by ensuring that Respiratory Therapists understand their professional responsibilities and obligations under consent legislation*
Attachment(s):	Appendix A – Current Consent PPG Appendix B – Revised Consent PPG

PUBLIC INTEREST RATIONALE:
This PPG enables Respiratory Therapists in Ontario to understand the expectations and professional responsibilities under consent legislation.

ISSUE:
Previously revised in February 2014, the Responsibilities Under Consent Legislation PPG has been reviewed and updated. While mentioned in the CRTO's Standards of Practice 6, Consent, this PPG sets out further direction for RTs in all aspects of types of consent, capacity, substitute decision making, and special considerations.

BACKGROUND:
This Professional Practice Guideline (PPG) provides an overview of the legislation, specifically the Health Care Consent Act (HCCA) and the Substitute Decision Act (SDA) for RTs. 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. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations. The content has been revised to include current legislation, gender neutral pronouns and updated links and references.

RECOMMENDATION:
It is recommended that the CRTO Council review and approve the revised Responsibilities Under Consent PPG for circulation for feedback from members and stakeholders/rights and title holders, as per the attached motion.

NEXT STEPS:
If the motion is approved, the PPG with be sent for public consultation and review. Final draft to be presented to Council in March 2022.

Council Motion

AGENDA ITEM # 5.6

Motion Title:	*Draft Responsibilities Under Consent Legislation Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Draft Revised Responsibilities Under Consent Legislation Professional Practice Guideline* for circulation and feedback. (A copy is attached as Appendix B to this motion within the materials of this meeting. Additionally, the current Responsibilities Under Consent PPG as Appendix A is attached).

Appendix A: Responsibilities Under Consent Legislation PPG

Current Responsibilities Under Consent Legislation Professional Practice Guideline.

JULY 2014

Responsibilities Under Consent Legislation

PROFESSIONAL PRACTICE GUIDELINE

Professional Practice Guideline

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

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

It is important to note that employers may have policies related to an RT's ability to obtain consent from patients/clients. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

2nd Revision: June 2014
Originally Published: 2008

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Introduction

The ***Health Care Consent Act*** (HCCA) and the ***Substitute Decisions Act*** (SDA) describe the legislative requirements for **Respiratory Therapists** (RTs) in regards to obtaining consent. The *HCCA* specifies that regulated health professionals are to follow their College's guidelines relating to obtaining consent and the provision of information to patients/clients who are found to be incapable.

The *HCCA* deals with obtaining consent in the following circumstances:

(i) for treatment,
(ii) for admission to a care facility and
(iii) for receiving personal assistance services.

In the context of Respiratory Therapy's scope of practice, RTs are generally accountable for obtaining consent (or ensuring that consent has been obtained) from patients/clients regarding treatment.

About this Document

Obtaining consent to treat a patient is embedded within the **College's** standards of practice, in other words, it would be professional misconduct to proceed to treat a patient without consent. The **CRTO's** ***Standards of Practice*** and ***A Commitment to Ethical Practice*** documents provide further guidance to RTs surrounding their obligation and accountability in obtaining consent. This Professional Practice Guideline (PPG) provides an overview of the legislation, specifically the HCCA and SDA for RTs. The information is structured to first describe how to obtain consent for treatment from a **capable** person, and then how to proceed with obtaining consent for an **incapable** person. The key terms in **bold** are defined in the Glossary.

Obtaining consent can be guided by a step-by-step process that RTs should consider every time they are faced with obtaining consent for treatment. A decision tree is included as a visual aid below to assist RTs in their process of obtaining consent and to complement the outline of the PPG. RTs must remember to act within their scope of practice and use their professional judgement to advocate for the best interests of their patients at all times.

The *Health Care Consent Act* (HCCA)

The purposes of the *HCCA* are:

(a) to provide rules with respect to consent to treatment that apply consistently in all settings;
(b) to facilitate treatment, admission to care facilities, and personal assistance services, for persons lacking the capacity to make decisions about such matters;
(c) to enhance the autonomy of persons for whom treatment is proposed, persons for whom admission to a care facility is proposed and persons who are to receive personal assistance services by,
(i) allowing those who have been found to be incapable to apply to a tribunal for a review of the finding,
(ii) allowing incapable persons to request that a representative of their choice be appointed by the tribunal for the purpose of making decisions on their behalf concerning treatment, admission to a care facility or personal assistance services, and
(iii) requiring that wishes with respect to treatment, admission to a care facility or personal assistance services, expressed by persons while capable and after attaining 16 years of age, be adhered to;
(d) to promote communication and understanding between health practitioners and their patients or clients;
(e) to ensure a significant role for supportive family members when a person lacks the capacity to make a decision about a treatment, admission to a care facility or a personal assistance service; and
(f) to permit intervention by the Public Guardian and Trustee only as a last resort in decisions on behalf of incapable persons concerning treatment, admission to a care facility or personal assistance services. (HCCA 1996, c. 2, Sched. A, s. 1).

The *Substitute Decision Act* (SDA)

The *SDA* deals with decision making about personal care (and/or property) on behalf of incapable persons and involves the appointment of substitute decision makers (SDMs). Please see section on SDMs on pages 18 – 19.

Treatment

Generally speaking, RTs are accountable for obtaining consent for treatment. However, the underlying principle of obtaining consent also applies to obtaining consent for admission to a care facility and for receiving personal assistance services.

The *HCCA* defines a **treatment** to mean "a*nything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan". In this context, treatment does not include:*

- *(a) the assessment for the purpose of this Act of a person's capacity with respect to a treatment, admission to a care facility or a personal assistance service, the assessment for the purpose of the Substitute Decisions Act, 1992 of a person's capacity to manage property or a person's capacity for personal care, or the assessment of a person's capacity for any other purpose,*
- *(b) the assessment or examination of a person to determine the general nature of the person's condition,*
- *(c) the taking of a person's health history,*
- *(d) the communication of an assessment or diagnosis,*
- *(e) the admission of a person to a hospital or other facility,*
- *(f) a personal assistance service,*
- *(g) a treatment that in the circumstances poses little or no risk of harm to the person,*
- *(h) anything prescribed by the regulations as not constituting treatment.* [*HCCA* 199 s.2(1)]

Plan of Treatment

The *HCCA* defines the **plan of treatment** to mean a plan that

(a) is developed by one or more health practitioners,

(b) deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and

(c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition. [HCCA 1996,s2(1)]

Therefore, the practitioner proposing a treatment or plan of treatment to a patient/client is responsible for obtaining consent. It is likely that the person proposing the treatment or plan of treatment will be the physician who orders the treatment. However, if an RT is proposing the plan of treatment, it is the RT's responsibility to obtain consent.

Third-Party Consent

The HCCA also allows for a plan of treatment to be proposed by one health care practitioner on behalf of the health care team involved in the plan. This is referred to as "**third-party consent**" and is acceptable practice provided the consent is informed and obtained prior to initiating the treatment. It is important to remember that if you are the one performing the procedure, you are accountable for ensuring that third-party consent has been obtained. If you have any doubt whether informed consent has been obtained, it is your professional obligation to obtain it, or to not proceed. The definitions of consent and informed consent are discussed in detail in the section about Consent.

Scenario: A patient / client comes to your laboratory for pulmonary function tests and says "My doctor sent me here for some tests."

You must ensure that your patient/client understand the purpose and risks of the tests and verify his/her consent for the procedure.

Capacity

Once the treatment has been ordered, an RT must decide if consent has been obtained or if they need to obtain consent before proceeding. In some situations, RTs may find themselves needing to determine whether or not a patient/client is in fact **capable** to consent to a treatment, and what to do if they suspect the patient is **incapable**.

There are many underlying - and sometimes ethical - principles involved in obtaining consent and determining a person's capacity to consent. One of the first principles to remember is the presumption of capacity. The *HCCA* states:

> *"A person is presumed to be capable with respect to treatment" and*
>
> *"A person is entitled to rely on the presumption of capacity with respect to another person unless he or she has reasonable grounds to believe that the other person is incapable with respect to the treatment". [HCCA 1996, s.4 (2)(3)]*

In other words, patients/clients are presumed capable unless, in your professional judgement, you have reasonable grounds to believe that they are incapable of consenting to the treatment or treatment plan you are proposing. The *HCCA* clearly states "no treatment without consent". If you believe your patient/client to be incapable, the next step is to find a substitute decision maker.

Capacity Depends on the Treatment and the Timing

Since informed consent is based on the patient/client receiving and understanding the information necessary to give consent, it is possible for an individual to be capable of giving consent for some treatment(s), while at the same time, the individual may be incapable of giving consent for other treatment(s) [HCCA 1996, s.15].

Patients/clients may also be able to give consent at one time, but not another. If an individual becomes capable after consent has been given or refused, the individual's choice then supersedes the previous decision [HCCA, s.16].

Wishes

The *HCCA* states that *"a person may, while capable, express wishes with respect to treatment, admission to a care facility or a personal assistance service"* [HCCA, s. 5]. Expressed wishes must be followed even if the patient/client subsequently becomes incapable.

Scenario: A Case of COPD Exacerbation

1. **A COPD patient presenting to the Emergency Department with COPD exacerbation may be capable to consent to an ABG and the administration of oxygen, but may not understand the complexities of intubation.**

2. **The patient with COPD exacerbation may have been able to consent to an ABG when they arrived in the ED but may lose the capacity to consent as their condition worsens, with evidence of impending respiratory failure.**

3. **With the administration of oxygen, the condition of the patient with COPD exacerbation improves. The hypoxemia is corrected and in your professional judgement, their capacity to consent has returned. You are very concerned that this patient may require intubation.**

What should you do?

In this case, the RT has made a professional judgement that their patient presenting with COPD exacerbation is capable, but does not understand the treatment – intubation. In addition, the patient's condition is unstable and their capacity to consent is dependent on their condition at any given time. In order to act in the best interest of the patient, the RT is obligated to seek help from the most responsible physician (and/or other members of the health care team) to discuss their clinical recommendations and findings of capacity. It may be necessary to seek consent from a Substitute Decision Maker (SDM) or to appoint an SDM for the patient. There is also a need to discuss the treatment of intubation with the patient or SDM to ensure that the treatment is understood, and informed consent for treatment (or withholding of treatment) has been received. Finally, it may be an opportune time to discuss the patient's wishes with the patient or SDM surrounding intubation and end of life decision-making.

Consent

Elements of Consent

Once you have determined that your patient is capable to consent to treatment, you must ensure that the four elements of consent are achieved.

The following are the elements required for consent to treatment:

1. Consent must relate to the treatment.
2. Consent must be informed.
3. Consent must be voluntary.
4. Consent must not be obtained through misrepresentation or fraud [*HCCA* 1996, s. 11].

Informed Consent

Informed consent is based on the concept that every person has the right to determine what will be done to his or her body. This is the principle of autonomy. Informed consent means that the information relating to the treatment must be received and understood by the patient/client. This may include communication other than speaking. For example, a patient/client with a hearing impairment may need the information provided in writing or by sign language. When a language barrier exists, an interpreter may be needed. It is your responsibility to meet your patient's/client's communication needs to the best of your ability. Using plain language in your explanation of the treatment is one way to facilitate understanding and appreciation of the information relayed.

Consent is informed if:

- the person received information about the treatment or procedure that a reasonable person in the same circumstances would require in order to make a decision about the treatment, including:
  - the nature of the treatment;
  - the expected benefits of the treatment;
  - the material risks of the treatment;
  - the material side effects of the treatment;
  - alternative courses of action; and
  - the likely consequences of not having the treatment, and
  - the person received answers to any questions they had about the treatment [*HCCA*, s. 11].

Implied and Expressed Consent

Consent may also be implied or expressed.

Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when you are performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. For example, if you inform your patient/client that you would like to auscultate his/her chest and he/she unbuttons his/her shirt, it may be reasonable to infer that he/she consents. If you have any doubt at all, you must ensure that the patient/client or his/her representative consents.

Expressed consent is more official and may be written or oral. For example, having a signed consent form or, having the patient consent to treatment verbally in front of another health care provider are expressed forms of consent. Unless circumstances dictate otherwise, you may presume that consent to a treatment includes consent to a variation in that treatment, provided that the nature, expected outcome, risks and side effects are not significantly different from the original proposed treatment. This presumption is also appropriate where the treatment is being continued in a different location [*HCCA*, section 12].

It is important to remember that consent may be withdrawn at any time and depends on the context of the situation (nature of the treatment, time and place) and the patient's/client's capacity to consent.

If you have reasonable grounds to believe your patient/client is incapable of giving informed consent you will have to obtain informed consent from a Substitute Decision Maker (SDM). (Please refer to the section on *Substitute Decision Makers*.)

For more information on Capacity Assessments you can visit the Ministry of The Attorney General's Capacity Assessment Office at: www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacity.asp

RTs who are unsure whether or not a patient/client is capable to consent should seek assistance, likely from the prescriber of the treatment. Your employer may set out additional policies and procedures to direct your conduct in circumstances where you believe the patient/client is not capable of giving or withholding consent. Where those policies and procedures require you to refer your concerns to a physician or other health care professional then you may defer the finding of incapacity to that health care provider.

For more information on Evaluators and Assessors of Capacity in the Health Care Consent Act: www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

Age of Consent

The *HCCA* does not identify an age at which an individual may give or withhold consent. This is because the capacity to make independent health care decisions is not dependent on age, but more on the ability to understand the relative risks and benefits of a proposed plan of care. As is outlined in the *Child and Family Services Act*, "consent is an informed process and the patient needs to be able to understand the foreseeable risk of treatment". Therefore, a determination of capacity must be made for minor children and young adolescents in the same manner as it would be for an adult.

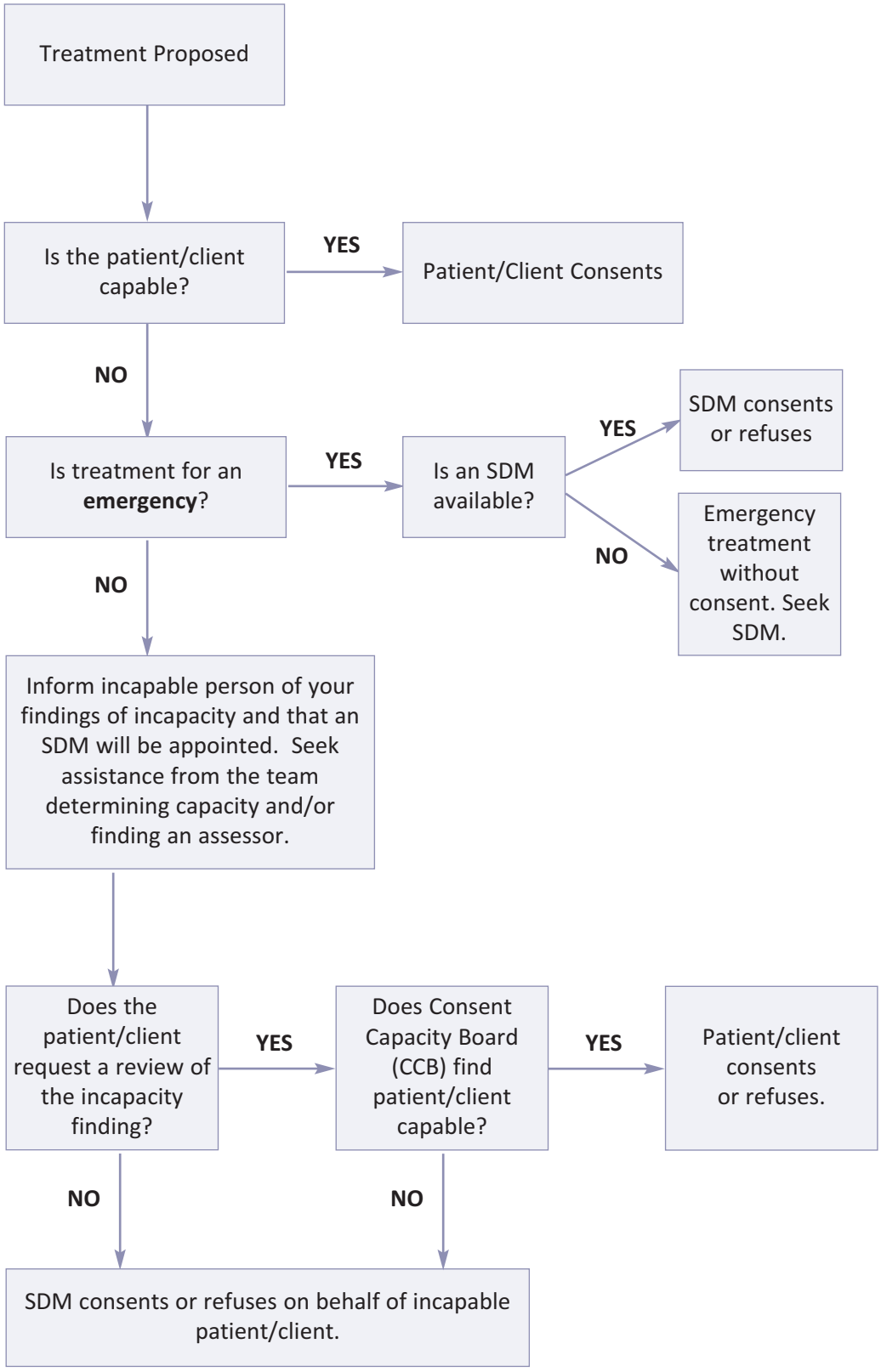
Scenario: A Case of Questionable Home O_2

Scenario: Mr. Smith has just been discharged from hospital to home with an order for oxygen at 5 p.m. by nasal prongs at all times. You are the RT working for the local home oxygen service provider who has received the referral for this new client. You arrange with the discharge planning team at the hospital to meet Mr. Smith at his home to set up his oxygen system and to provide education and training. When you arrive at Mr. Smith's home, you meet with the transfer team and they assist Mr. Smith into the home where you take over. Mr. Smith seems confused and disoriented. He asks who you are and why the ambulance attendant left their tank and did not remove the tubes from his nose. After you introduce yourself, you ask Mr. Smith if the RT at the hospital did any home oxygen teaching. He replies that he cannot remember and that he "never agreed to home oxygen or any such thing". You spend some time explaining home oxygen, safety and teaching Mr. Smith how to use his concentrator and nasal prongs but you remain unsure if Mr. Smith has actually provided informed consent to this treatment plan. In the middle of your demonstration, Mr. Smith abruptly gets up and proceeds to put the kettle on his gas topped stove for tea. You avert the danger in the nick of time but decide that in your professional judgement, Mr. Smith is not capable of providing informed consent for home oxygen; you are genuinely concerned for his safety.

You share your concerns with Mr. Smith and ask him about a substitute decision maker. After a bit of questioning you find out that Mr. Smith is a widower, with no family or friends nearby. He has an estranged son who you try to get a hold of unsuccessfully. Mr. Smith it now indicating to you that he is "afraid of the oxygen machine" and that he wished he had someone to help him think straight. You contact the CCAC, but they are not scheduled to visit and conduct an assessment for three days -however, they will try to move up the appointment and get back to you ASAP. The ordering physician, who is also the most responsible physician (MRP), is not available. You are in a dilemma, you have another client to see but you can't leave Mr. Smith alone.

In this scenario, the RT has taken all of the right steps to consider the welfare of the patient/client above all else (see *Standards of Practice* p.14). They have deemed the client incapable of providing informed consent, informed the patient of their findings, attempted to contact an SDM and tried to engage the health care team in determining capacity and consent. RTs are not authorized to perform official capacity evaluations or assessments under the HCCA or SDA, respectively. At this time, the best action for the RT would be to either ensure contact with the ordering/MRP before leaving to arrange an alternate treatment plan, or arrange for the client to return to the hospital he was discharged from. This may be a difficult decisionor action, but the RT is ultimately accountable for acting in the best interest of the patient/client. For more information on ethical decision making, please see *A Commitment to Ethical Practice*.

Decision Tree for Obtaining Consent to Treatment



Incapacity

If you believe a patient/client is incapable regarding a proposed treatment or treatment plan, you must tell them that you feel they are incapable. If your patient/client regains capacity with respect to a specific treatment or plan of treatment after consent was obtained from a substitute decision-maker, you must then tell the patient/client that they were found to be incapable to consent at that time.

If your patient/client is sufficiently aware and able to understand at any time, you let them know of the incapacity finding. You are not required to tell your patient/client of a finding of incapacity if you believe they would not understand the information due to age (e.g. newborn) or health condition (e.g. obtunded).

When you inform a patient/client that there has been a finding of incapacity, you must:

1. Inform the patient/client of who believes they are not capable of making their own decisions, with respect to the proposed treatment;

2. Let them know who the substitute decision-maker will be when making treatment decisions on his/her behalf;

3. Tell the patient/client that they may appeal the finding of incapacity or the choice of substitute decision-maker to the:
   Consent and Capacity Board
   151 Bloor Street West, 10th Floor
   Toronto, Ontario M5S 2T5
   www.ccboard.on.ca

4. Help the patient/client exercise their rights by (as a minimum) referring them to the staff person in the hospital or health facility who provides assistance, or advise the patient/client to contact a lawyer; and

5. Provide this information in a very helpful and sensitive manner that is approachable, neutral and non-judgemental.

The situation and circumstance must be properly communicated to the patient/client. Using an interpreter or communication aid may be necessary, depending on the individual patient/client needs.

When can you treat a patient without consent?

1. A treatment may be administered to an **incapable** patient/client without obtaining consent **only** if:
   i. there is an **emergency**; **AND**
   ii. the delay to obtain consent will prolong the suffering that the patient/client is apparently experiencing or will put the patient/client at risk of serious bodily harm [*HCCA*, section 25].

2. A treatment may be administered to an apparently **capable** patient/client without obtaining consent **only** if:
   i. there is an emergency; **AND**
   ii. the communication required to obtain informed consent is not possible due to a language barrier or communication disability; **AND**
   iii. reasonable steps have been taken to enable communication; **AND**
   iv. the delay to further means of enabling the communication will prolong the suffering that the patient/client is apparently experiencing or will put the patient/client at risk of serious bodily harm; **AND**
   v. there is no reason to believe the person does not want the treatment [*HCCA*, section 25].

3. An examination or diagnostic procedure may be performed without obtaining consent provided that:
   i. the examination or diagnostic procedure is necessary to determine whether or not there is an emergency; **AND**
   ii. the health care provider believes the patient/client is incapable or that there is a communication barrier that reasonable efforts have not been able to alleviate [*HCCA*, section 25].

In any case where treatment is given without obtaining consent, you must:
   i. document your opinions with respect to capacity and all actions taken (see ***Documentation PPG***) ; **AND**
   ii. continue the treatment only as long as it is reasonably necessary to find a substitute decision maker or to find a practical means to enable communication; **AND**
   iii. ensure that reasonable efforts are made to find a substitute decision-maker or a means of enabling communication [*HCCA*, section 25].

Special Considerations

In the unfortunate circumstance that this conversation does not occur between the patient and attending physician and you're confident the patient made an informed decision regarding CPR, under your professional obligation, CRTO policy and the CRTO's understanding of the Health Care Consent Act's intent you have an obligation to not initiate this intervention (CPR) and express the patient's wishes to the health care team. Conversely, if you are not confident that the patient made an informed decision, then you would participate in CPR.

Scenario: CPR & Consent: **What should I do if a capable patient/client indicates to me that they would not want any heroic measures to save their life - such as cardiopulmonary resuscitation (CPR) - but before the attending physician can write a "Do not resuscitate" order the patient suffers a cardiac/respiratory arrest?**

In order to follow-through on patient's/client's wishes regarding CPR, it is imperative that the attending physician has a discussion with the patient/client as soon as possible. In the meantime, the CRTO recommends that you take the following actions:

1. At the time that a patient/client makes a statement indicating they do not want life saving measures, explain the nature of the treatment intervention (CPR), expected benefits, risks and the consequences of not receiving CPR if it is required to the patient. You may also want to briefly explain what's meant by CPR: e.g. intubation, ventilation, compressions, and defibrillation/cardioversion to establish that the patient/client has made an informed decision about what treatment they are declining.
2. Notify the attending physician immediately and describe what the patient/client has stated.
3. Ask another health care professional, preferably the patient's/client's nurse to witness what the patient has just articulated.
4. Document a description of the conversation you had with the patient/client in their chart.
5. Follow-up with the attending physician and confirm the resuscitation status of the patient/client.

It is important to recognize and acknowledge that patients/clients may not fully comprehend or appreciate the consequences of not having this life saving intervention. (*N.B., understanding and appreciating information are different concepts. Understanding is cognitive. Appreciating information means that patient/client grasps the practical implications of his or her decision. Informed consent requires both comprehending and appreciating the consequences of the decision.*) To that end, it is very important that the patient's attending physician has the opportunity to discuss the likelihood of requiring CPR, the nature of the treatment, expected benefits, risks, alternative treatment options and the consequences of not receiving CPR if required.

Substitute Decision Maker (SDM)

A Substitute Decision Maker (SDM) is an individual who may give or withhold consent on behalf of an incapacitated patient/client. The following list of SDMs is in order of priority rank:

1. **Guardian** of the person, if he/she has authority to give or refuse consent to the treatment
2. **Attorney for personal care**, if he/she has the authority to give or refuse consent to the treatment
3. Representative appointed by the Consent and Capacity Board, if the representative has the authority to give or refuse consent to the treatment
4. **Spouse** or **partner**
5. Child or parent of the incapable person or children's aid society or other guardian in place of a parent — this does not include a parent who only has right of access
6. A parent with right of access only
7. A brother or sister
8. Any other **relative**
9. The Public Guardian and Trustee [*HCCA*, section 20]

The substitute decision-maker must be:

- capable;
- at least 16 years old, unless he/she is the parent of the incapable person;
- not prohibited by court order or separation agreement from having access or giving or refusing consent;
- available; and
- willing to assume responsibility [*HCCA*, section 20].

The SDM must also:

- believe that no other person from a higher priority of substitute decision--maker exists, or if they exist they would not object to him or her making the decision — if there is an individual who is from priority rank 1, 2, or 3 then this decision-maker must be the person making decisions;
- give or refuse consent in accordance with any known wishes expressed by the incapable person when capable and at least 16 years old; and
- act in the best interests of the incapable person if no wishes are known or it is impossible to comply with them [*HCCA*, section 21].

Where there are two individuals of the same priority of substitute decision-maker who disagree about whether to give or refuse consent for a treatment (and if their rank is ahead of any other potential substitute decision-maker), the Public Guardian and Trustee must then make the decision.

Consent Capacity Board (CCB)

A person who is found to be incapable may apply for a review of the finding to the Consent and Capacity Board [*HCCA*, s. 32]. The only exception to this right is if the person has a guardian with the authority to give or refuse consent to treatment, or the person has an attorney for personal care and the power of attorney waives the person's right to apply for a review [*HCCA*, s. 32].

Except in an emergency, you must not begin a treatment or procedure, and you must take reasonable steps to ensure that the treatment or procedure is not started, following a finding of incapacity until:

- 48 hours after you were first informed of an intended application to the Consent and Capacity Board, without an application to the Board being made;
- the application to the Board has been withdrawn;
- the Board has rendered its decision and none of the parties [*HCCA*, s. 32 and 33] have indicated their intention to appeal;
- the time for initiating an appeal from a Board decision has expired without an appeal being launched after a party to the application has informed you that he/she intends to appeal; or
- the appeal of the Board decision has been finally disposed of. [*HCCA*, s. 18].

What are the Penalties for Failure to Comply with the Consent Legislation?

The *HCCA* provides protection from liability for health care practitioners who act in their belief, on reasonable grounds and in good faith, that there was consent for the actions they took [*HCCA*, section 29]. While it may be reasonable to presume that consent has been given unless you have overt signs that it wasn't, the CRTO recommends that you verify consent for any controlled act you perform, as a minimum.

It is professional misconduct to do "anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent" [O. Reg 753/93 - *Professional Misconduct*, paragraph 3].

A Member found guilty of professional misconduct **may** be subject to any one or more of the following [*HPPC*, s. 51(2)]:

1. Revocation of the registrant's certificate of registration;
2. Suspension of the registrant's certificate of registration for a specified period of time;
3. Imposition of terms, limitation or conditions on the registrant's certificate of registration;
4. Appearance before the panel for a reprimand;
5. A fine of up to $35,000.

Glossary

Attorney for Personal Care - an attorney under a power of attorney for personal care given under the *Substitute Decisions Act*.

Board - the Consent and Capacity Board.

Capable - means mentally capable; a person is capable if they are able to understand the information that is relevant to making a decision about the treatment and are able to appreciate the reasonable foreseeable consequences of a decision or lack of decision — capacity has a corresponding meaning.

College - College of Respiratory Therapists of Ontario.

CRTO - College of Respiratory Therapists of Ontario.

Emergency - when the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.

Guardian of the Person - a guardian of the person appointed under the *Substitute Decisions Act*.

HPPC - *Health Professions Procedural Code* — Schedule 2 of the *Regulated Health Professions Act*.

Incapable - mentally incapable with incapacity having a corresponding meaning.

Partners - individuals who have lived together for at least one year and have a close personal relationship that is of primary importance in both lives.

Plan of Treatment - means a plan that:

- is developed by one or more health practitioners
- deals with one or more health problems that an individual has, and may deal with one or more problems an individual is likely to have in the future given their current health
- allows for administration of various treatments or courses of treatment.

Glossary

Relatives - are related by blood, marriage or adoption.

Respiratory Care - equivalent to respiratory therapy.

Respiratory Therapist (RT) - is a Member of the CRTO and included RRT, GRT, PRT).

Spouses - are individuals who are married to each other, or who are living in a conjugal relationship and have lived together for at least one year, have a cohabitation agreement or are the parents (together) of a child. Individuals living apart and separate are not spouses.

Treatment - means anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment or plan of treatment, but does not include:

- assessment of a person's capacity
- assessment or examination to determine the general nature of an individual's condition
- taking a health history
- communicating an assessment or diagnosis
- admission to a hospital or other facility
- a personal assistance service
- a treatment that, in the circumstances, poses little or no risk of harm

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

This Professional Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

Manager, Quality Practice
College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103
Toronto, Ontario
M5G 1Z8

Tel (416) 591 7800
Fax (416) 591-7890
Toll Free 1-800-261-0528
Email questions@crto.on.ca

Appendix B: Responsibilities Under Consent Legislation PPG

New Responsibilities Under Consent Legislation Professional Practice Guideline (PPG) to replace the existing Responsibilities Under Consent Legislation PPG.

College of Respiratory Therapists of Ontario
Professional Practice Guideline

Responsibilities Under Consent Legislation

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

> It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

February 2014

The CRTO will update and revise this document every five years, or earlier, if necessary.
The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Table of Contents

Introduction

The *Health Care Consent Act* (HCCA) and the *Substitute Decisions Act (SDA)* describe the legislative requirements for **Respiratory Therapists** (RTs) in regard to obtaining consent. The HCCA specifies that regulated health professionals are to follow their College's guidelines relating to obtaining consent and the provision of information to patients/clients who are found to be incapable.

The *HCCA* deals with obtaining consent in the following circumstances:

(i) for treatment,
(ii) for admission to a care facility and
(iii) for receiving personal assistance services.

In the context of respiratory therapy's scope of practice of, RTs are generally accountable for obtaining consent (or ensuring that consent has been obtained) from patients/clients regarding treatment.

About this Document

Obtaining consent to treat a patient is embedded within the **College's** standards of practice, in other words, it would be professional misconduct to proceed to treat a patient without consent. The **CRTO's** Standards of Practice ~~*Standards of Practice*~~ and *A Commitment to Ethical Practice* documents provide further guidance to RTs surrounding their obligation and accountability in obtaining consent. This Professional Practice Guideline (PPG) provides an overview of the legislation, specifically the HCCA and SDA for RTs. The information is structured to first describe how to obtain consent for treatment from a **capable** person, and then how to proceed with obtaining consent for an **incapable** person. The key terms in **bold** are defined in the Glossary.

Obtaining consent can be guided by a step-by-step process that RTs should consider each time they are faced with obtaining consent for treatment. A decision tree is included as a visual aid below to assist RTs in their process of obtaining consent and to complement the outline of the PPG. RTs must remember to act within their scope of practice and use their professional judgement to always advocate for the best interests of their patients ~~at all times~~ and assist patients/clients to understand the information relevant to making decisions to the extent permitted by the patients/clients' capacity.

The *Health Care Consent Act* (*HCCA*)

The purposes of the *HCCA* are:

(a) *to provide rules with respect to consent to treatment that apply consistently in all settings;*

(b) to facilitate treatment, ~~admission to care facilities~~ admission to or confining in care facilities, and personal assistance services, for persons lacking the capacity to make decisions about such matters;

~~(c) to enhance the autonomy of persons for whom treatment is proposed, persons for whom admission to a care facility is proposed and persons who are to receive personal assistance services by,~~

~~(i) allowing those who have been found to be incapable to apply to a tribunal for a review of the finding,~~

~~(ii) allowing incapable persons to request that a representative of their choice be appointed by the tribunal for the purpose of making decisions on their behalf concerning treatment, admission to a care facility or personal assistance services, and~~

~~(iii) requiring that wishes with respect to treatment, admission to a care facility or personal assistance services, expressed by persons while capable and after attaining 16 years of age, be adhered to;~~

(c) to enhance the autonomy of persons for whom treatment is proposed, persons for whom admission to or confining in a care facility is proposed and persons who are to receive personal assistance services by,

(i) allowing those who have been found to be incapable to apply to a tribunal for a review of the finding,

(ii) allowing incapable persons to request that a representative of their choice be appointed by the tribunal for the purpose of making decisions on their behalf concerning treatment, admission to or confining in a care facility or personal assistance services, and

(iii) requiring that wishes with respect to treatment, admission to or confining in a care facility or personal assistance services, expressed by persons while capable and after attaining 16 years of age, be adhered to;

(d) to promote communication and understanding between health practitioners and their patients or clients;

~~(e) to ensure a significant role for supportive family members when a person lacks the capacity to make a decision about a treatment, admission to a care facility or a personal assistance service; and~~

~~*(f) to permit intervention by the Public Guardian and Trustee only as a last resort in decisions on behalf of incapable persons concerning treatment, admission to a care facility or personal assistance services*. (*HCCA* 1996, c. 2, Sched. A, s. 1).~~

(e) to ensure a significant role for supportive family members when a person lacks the capacity to make a decision about a treatment, an admission to or a confining in a care facility or a personal assistance service; and

(f) to permit intervention by the Public Guardian and Trustee only as a last resort in decisions on behalf of incapable persons concerning treatment, admission to or confining in a care facility or personal assistance services.

The *Substitute Decision Act* (*SDA*)

The SDA deals with decision making about personal care (and/or property) on behalf of incapable persons and involves the appointment of substitute decision makers (SDMs). Please see section on SDMs on pages 18 – 19.

Treatment

~~Generally speaking, RTs are accountable for obtaining consent for treatment. However, the underlying principle of obtaining consent also applies to obtaining consent for admission to a care facility and for receiving personal assistance services.~~

The *HCCA* defines a **treatment** to mean "*anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan*". In this context, treatment does not include,

(a) *the assessment for the purpose of this Act of a person's capacity with respect to a treatment, ~~admission to a care facility~~ admission to or confining in a care facility*

or a personal assistance service, the assessment for the purpose of the Substitute Decisions Act, 1992 of a person's capacity to manage property or a person's capacity for personal care, or the assessment of a person's capacity for any other purpose,

(b) the assessment or examination of a person to determine the general nature of the person's condition,

(c) the taking of a person's health history,

(d) the communication of an assessment or diagnosis,

(e) ~~the admission of a person to a hospital or other facility,~~ a person's confining in a care facility

(f) a personal assistance service,

(g) a treatment that in the circumstances poses little or no risk of harm to the person,

(h) anything prescribed by the regulations as not constituting treatment. [HCCA 199 s.2(1)]

Plan of Treatment

The *HCCA* defines the **plan of treatment** to mean a plan that

(a) *is developed by one or more health practitioners,*

(b) deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person's current health condition, and

(c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person's current health condition. [HCCA 1996, s2(1)]

Therefore, the practitioner proposing a treatment or plan of treatment to a patient/client is responsible for obtaining consent. It is likely that the person proposing the treatment or plan of treatment will be the physician who orders the treatment. However, if an RT is proposing the plan of treatment, it is the RT's responsibility to obtain consent.

Third-Party Consent

The HCCA also allows for a plan of treatment to be proposed by one health care practitioner on behalf of the health care team involved in the plan. This is referred to as "**third-party consent**" and is acceptable practice provided the consent is informed and obtained prior to initiating the treatment. It is important to remember that if you are the one performing the procedure, you are accountable for ensuring that third-party consent has been obtained. If you have any doubt whether informed consent has been obtained, it is your professional obligation to

Scenario: *A patient/client comes to your laboratory for pulmonary function tests and says "My doctor sent me here for some tests."*

You must ensure that your patient's/client's~~'~~ understands the purpose and risks of the tests and verify ~~his/her~~ their consent for the procedure.

obtain it, or to not proceed. The definitions of consent and informed consent are discussed in detail in the section about Consent.

Capacity

Once the treatment has been ordered, an RT must decide if consent has been obtained or if they need to obtain consent before proceeding. In some situations, RTs may find themselves needing to determine whether or not a patient/client is in fact **capable** to consent to a treatment, and what to do if they suspect the patient is **incapable**.

There are many underlying, and sometimes ethical, principles involved in obtaining consent and determining a person's capacity to consent. One of the first principles to remember is the presumption of capacity. The *HCCA* states:

> "*A person is presumed to be capable with respect to treatment*" "A person is presumed *to be capable with respect to treatment, admission to or confining in a care facility and personal assistance services." [HCCA 2017, c. 25, Sched. 5, s. 56.]* *and*
>
> ~~*"A person is entitled to rely on the presumption of capacity with respect to another person unless he or she has reasonable grounds to believe that the other person is incapable with respect to the treatment". [HCCA 1996, s.4 (2)(3)]*~~
>
> *"A person is entitled to rely on the presumption of capacity with respect to another person unless he or she has reasonable grounds to believe that the other person is incapable with respect to the treatment, the admission, the confining or the personal assistance service, as the case may be." [HCCA 2017, c. 25, Sched. 5, s. 56.]*

In other words, patients/clients are presumed capable unless, in your professional judgement, you have reasonable grounds to believe that they are incapable of consenting to the treatment or treatment plan you are proposing. The *HCCA* clearly states "*no treatment without consent*". If you believe your patient/client to be incapable, the next step is to find a substitute decision maker.

~~**Capacity depends on the treatment and the timing**~~

~~Since informed consent is based on the patient/client receiving and understanding the information necessary to give consent, it is possible for an individual to be capable of giving consent for some treatment(s), while at the same time, the individual may be incapable of giving consent for other treatment(s) [*HCCA* 1996, s.15].~~

~~Patients/clients may also be able to give consent at one time, but not another. If an individual becomes~~

~~capable after consent has been given or refused, the individual's choice then supersedes the previous decision [*HCCA*, s.16].~~

Capacity depends on treatment

A person may be incapable with respect to some treatments and capable with respect to others. [HCCA 1996, c. 2, Sched. A, s. 15 (1)].

Capacity depends on time

A person may be incapable with respect to a treatment at one time and capable at another. [HCCA 1996, c. 2, Sched. A, s. 15 (2)].

Wishes The *HCCA* states that "*a person may, while capable, express wishes with respect to treatment, ~~admission to a care facility~~ admission to or confining in a care facility or a personal assistance service*" [*2017 c.25,* Sched. 5, s. 57]. Expressed wishes must be followed even if the patient/client subsequently becomes incapable.

Scenario: A Case of COPD Exacerbation

1

A COPD patient presenting to the Emergency Department with COPD exacerbation may be capable to consent to an ABG and the administration of oxygen, but may not understand the complexities of intubation.

2

The patient with COPD exacerbation may have been able to consent to an ABG when they arrived in the ED but may lose the capacity to consent as their condition worsens, with evidence of impending respiratory failure.

3

With the administration of oxygen, the condition of the patient with COPD exacerbation improves. The hypoxemia is corrected and in your professional judgement, their capacity to consent has returned. You are very concerned that this patient may require intubation.

What should you do?

4

In this case, the RT has made a professional judgement that their patient presenting with COPD exacerbation is capable but does not understand the treatment – intubation. In addition, the patient's condition is unstable and their capacity to consent is dependent on their condition at any given time. In order to act in the best interest of the patient, the RT is obligated to seek help from the most responsible physician (and/or other members of the health care team) to discuss their clinical recommendations and findings of capacity. It may be necessary to seek consent from a Substitute Decision Maker (SDM) or to appoint an SDM for the patient. There is also a need to discuss the treatment of intubation with the patient or SDM to ensure that the treatment is understood, and informed consent for treatment (or withholding of treatment) has been received. Finally, it may be an opportune time to discuss the patient's wishes with the patient or SDM surrounding intubation and end of life decision-making.

Consent

Elements of consent

Once you have determined that your patient is capable to consent to treatment, you must ensure that the four elements of consent are achieved.

The following are the elements required for consent to treatment:

1. Consent must relate to the treatment.
2. Consent must be informed.
3. Consent must be voluntary.
4. Consent must not be obtained through misrepresentation or fraud [*HCCA* 1996, s. 11].

Informed Consent

Informed consent is based on the concept that every person has the right to determine what will be done to their ~~his or her~~ body. This is the principle of autonomy. Informed consent means that the information relating to the treatment has to be received and understood by the patient/client. This may include communication other than speaking. For example, a patient/client with a hearing impairment may need the information provided in writing or by sign language. When a language barrier exists, an interpreter may be needed. It is your responsibility to meet your patient's/client's communication needs to the best of your ability. Using plain language in your explanation of the treatment is one way to facilitate understanding and appreciation of the information relayed.

Consent is informed if:

- the person received information about the treatment or procedure that a reasonable person in the same circumstances would require in order to make a decision about the treatment, including:
  - the nature of the treatment;
  - the expected benefits of the treatment;
  - the material risks of the treatment;
  - the material side effects of the treatment;
  - alternative courses of action; and
  - the likely consequences of not having the treatment, and

- the person received answers to any questions they had about the treatment [*HCCA*, s. 11].

Implied and Expressed Consent

Consent may also be implied or expressed.

Implied consent is determined by the actions of the patient/client. Implied consent may be inferred where you are performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. For example, if you inform your patient/client that you would like to auscultate their ~~his/her~~ chest and they ~~he/she~~ unbuttons~~s~~ their ~~his/her~~ shirt, it may be reasonable to infer that they ~~he/she~~ consent~~s~~. If you have any doubt at all, you must ensure that the patient/client or their ~~his/her~~ representative consents.

Expressed consent is more official and may be written or oral. For example, having a signed consent form or, having the patient consent to treatment verbally in front of another health care provider are expressed forms of consent. Unless circumstances dictate otherwise, you may presume that consent to a treatment includes consent to a variation in that treatment, provided that the nature, expected outcome, risks and side effects are not significantly different from the original proposed treatment. This presumption is also appropriate where the treatment is being continued in a different location and there remains no significant changes in the expected benefits, risks, or side effects [HCCA, section 12].

It is important to remember that consent may be withdrawn at any time and depends on the context of the situation (nature of the treatment, time and place) and the patient's/client's capacity to consent.

If you have reasonable grounds to believe your patient/client is incapable of giving informed consent you will have to obtain informed consent from a Substitute Decision Maker (SDM). (Please refer to the section on *Substitute Decision Makers*.)

For more information on Capacity Assessments ~~you can~~ visit the Ministry of The Attorney General's The Capacity Assessment Office ~~Capacity Assessment Office at:~~

~~http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacity.asp~~

RTs who are unsure whether or not a patient/client is capable to consent should seek assistance, likely from the prescriber of the treatment. Your

For more information on Evaluators and Assessors of Capacity in the ~~Health Care Consent Act~~:
Health Care Consent Act

employer may set out additional policies and procedures to direct your conduct in circumstances where you believe the patient/client is not capable of giving or withholding consent. Where those policies and procedures require you to refer your concerns to a physician or other health care professional then you may defer the finding of incapacity to that health care provider.

Age of Consent

The HCCA does not identify an age at which an individual may give or withhold consent. This is because the capacity to make independent health care decisions is not dependent on age, but more on the ability to understand the relative risks and benefits of a proposed plan of care. As is outlined in the *Child and Family Services Act,* "consent is an informed process and the patient needs to be able to understand the foreseeable risk of treatment". Therefore, a determination of capacity must be made for minor children and young adolescents in the same manner as it would be for an adult.

Scenario: A Case of Questionable Home O_2

~~*Mr. Smith*~~ *A patient has just been discharged from hospital to home with an order for oxygen. The RT working for the home care company will see the patient in their home to do the set up. The patient is confused and disoriented and does not understand why the RT is in their home or the reason for the oxygen. The RT attempts to explain the equipment, but the patient is not receptive. At this time, it is uncertian if the patient provided informed consent for home oxygen while in hospital.*

The patient lives alone, has a wood fireplace and a gas stove, and it becomes clear that this is not a safe environment.

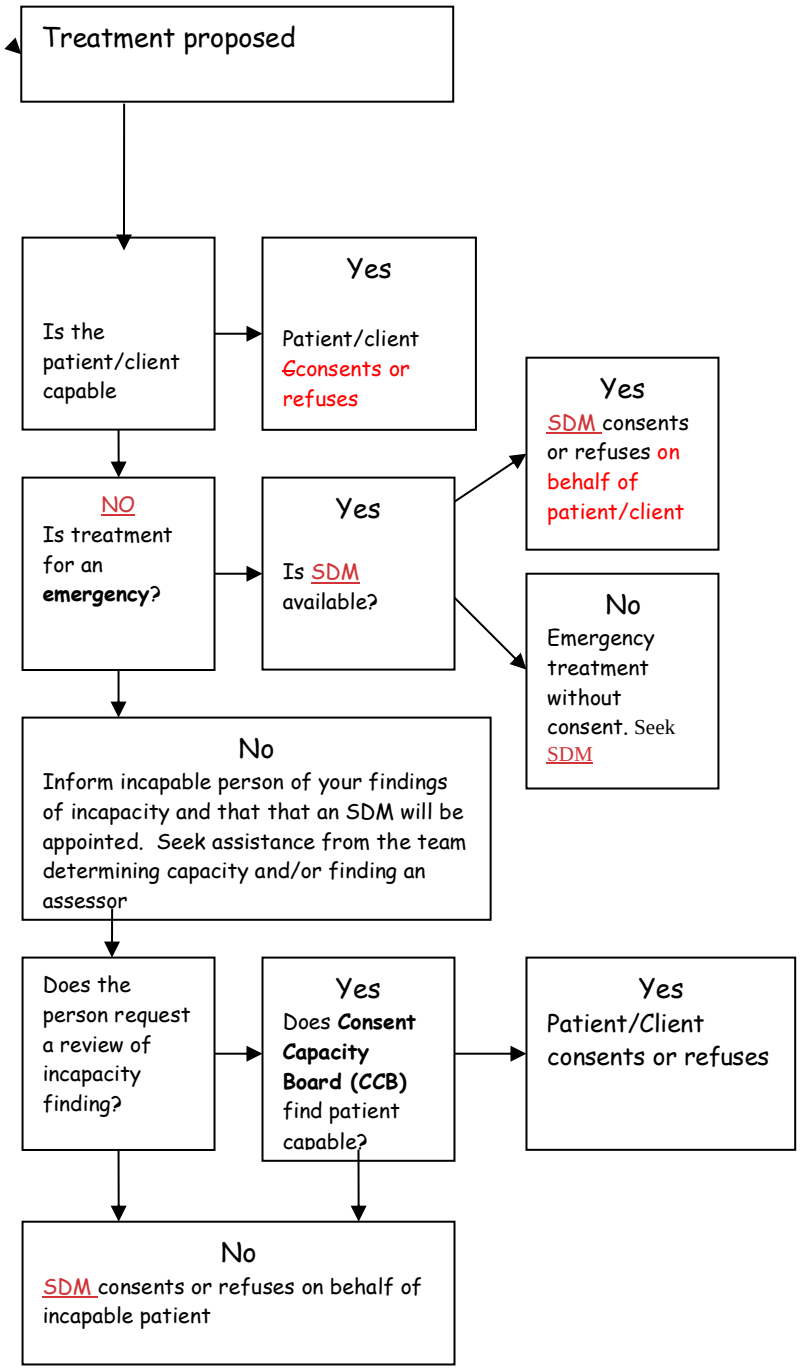
The RT shares their concerns with the patient and asks if they have family or friends nearby to help. The patient states they have no family living in the country. The RT contacts the hospital and learns that the home care nurse will not see the patient until tomorrow and you are unsuccessful in reaching the patient's physician. What is the best course of action for the RT at this point?

~~*5 lpm by nasal prongs at all times. You are the RT working for the local home oxygen service provider who has received the referral for this new client. You arrange with the discharge planning team at the hospital to meet the patient at their home Mr. Smith at his home to set up his the oxygen system and to provide education and training. When you arrive at Mr. Smith's home, you meet with the transfer team and they assist the patient Mr. Smith into the home where you take over. Mr. Smith The patient seems confused and disoriented, and He asks who you are and why he needs oxygen. the ambulance attendant left their tank and did not remove the tubes from his nose. After you introduce yourself, you ask the patient Mr. Smith if the RT at the hospital did any home oxygen teaching. He replies that he cannot remember and that he "never agreed to home oxygen or any such thing". You spend some time explaining home oxygen, safety and teaching Mr. Smith how to use his concentrator and nasal prongs but you remain unsure if Mr. Smith has actually provided informed consent to this treatment plan. In the middle of your demonstration, Mr. Smith abruptly gets up and proceeds to put the kettle on his gas topped stove for tea. You avert the danger in the nick of time but decide that in your professional judgement, Mr. Smith is not capable of providing informed consent for home oxygen; you are genuinely concerned for his safety.*~~

~~*You share your concerns with Mr. Smith and ask him about a substitute decision maker. After a bit of questioning you find out that Mr. Smith is a widower, with no family or friends nearby. He has an estranged son who you try to get a hold of unsuccessfully. Mr. Smith it now indicating to you that he is "afraid of the oxygen machine" and that he wished he had someone to help him think straight. You contact the CCAC, but they are not scheduled to visit and conduct an assessment for three days -however, they will try to move up the appointment and get back to you ASAP. The ordering physician, who is also the most responsible physician (MRP), is not available. You are in a dilemma, you have another client to see but you can't leave Mr. Smith alone.*~~

In this scenario, the RT has taken all of the right steps to consider the welfare of the patient/client above all else (Standard 14: Safety and Risk Management)~~(see Standards of Practice p.14).~~ They have deemed the client incapable of providing informed consent, informed the patient of their findings, has attempted to contact an SDM and has attempted to engage the health care team for assistance in determining capacity and consent. RTs are not authorized to perform official capacity evaluations or assessments under the HCCA or SDA respectively. At this time, the best actions for the RT would be to either ensure contact with the ordering/MRP before leaving to arrange an alternate treatment plan or to arrange for the client to return to the hospital from which they had been discharged. It may be a difficult decision and action to take but the RT is ultimately accountable to acting in the best interest of the patient/client. For more information on ethical decision making, please see *A Commitment to Ethical Practice*.

FIGURE 1. DECISION TREE FOR OBTAINING CONSENT TO TREATMENT.



Incapacity

If you believe a patient/client is incapable with respect to a proposed treatment or treatment plan, then you must tell them ~~him/her~~ that you find them ~~him/her~~ to be incapable. If your patient/client regains capacity with respect to a specific treatment or plan of treatment, after consent was obtained from a substitute decision-maker, then you must tell them ~~him/her~~ that they ~~he/she was~~were found to be incapable to consent at that time.

If at any time your patient/client is sufficiently aware and communicative to understand, you must tell ~~him/her if he/she~~ them that they had been found to be incapable. You are not required to tell your patient/client of a finding of incapacity if you believe ~~he/she~~ they would not understand the information due to their ~~his/her~~ age (e.g. newborn) or health condition (e.g. obtunded, or severe dementia).

When you inform a patient/client that there has been a finding of incapacity, you must:

~~1.~~ Inform the patient/client, that you believe they are not capable of making their own decision with respect to the proposed treatment. ~~Tell them him/her they you who believes he/she is not capable of making his/her own decisions with respect to the proposed treatment;~~

2. Disclose who the substitute decision maker is who will be making treatment decisions on their behalf. ~~Tell him/her who the substitute decision-maker is who is making treatment decisions on his/her behalf~~;

3. Tell ~~him/her~~ the patient/client that they ~~he/she~~ may appeal the finding of incapacity or the choice of substitute decision-maker to the:

Consent and Capacity Board
151 Bloor Street West, 10th Floor
Toronto, Ontario M5S 2T5
www.ccboard.on.ca
1-866-777-7391

4. Help the patient/client exercise their ~~his/her~~ rights by (as a minimum) referring the patient/client to the staff person in the hospital or health facility who can provide assistance or by advising the patient/client to contact a lawyer; and

5. Provide this information in a very helpful and sensitive manner that is non-condescending, non-judgmental and non-confrontational.

The situation and circumstance must be properly communicated to the patient/client. Using an interpreter or communication aid may be necessary, depending on the individual patient/client needs.

When can you treat a patient without consent?

1. A treatment may be administered to an **incapable** patient/client without obtaining consent **only** if:

i. there is an **emergency**; **AND**
ii. the delay to obtain consent will prolong the suffering that the patient/client is apparently experiencing or will put the patient/client at risk of serious bodily harm [HCCA, section 25].

2. A treatment may be administered to an apparently **capable** patient/client without obtaining consent **only** if:

i. there is an emergency; **AND**
ii. the communication required to obtain informed consent is not possible due to a language barrier or communication disability; **AND**
iii. reasonable steps have been taken to enable communication; **AND**
iv. the delay to further means of enabling the communication will prolong the suffering that the patient/client is apparently experiencing or will put the patient/client at risk of serious bodily harm; **AND**
v. there is no reason to believe the person does not want the treatment [HCCA, section 25].

3. An examination or diagnostic procedure may be performed without obtaining consent provided that:

i. the examination or diagnostic procedure is necessary to determine whether or not there is an emergency; **AND**
ii. the health care provider believes the patient/client is incapable or that there is a communication barrier that reasonable efforts have not been able to alleviate [HCCA, section 25].

In any case where treatment is given without obtaining consent, you must:

i. document your opinions with respect to capacity and all actions taken (see PPG Documentation) ; **AND**
ii. continue the treatment only as long as it is reasonably necessary to find a substitute decision maker or to find a practical means to enable communication; **AND**
iii. ensure that reasonable efforts are made to find a substitute decision-maker or a means of enabling communication [HCCA, section 25].

Special Considerations

In the unfortunate circumstance that this conversation does not occur between the patient and attending physician and you're confident the patient made an informed decision regarding CPR, under your professional obligation, CRTO policy and the CRTO's understanding of the Health Care Consent Act's intent, you have an obligation to not initiate this intervention (CPR) and express the patient's wishes to the health care team. Conversely, if you are not confident that the patient made an informed decision, then you would participate in CPR.

Scenario: CPR & Consent:

What should I do if a capable patient/client indicates to me that they would not want any heroic measures to save their life, such as cardiopulmonary resuscitation (CPR), but before the attending physician can write a "Do not resuscitate" order the patient suffers a cardiac/respiratory arrest?

In order to follow-through on patients'/clients' wishes regarding CPR, it is imperative that the attending physician has a discussion with the patient/client as soon as possible. In the meantime, the CRTO recommends that you take the following actions:

1. At the time that a patient/client makes a statement indicating that they do not want life saving measures, explain to the patient the nature of the treatment intervention (CPR), expected benefits, risks and the consequences of not receiving CPR if it is required. You may also want to very briefly explain what is meant by CPR: e.g. intubation, ventilation, compressions, and defibrillation/cardioversion to establish that the patient/client has made an informed decision about what treatment they are declining.

2. Notify the attending physician immediately and describe what the patient/client has stated.

3. Ask another health care professional, preferably the patient's/client's nurse to witness what the patient has just articulated.

4. Document in the patient's/client's chart a description of the conversation you have had with the patient/client.

5. Follow-up with the attending physician and confirm the resuscitation status of the patient/client.

It is important to recognize and acknowledge that patients/clients may not fully comprehend or appreciate the consequences of not having this life saving intervention. *(N.B., understanding and appreciating information are different concepts. Understanding is cognitive. Appreciating*

information means that patient/client grasps the practical implications of their ~~his or her~~ decision. Informed consent requires both comprehending and appreciating the consequences of the decision.) To that end, it is very important that the patient's attending physician has the opportunity to discuss the likelihood of requiring CPR, the nature of the treatment, expected benefits, risks, alternative treatment options and the consequences of not receiving CPR if required.

Substitute Decision Maker (SDM)

A Substitute Decision Maker (SDM) is an individual who may give or withhold consent on behalf of an incapacitated patient/ client. The following list of SDMs is in order of priority rank:

1. **Guardian** of the person, if they have ~~he/she has~~ authority to give or refuse consent to the treatment

2. **Attorney for personal care**, if they have ~~he/she has~~ the authority to give or refuse consent to the treatment

3. Representative appointed by the Consent and Capacity Board, if the representative has the authority to give or refuse consent to the treatment

4. **Spouse** or **partner**

5. Child or parent of the incapable person or children's aid society or other guardian in place of a parent — this does not include a parent who only has right of access

6. A parent with right of access only

7. A brother or sister

8. Any other **relative**

9. The Public Guardian and Trustee [HCCA, section 20].

The substitute decision-maker must be:

- capable;
- at least 16 years old, unless they are ~~he/she is~~ the parent of the incapable person;
- not prohibited by court order or separation agreement from having access or giving or refusing consent;
- available; and
- willing to assume responsibility [HCCA, section 20].

The SDM must also:

- believe that no other person from a higher priority of substitute decision--maker exists or if they exist, that they would not object to them ~~him or her~~ making the decision — if there is an individual who is from priority rank 1, 2, or 3 then this decision-maker must be the one making decisions;

- give or refuse consent in accordance with any known wishes expressed by the incapable person when capable and at least 16 years old; and
- act in the best interests of the incapable person, if no wishes are known or it is impossible to comply with them [HCCA, section 21].

Where there are two individuals of the same priority of substitute decision-maker who disagree about whether to give or refuse consent for a treatment, and if their rank is ahead of any other potential substitute decision-maker, then the Public Guardian and Trustee must make the decision.

Consent Capacity Board?

A person who is found to be incapable may apply for a review of the finding to the Consent and Capacity Board [*HCCA*, s. 32]. The only exception to this right is if the person has a guardian with the authority to give or refuse consent to treatment or the person has an attorney for personal care and the power of attorney waives the person's right to apply for a review [*HCCA*, s. 32].

Except in an emergency, you must not begin a treatment or procedure, and you must take reasonable steps to ensure that the treatment or procedure is not started, following a finding of incapacity until:

- 48 hours after you were first informed of an intended application to the Consent and Capacity Board, without an application to the Board being made;
- the application to the Board has been withdrawn;
- the Board has rendered its decision and none of the parties [*HCCA,* s. 32 and 33] have indicated their intention to appeal;
- the time for initiating an appeal from a Board decision has expired without an appeal being launched after a party to the application has informed you that they ~~he/she~~ intend~~s~~ to appeal; or
- the appeal of the Board decision has been finally disposed of. [*HCCA*, s. 18].

What are the penalties for failure to comply with the consent legislation?

The HCCA provides protection from liability for health care practitioners who act on their belief, on reasonable grounds and in good faith, that there was consent for the actions they took [HCCA, section 29]. While it may be reasonable to presume that consent has been given unless you have overt signs that it wasn't, the College recommends that you, as a minimum, verify consent for any controlled act you perform.

It is professional misconduct to do "anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent" [O. Reg 753/93 - *Professional Misconduct*, paragraph 3].

A Member found guilty of professional misconduct **may** be subject to any one or more of the following [*HPPC*, s. 51(2)]:

1. Revocation of the registrant's certificate of registration;
2. Suspension of the registrant's certificate of registration for a specified period of time;
3. Imposition of terms, limitation or conditions on the registrant's certificate of registration for a specified or indefinite period of time;
4. Appearance before the panel for a reprimand;
5. A fine of up to $35,000, payable to the Minister of Finance.

GLOSSARY

attorney for personal care - an attorney under a power of attorney for personal care given under the *Substitute Decisions Act.*

Consent and Capacity (the board) ~~-the Consent and Capacity Board.~~ A board established by and accountable to the government. Its members are appointed by the government. The Board considers applications for review of findings of incapacity, applications relating to the appointment of a representative, and applications for direction regarding the best interests and wishes of an incapable person.

capable means mentally capable; a person is capable if they are able to understand the information that is relevant to making a decision about the treatment and are able to appreciate the reasonable foreseeable consequences of a decision or lack of decision — capacity has a corresponding meaning.

College - College of Respiratory Therapists of Ontario.

CRTO - College of Respiratory Therapists of Ontario.

Emergency - when the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk, if the treatment is not administered promptly, of sustaining serious bodily harm.

guardian of the person - a guardian of the person appointed under the *Substitute Decisions Act.*

HPPC - *Health Professions Procedural Code* — Schedule 2 of the *Regulated Health Professions Act.*

incapable - mentally incapable with incapacity having a corresponding meaning.

partners - individuals who have lived together for at least one year and have a close personal relationship that is of primary importance in both lives.

plan of treatment - means a plan that:

- is developed by one or more health practitioners
- deals with one or more health problems that an individual has, and may deal with one or more problems an individual is likely to have in the future given their current health
- allows for administration of various treatments or courses of treatment.

relatives - are related by blood, marriage or adoption.

respiratory care - equivalent to respiratory therapy.

Respiratory Therapist (RT) - is a Member of the CRTO and included RRT, GRT, PRT).

spouses - are individuals who are married to each other, or who are living in a conjugal relationship and have lived together for at least one year, have a cohabitation agreement or are the parents (together) of a child. Individuals living apart and separate are not spouses.

treatment - means anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment or plan of treatment, but does not include:

- assessment of a person's capacity
- assessment or examination to determine the general nature of an individual's condition
- taking a health history
- communicating an assessment or diagnosis
- admission to a hospital or other facility
- a personal assistance service
- a treatment that, in the circumstances, poses little or no risk of harm

Appendices

College of Nurses of Ontario (2017). Practice Guideline: Consent. Retrieved from: 41020_consent.pdf (cno.org)

Health Care Consent Act (1996). Retrieved from:
Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A (ontario.ca)

Health Protection and Procedure Act (1990). Retrieved from:
R.R.O. 1990, Reg. 569: REPORTS (ontario.ca)

Regulated Health Professions Act, 1991, S.O. 1991, c. 18. Retrieved from:
Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)

Council Briefing Note

AGENDA ITEM # 5.7 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Draft Revised Oxygen Therapy Clinical Best Practice Guideline (CBPG)*
Purpose:	*For Decision*
Strategic Focus:	*Ensuring public and patient safety by providing Respiratory Therapists clear expectations around the safe, ethical administration of oxygen.*
Attachment(s):	Appendix A – Current Oxygen CBPG Appendix B – Revised Oxygen CBPG

PUBLIC INTEREST RATIONALE:
This CBPG provides the public and other health care professionals with confidence that Respiratory Therapists are safe and ethical regulated health care professionals with the expertise to administer oxygen therapy that results in positive health care outcomes for the public of Ontario.

ISSUE:
Previously revised in September 2013, the Oxygen Therapy CBPG has been reviewed and updated to provide a framework for Respiratory Therapists to make informed patient care decisions about oxygen therapy that are safe, ethical, based on current best practices, and evidence based.

BACKGROUND:
Oxygen therapy is an expected competency of all Respiratory Therapists regardless of the practice setting. One of the many aims of this CBPG is to provide tools for Respiratory Therapists who are independently administering oxygen, to mitigate the risks that may be associated with independently administering oxygen therapy in their clinical practice. In addition this CBPG will provide a framework for clinical best practices regarding oxygen therapy that are current, evidence based and linked to up-to-date resources and learning materials.

ANALYSIS:

Summary of Changes

The format of this document is unchanged. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and accurate. The content has been revised to include gender neutral pronouns, updated links and references, and the addition of a section on HOP documents and RTs was included.

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Oxygen Therapy CBPG for circulation for feedback from members and stakeholders/rights and title holders, as per the attached motion.

NEXT STEPS:

If the motion is approved, the CBPG with be sent for public consultation and review. Final draft to be presented to Council in March 2022.

Council Motion

AGENDA ITEM # 5.7

Motion Title:	*Draft Oxygen Therapy Clinical Best Practice Guideline (CBPG)*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Draft* ***Oxygen Therapy Clinical Best Practice Guideline (CBPG)*** for circulation and feedback. (A copy is attached as Appendix B to this motion within the materials of this meeting. Additionally, the current Oxygen Therapy CBPG is attached as Appendix A).

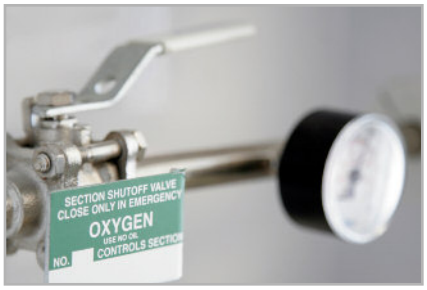
Appendix A: Oxygen Therapy CBPG

Current Oxygen Therapy CBPG.

November 2013

Oxygen Therapy

CLINICAL BEST PRACTICE GUIDELINE



College of Respiratory Therapists of Ontario

Acknowledgements

This College of Respiratory Therapists of Ontario (CRTO or "the College") Clinical Best Practice Guideline (CBPG) was developed by the Professional Practice Committee (PPC) of the CRTO in consultation with Council and other committees of the College, Members at large and staff.

The PPC is a non-statutory committee comprised of Registered Respiratory Therapists (RRT) and public members with a wide range of knowledge and experience from various practice areas across Ontario. This committee was formed by the CRTO in 2010 to focus specifically on the review and development of standards of practice directly related to the practice of Respiratory Therapy in Ontario. By having a standing committee of Respiratory Therapy leaders and experts from core areas of practice, and the ability to draw on additional expertise where necessary, the CRTO aims to ensure consistency in the review and development of publications in a timely fashion. The CRTO would like to acknowledge the work of the PPC, Members at large, and staff in the development of this new CBPG.

Professional Practice Committee Members

Paul Williams RRT – Chair (CRTO Council Academic Member)
Renee Pageau RRT – Vice Chair (CRTO Non-Council Member)
Carol-Ann Whalen RRT (CRTO Non-Council Member)
Allan Cobb (CRTO Public Council Member)
Rhonda Contant RRT (CRTO Council Member)
Daniel Fryer RRT (CRTO Non-Council Member)
Alean Jackman RRT (CRTO Non-Council Member)
Lori Peppler-Beechey RRT (CRTO Non-Council Member)
Bruno Tassonse RRT (CRTO Non-Council Member)

Consultants

Raymond Janisse RRT Certified Hyperbaric Technologist (CHT)
Bill Boyle, RRT (Certified Hyperbaric Technologist), MPA, CHE

Past Professional Practice Committee Members (2010-2012)

Marisa Ammerata RRT - Vice Chair (CRTO Council member)
Jim Ferrie (CRTO Public Council Member)
Ally Ruzycki-Chadwick RRT (CRTO Non-Council Member)
Sherri Horner RRT (CRTO Member at large)
Kevin Middleton RRT (CRTO Member at large)
Carole LeBlanc RRT – Vice Chair (CRTO Non-Council Member)
Dave Jones RRT (CRTO Council Member)
Tracy Bradley RRT (CRTO Council Member)
Mark Pioro (CRTO public Council Member)

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

Originally Published: November 2013

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Introduction

Professional Practice Assumptions

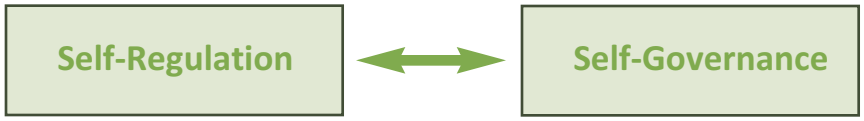
It is expected that all Respiratory Therapists (RTs) in Ontario possess the entry to practice competencies (i.e., knowledge, skills and judgment/abilities) to make sound clinical decisions regarding administration of oxygen (O_2) therapy as part of their education and clinical experience. In addition, the College assumes that all Members:

- Possess a specialized body of knowledge (e.g., about oxygen therapy);
- Are committed to maintaining a high standard of professional practice through self-governance;
- Are committed to lifelong learning and the development of knowledge, skills and abilities throughout their career;
- Are committed to ongoing professional development;
- Are committed to the principle of accountability in their professional practice; and
- Are committed to practicing in an ethical manner.

In addition, Members are expected to act only within their professional scope of practice and in the best interest of their patients/clients. Please refer to the Standards of Practice and the CRTO's position statement Scope of Practice and Maintenance of Competency.

The purposes of this CBPG are to:

- Provide a framework for Respiratory Therapists to make informed patient care decisions about oxygen therapy that are safe and ethical;
- Provide a framework for clinical best practices regarding oxygen therapy that are current, evidence based and linked to up-to-date resources and learning materials;
- Support Respiratory Therapists in the maintenance of competency, support ongoing professional development and quality practice; and
- Provide the public and other health care professionals with confidence that Respiratory Therapists are safe and ethical regulated health care professionals with the expertise to administer oxygen therapy that results in positive health care outcomes for the public of Ontario.



Guiding Principles

Therapeutic oxygen should only be administered by competent healthcare providers who possess the required competencies (knowledge, skill, and judgment/abilities) to make clinical decisions regarding the administration of oxygen. The administration of substances by inhalation is a controlled act under the *Regulated Health Professions Act* (RHPA) and is authorized under the *Respiratory Therapy Act* (RTA). The practice of administering oxygen therapy clearly falls within the legislated scope of practice of Respiratory Therapy, which is:

> The Respiratory Therapy Act states that the **Scope of Practice** of a Respiratory Therapist is:
>
> *The practice of respiratory therapy is **the providing of oxygen therapy**, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.*

Oxygen therapy is an expected competency of all Respiratory Therapists regardless of the practice setting. Respiratory Therapists work in a variety of practice settings including but not limited to:

- Acute Care (Hospitals)
- Complex Continuing Care
- Long-Term Care.
- Independent Facilities (e.g., pulmonary function testing (PFT) labs, sleep labs, ophthalmology clinics)
- Home Care
- Hyperbaric Oxygen Therapy
- Dental Anesthesia
- Independent Practice (e.g., consultants)
- Industry
- Education

Accountability

One of the many aims of this guideline is to provide resources and tools for Respiratory Therapists who are independently administering oxygen, to mitigate the risks that may be associated with independently administering oxygen therapy in their clinical practice.

Here are some guiding principles to consider:

- Be accountable and act in the best interest of your patients/clients at all times;
- Ensure safe and ethical care;
- Act within the scope of practice of the profession, the role and scope of where you work and your individual scope of practice;
- Maintain the standards of your profession;
- Ensure that you are competent or become competent to do what you are going to do before you do it;
- Communicate with patients/clients and healthcare providers within the circle of care;
- Educate your patients/clients and healthcare providers within the circle of care; and
- Document… Document… Document!

Did you know…

Circle of Care – Sharing Personal Health Information for Health Care Purposes

The term "circle of care" is not a defined term in the *Personal Health Information Protection Act, 2004* (PHIPA). It is a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in PHIPA.

To find out more visit the Information and Privacy Commissioner of Ontario at www.ipc.on.ca.

Conflict of Interest

A conflict of interest exists when you are receiving or are perceived to be receiving a benefit, from an individual or organization that could influence your professional judgment. The most common "benefit" is financial, but it is not the only kind of benefit that may be received.

It is professional misconduct to practice while in a conflict of interest.

Conflicts of interest are more likely to occur in the community or home care setting where RTs deal with sales/billing, but may also occur in hospitals when RTs are advising discharged patients about respiratory equipment or service requirements.

Respiratory Therapists must protect the trust relationship between themselves and their patients/clients. To do that, you should ensure that you do not place yourself in a position where a reasonable patient/client, or other person, might conclude that your professional expertise or judgment may be influenced by your personal interests, or that your personal interests may conflict with your duty to act in the best interests of your patient/client. It is not necessary for your judgment to actually be compromised.

Removing the conflict of interest can be achieved by disclosing to your patients/ clients (or their substitute decision maker), **orally and in writing**, that you will receive a benefit from the individual or organization **before** making any recommendation to the patient/client to purchase equipment or services from that individual or organization. In order for patients/clients to make fully informed decisions you must disclose the complete nature of your relationship with the individual or organization, e.g., that you receive financial compensation from the individual/organization for each purchase made by a patient/client. In addition, you must advise the patients/clients **orally and in writing**, that their care will not be affected if they choose to go elsewhere to purchase that equipment/service. Providing a list of alternative sources for equipment/ services is strongly recommended.

You may also wish to refer to other agencies' policies and guidelines (e.g., Ministry of Health and Long-Term Care's Assistive Devices Program (ADP) Conflict of Interest Policy, Veteran Affairs, etc.) and ensure that you are at all times adhering to the stricter of College, employer or third-party requirements.

The Scope of this Clinical Best Practice Guideline (CBPG)

Evidence-Based Practice

> "Evidence-based practice is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients/clients. The practice of evidence-based medicine means integrating individual clinical expertise and experience with the best available clinically relevant evidence from systematic research" (Sackett et al., 1996).

There is a vast amount of evidence-based, clinical information that is readily available on the Internet, and this information is constantly changing. This CBPG is not intended to be an all-inclusive oxygen therapy manual or textbook. Rather, this CBPG has been designed for use online and provides links to resources that can be used by RTs (and other users) to pursue their learning and professional development regarding best practices for oxygen therapy.

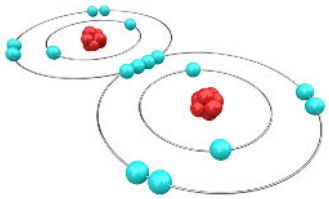
Specific recommendations for the delivery of oxygen via mechanical ventilation (invasive and non-invasive) and other complex respiratory care devices is beyond the scope of this CBPG.

This CBPG will not attempt to discuss the specific use of oxygen or prescribe target oxygen saturations for the treatment of different pathophysiological presentations (e.g., COPD). Alternatively, links to additional evidence-based, clinical best practice guidelines will be provided wherever possible (e.g., Canadian Thoracic Society's COPD Guidelines).

This CBPG is informed by the most current evidenced-based materials that were available at the time of publication. For example, the British Thoracic Society's (BTS's) Guideline for Emergency Oxygen use in Adult Patients and the Canadian Thoracic Society's Guidelines. The CRTO is committed to maintaining up-to-date and accurate information to the best of its abilities and welcomes input regarding the best practices for oxygen therapy on an on-going basis.

Oxygen - A Brief Review

Oxygen (O_2) is the eighth element on the periodic table.



Oxygen Molecules

At **ambient temperature and pressure (ATP)**, oxygen atoms bind together, sharing electrons to form molecules of oxygen that exist as a colourless, odourless transparent and tasteless gas with the chemical symbol O_2.

Fast Facts about O_2

- Makes up 20.9% of air by volume and 23% air by weight.
- Constitutes 50% of Earth's crust by weight (in air water and combined with other elements).
- Can combine with all other elements except other inert gases to form oxides. Oxygen is therefore characterized as an oxidizer.
- Is a non-flammable gas.
- Accelerates combustion.
- At -182.9 C (-300 F) oxygen is a pale blue liquid.
- Its critical temperature is -118.4 C (above this critical temperature oxygen can only exist as a gas regardless of the pressure).
- An oxygen enriched environment is considered to have 23% oxygen in the air and is a fire hazard.

> "Oxygen sustains life and supports combustion. While there are many benefits to oxygen by inhalation, it is not without hazards and toxic effects. It is therefore important for persons who are responsible for oxygen administration to be familiar with its indications for use, potential hazards and equipment" (Kacmarek, Stoller & Heuer, 2013).

Overview - Types of Oxygen Delivery Systems

There are three main types of oxygen delivery systems:

- Compressed gas cylinders;
- Liquid oxygen in cryogenic containers; and
- Oxygen concentrators for medical use.

Considerations for the selection of oxygen source include, but are not limited to, factors such as:

- size and weight of the device;
- storage capacity; and
- cost and the ability to fill the device.

For a good comparison of portable oxygen source and delivery devices please visit the American Thoracic Society (ATS) website.

The Canadian Society of Respiratory Therapy (CSRT) published an article in the Winter 2011 edition of the CSRT-JCTR Journal entitled: *An Overview of Oxygen Delivery Devices and Prescribing Practices* by James Stoller. This article is available at: www.csrt.com/en/publications/pdf/CJRT/2011/Winter_CJRT_2011.pdf

Did you know…

The manufacturing and distribution of medical oxygen in Canada is primarily regulated by Health Canada who set the standards and guidelines for the manufacturing and distribution of drugs and health products (including medical gases such as oxygen). Their mandate is to ensure medical gases are safe for human and veterinary use.

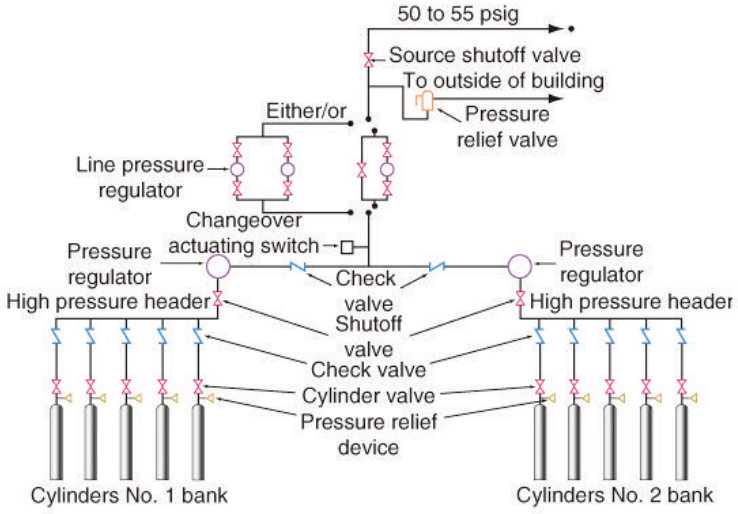
Compressed Gas Cylinders

Oxygen is packaged and shipped as a high-pressure gas in seamless steel or aluminum cylinders constructed to Transport Canada and CSA specifications. In cylinders charged with gaseous oxygen, the pressure in the container is related both to temperature and the amount of oxygen in the container. Full high-pressure cylinders normally contain gas at 15 169 kPa (2200 psig) at 21 °C (70°F). Cylinder content can be determined by pressure, i.e., at a given temperature, when the gas pressure is reduced to half the original pressure, the cylinder will be approximately half full. The pressure of a full cylinder of oxygen is normally 2200 psig.

Bulk Oxygen

Cylinders may be used various ways. For example, in a **manifold system**, large sized cylinders are linked together to supply medical oxygen to medical gas pipelines which then lead directly to the bedside in hospitals.

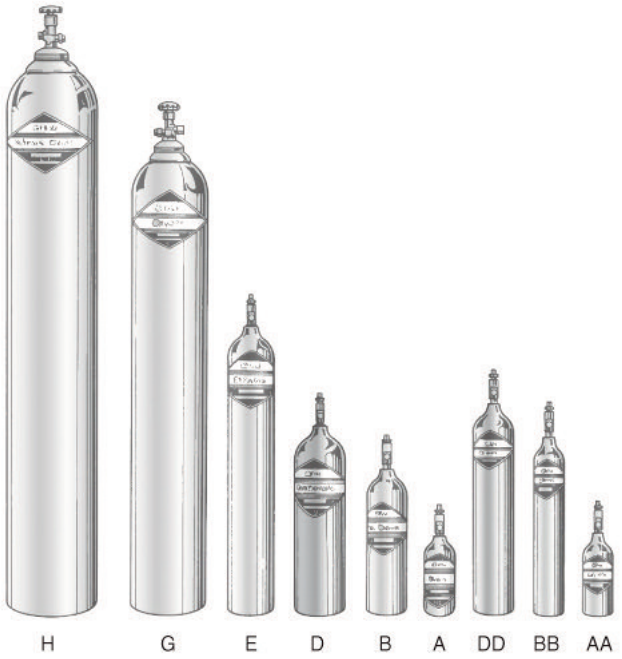
Manifold System



Modified from Standard for nonflammable medical gas systems, NFPA No. 56F. Copyright 1973, National Fire Protection Association, Boston, MA

Portable Oxygen Cylinders

Smaller sized cylinders are used as portable individual oxygen systems for short term use.



Did you know…

To calculate how long a cylinder will last based on the size of the cylinder and continuous flow rate, the following formula can be used:

$$\text{Duration of Flow in minutes} = \frac{\text{(gauge pressure psi - safe residual pressure psi) x cylinder factor}}{\text{Flow rate in liters per minute}}$$

Some examples of cylinder factors for different sized cylinders are:

D cylinder 0.16
E cylinder 0.28
M cylinder 1.56

Liquid Oxygen in Cryogenic Containers

Cryogenic containers store liquefied oxygen and vapour. Various sizes of cryogenic containers exist.

Oxygen Dewar

Bulk Liquid Oxygen systems

Liquid oxygen can be manufactured by **fractional distillation** of air at an oxygen manufacturing plant and then delivered and stored on site to supply the healthcare facility. In this case, large stores of liquid oxygen are referred to as bulk oxygen. The oxygen is stored on site in large **cryogenic vessels** known as dewars. These dewars are regularly refilled by the oxygen gas manufacturer/supplier.

As the liquid oxygen passes through warming coils and is allowed to evaporate, the gas is delivered to a medical gas pipeline system and then directly to the bedside.

Portable Liquid Oxygen

Various sizes of smaller, base-unit, cryogenic containers (also known as reservoirs) can be used in various settings such as long-term care facilities, homes, and hospital wards to fill smaller portable cryogenic liquid systems that patients can ambulate with. Portable liquid oxygen units offer continuous flow or intermittent flow of oxygen to the patient/client.

The Canadian Standards Association (CSA) offers standards and guidelines on the safety, storage and delivery of liquid oxygen.

Oxygen Concentrators for Medical Use

Oxygen concentrators provide a safe source of oxygen-enriched air. They are devices which employ selective removal of nitrogen from room air to increase the concentration of oxygen in the delivered gas product. A concentrator is an electrically powered, electronically controlled device that does not store oxygen when not in operation.

Did you know…

Battery-operated portable oxygen concentrators can function in continuous flow mode and / or pulse dose / demand mode.

Bulk Oxygen Supply

Industrial sized oxygen concentrators can supply oxygen to their medical gas pipelines systems which is then delivered directly to the bedside. Concentrators use one of two main methods to separate and concentrate oxygen from the air, molecular sieves or semi-permeable membranes.

- Molecular sieves use sodium-aluminum silicate crystals and employ Pressure Swing Adsorption (PSA) or Vacuum Pressure Swing Adsorption (VPSA) technology.
- Semi-permeable membranes are thin plastic membranes that are selectively permeable to O_2 molecules and water vapor.

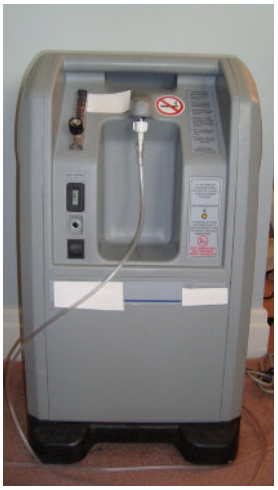
The CSA offers standards and guidelines on the safety, storage and delivery of bulk oxygen.

Portable Oxygen Supply

Smaller individual concentrators can provide oxygen at a hospital bedside, in the home or on the go. They also separate oxygen from air using molecular sieves or semi-permeable membranes.

There are three types:

- Stationary concentrators;
- Concentrators that have the ability to fill portable aluminum cylinders; and
- Portable oxygen concentrators that operate using lithium batteries.



Oxygen Concentrator

Oxygen Safety at Home

The CSA has developed standards related to the safe storage, handling and use of portable oxygen systems in residential and healthcare facilities. This is a key resource and includes input from CRTO Members from across Ontario.

The Canadian Centre for Occupational Health and Safety also has several resources that are available to the public. You can visit the Canadian Centre for Occupational Health and Safety website and enter the search term 'oxygen' to find out more. Here are some links of interest:

- Compressed Gases Hazards
  www.ccohs.ca/oshanswers/chemicals/compressed/compress.html
- Storage and Handling of Compressed Gas Cylinders
  www.ccohs.ca/oshanswers/safety_haz/welding/storage.html
- Working with Compressed Gases
  www.ccohs.ca/oshanswers/prevention/comp_gas.html
- How Do I Work Safely with Cryogenic Liquids?
  www.ccohs.ca/oshanswers/prevention/cryogens.html#_1_7

The safety, labeling, handling and transport of medical oxygen containers is regulated by federal legislation including:

- Transport Canada - Transportation of Dangerous Goods - Oxygen is a Class 2.2, Non-flammable, Non-toxic gases.
- Health Canada – Workplace Hazardous Materials Information System (WHMIS).

Oxygen is a Class A: compressed gas.

Manufacturers of therapeutic oxygen in Canada are responsible for providing WHMIS Material Safety Data Sheets (MSDS) for oxygen and may be found on their websites.

Oxygen Therapy

Health Canada and the *Food and Drug Act*

According to the *Food and Drug Act*:

> *a "drug" includes any substance or mixture of substances manufactured, sold or represented for use in:*
>
> *a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals,*
>
> *b) restoring, correcting or modifying organic functions in human beings or animals, or*
>
> *c) disinfection in premises in which food is manufactured, prepared or kept;*

Did you know…

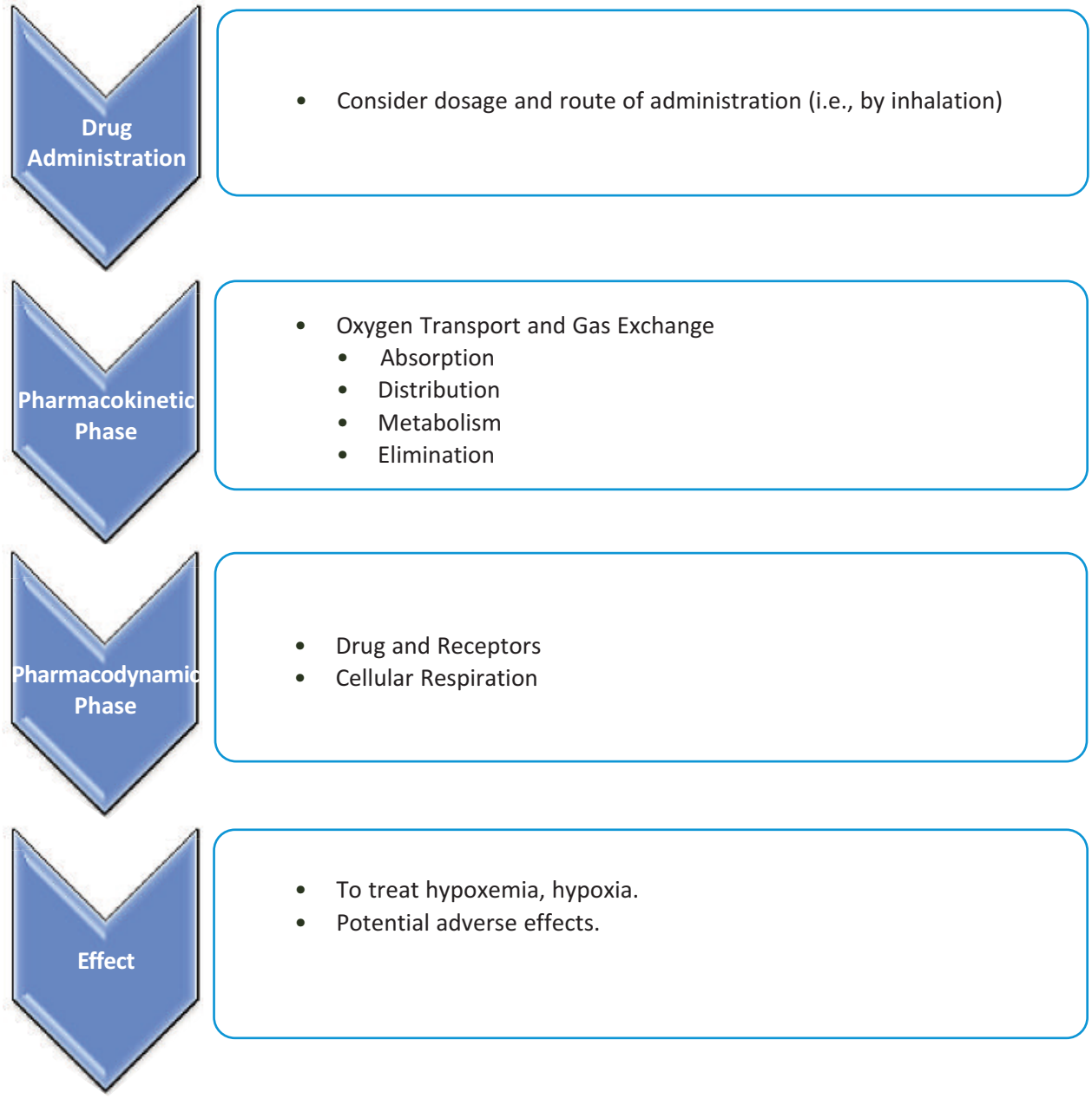
Health Canada administers the *Food and Drug Act*.

Once a drug has been authorized, Health Canada issues an eight-digit **Drug Identification Numbers (DIN)** which permits the manufacturer to market the drug in Canada.

Health Canada sets the standards and guidelines for the manufacturing of drugs and health products (including medical gases such as oxygen) to ensure they are safe for human and veterinary use.

In Canada, medical oxygen containers and systems require proper labels which include DINs.

An Overview of the Phases of Drug Action adapted from (Rau, J.L., 2002. p. 13)



Indications for Oxygen Therapy

- Documented hypoxemia, defined as a decreased PaO_2 in the blood below normal range. PaO_2 of < 60 torr or SaO_2 of < 90% in patients breathing room air, or with PaO_2 and/or SaO_2 below desirable range for specific clinical situation.
- An acute situation in which hypoxemia is suspected. Substantiation of hypoxemia is required within an appropriate period of time following initiation of therapy.
- Severe trauma.
- Short-term therapy (e.g., carbon monoxide poisoning) or surgical intervention (e.g., post-anesthesia recovery).
- Pneumothorax absorption.

Did you know…

"There is no evidence to support the use of supplemental oxygen to reduce dyspnea in non-hypoxemic patients with advanced COPD" (Mariciniuk et.al, 2011).

The current BTS *Guideline for Oxygen Use in Adult Patients* (2009) is based on the premise that oxygen is a treatment for "hypoxemia, not breathlessness". Further, the guideline states that "oxygen has not been shown to have any effect on the sensation of breathlessness in non-hypoxemic patients" (p.vi1).

Absolute Contraindications & Possible Adverse Effects

Absolute Contraindications

- Patient/Client does not consent to receiving the oxygen
- The use of some O_2 delivery devices (e.g., nasal cannulas and nasopharyngeal catheters in neonates and pediatric patients that have nasal obstructions)

Potential Adverse Effects

- Oxygen toxicity
- Oxidative stress
- Depression of ventilation in a select population with chronic hypercarbia
- Retinopathy of prematurity
- Absorption atelectasis

Goals of Oxygen Therapy

"Oxygen Therapy is usually defined as the administration of oxygen at concentrations greater than those found in ambient air" (BTS, 2011. p.vi27).

The main goal of oxygen therapy is:

> "To treat or prevent hypoxemia thereby preventing tissue hypoxia which may result in tissue injury or even cell death" (BTS, 2011. p.vi27).

Hypoxia

Hypoxia refers to a condition where the amount of oxygen available to the cells is not adequate to meet metabolic need.

Did you know….

Hypoxia can exist even though hypoxemia has been corrected with oxygen therapy?

For example:

- At the cellular level where the cells are unable to access or use the O_2 delivered
- At the tissue level when O2 may not reach the cells due to a blocked artery

The causes of hypoxia are (BTS, 2011, p.vi14):

- Hypoxemia (e.g., at high altitudes).
- Anemic hypoxemia (e.g., reduced hematocrit or carbon monoxide poisoning).
- Stagnant hypoxemia (e.g., shock, ischemia).
- Histotoxic hypoxia/dysoxia (e.g., cyanide poisoning).

Hypoxemia

If the partial pressure of O_2 (PaO_2) is less than the level predicted for the individual's age, hypoxemia is said to be present.

Some of the causes of hypoxemia are:

- Low Pinspired O_2 (e.g., at high altitude).
- Hypoventilation, V/Q mismatch (e.g., COPD).
- Anatomical Shunt (e.g., cardiac anomalies).
- Physiological Shunt (e.g., atelectasis).
- Diffusion deficit (e.g., interstitial lung disease).
- Hemoglobin deficiencies.

Did you know…

In Ontario, the MOHLTC sets guidelines defining hypoxemia and the criteria for long-term use of oxygen. The criteria are:

- Each applicant's condition must be stabilized and treatment regimen optimized before long-term oxygen therapy is considered. Optimum treatment includes smoking cessation.
- Applicants must have chronic hypoxemia on room air at rest ($Pa0_2$ of 55mmHg or less, or $Sa0_2$ of 88% or less).
- Applicants with persistent $Pa0_2$ in the range of 56 to 60 mmHg may be considered candidates for long-term oxygen therapy if any of the following medical conditions are present:
  - cor pulmonale;
  - pulmonary hypertension; or
  - persistent erythrocytosis.

Also, some applicants with a persistent $Pa0_2$ in the range of 56 to 60mmHg may be candidates for long-term oxygen therapy if the following occurs:

- exercise limited hypoxemia;
- documented to improve with supplemental oxygen;
- nocturnal hypoxemia.

Retrieved from: www.health.gov.on.ca/en

The Effects of Hypoxia and Hyperoxia (O'Driscoll, 2008)

Hypoxia		
	Effects	**Risks**
Respiratory system	- Increased ventilation - Pulmonary vasoconstriction	- Pulmonary hypertension
Cardiovascular system	- Coronary vasodilation - Decreased systemic vascular resistance (transient) - Increased cardiac output - Tachycardia	- Myocardial ischemia/infarction - Ischemia/infarction of other critically perfused organs - Hypotension - Arrhythmias
Metabolic system	- Increased 2,3-DPG - Increased CO_2 carriage (Haldane effect)	- Lactic acidosis
Neurological system	- Increased cerebral blood flow due to vasodilation	- Confusion - Delirium - Coma
Renal system	- Renin-angiotensin axis activation - Increased erythropoietin production	- Acute tubular necrosis
Hyperoxia		
	Effects	**Risks**
Respiratory system	- Decreased ventilation	- Worsened ventilation / perfusion matching - Absorption atelectasis
Cardiovascular system		- Myocardial ischemia (in context of decreased haematocrit) - Reduced cardiac output - Reduced coronary blood flow - Increased blood pressure - Increased reactive oxygen species
Metabolic system	- Decreased 2,3-DPG - Decreased CO_2 carriage (Haldane effect)	- Increased reactive oxygen species
Neurological system	- Decreased cerebral blood flow	
Renal system		- Reduced renal blood flow

Drive to Breathe and Carbon Dioxide Retention

The primary goal of oxygen therapy is to treat hypoxemia. However, a very small number of patients with Chronic Obstructive Pulmonary Disease (COPD) have sensitivity to higher levels of O_2.

Target saturation for patients at risk of hypercapneic respiratory failure is 88-92% (BTS, 2011) unless otherwise prescribed, pending blood gas results.

If you are unsure if a patient has a sensitivity to O_2, the main goal is to treat hypoxemia.

For more information on best practice guidelines for the treatment of COPD please visit the Canadian Thoracic Society' Canadian Respiratory Guidelines for COPD website.

Emphasis is always to avoid harmful hypoxemia and hypercapnia by carefully titrating O_2 and monitoring arterial blood gases.

Did you know...

Normal range of Carbon Dioxide (CO_2) is generally accepted as 35-45 mmHg.

Normally, increased levels of CO_2 will stimulate ventilation. Patients with certain respiratory diseases such as COPD may have reduced sensitivity to increased levels of CO_2.

Hypoxic drive refers to the patient being dependent on low levels of arterial blood oxygen (PaO_2) to stimulate breathing as seen is some patients with COPD.

If too much O_2 is given to a patient who relies on hypoxic drive to breathe, the blood oxygen levels will rise but the CO_2 level will rise as well, leading to respiratory acidosis and failure.

How Does Oxygen Therapy Work?

In order to better understand how oxygen therapy can correct hypoxemia the following section provides an overview of the physiology of oxygen transport and gas exchange.

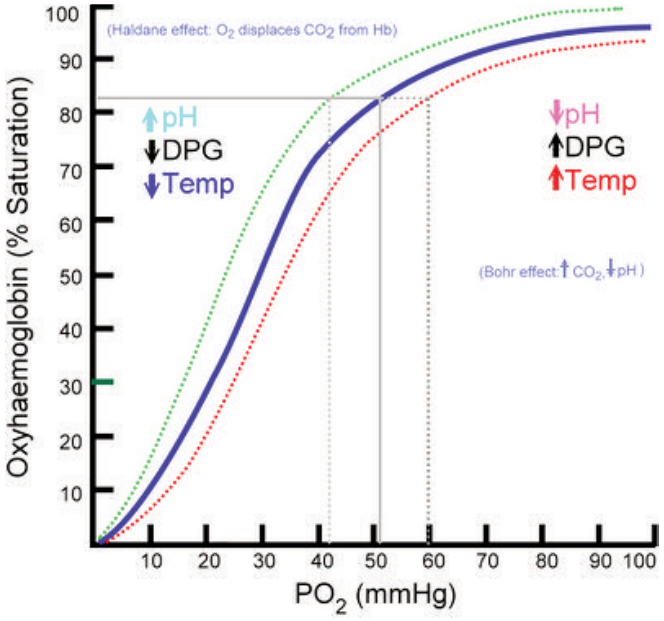
Oxygen Transport

Oxygen carried in the blood is reversibly bound to the hemoglobin. A very tiny amount of free oxygen gas dissolved in the plasma. Dissolved oxygen gas exerts a pressure in the vasculature that can be measured from a blood sample (e.g., an arterial blood gas (ABG)). This measurement is known as the partial pressure of oxygen in the arterial blood and is represented by the nomenclature: P_aO_2.

The majority of oxygen carried in the blood is transported bound to hemoglobin. A very small amount of oxygen gas is transported dissolved in the plasma. This dissolved O_2 can be measured utilizing a small sample of arterial blood. This measurement is referred to as PaO_2 and is an important indicator when assessing for hypoxia.

Oxygen Hemoglobin Dissociation Curve

Oxygen transport can be explained and depicted by the oxygen-hemoglobin dissociation curve.



The oxyhemoglobin dissociation curve is tool for understanding how our blood carries and releases oxygen. In the oxyhemoglobin dissociation curve, oxygen saturation (SO_2) is compared to the partial pressure of oxygen in the blood (PO_2), and this creates a curve that demonstrates how readily hemoglobin acquired and releases oxygen molecules into the fluid that surrounds it (oxygen- hemoglobin affinity).

Some of the factors affecting the loading and unloading of oxygen are:

- Blood pH (**Bohr effect**)
- Body temperature
- Erythrocyte concentration of certain organic phosphates (e.g., 2,3 diphosphoglycerate)
- Variation to the structure of the hemoglobin (Hb) molecules (e.g., sickle cells, methemoglobin (metHb) and fetal hemoglobin (HbF))
- Chemical combinations of Hb with other substances (e.g., carbon monoxide)

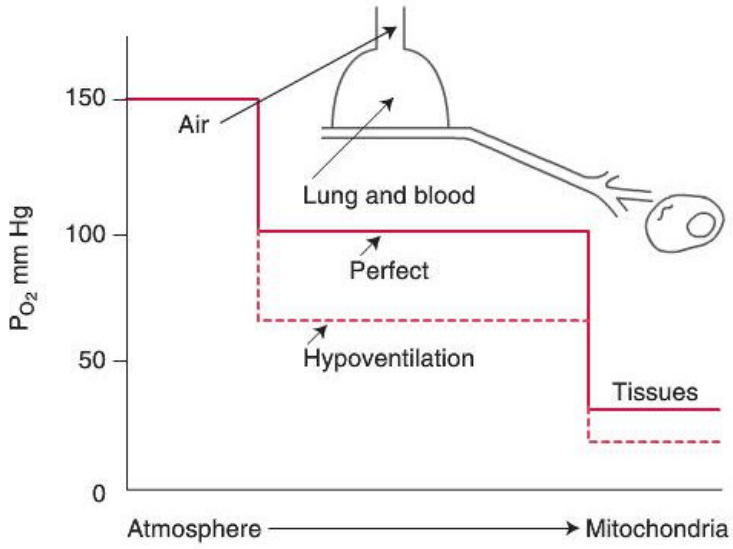
Remember, changes to and of these factors may cause the oxygen dissociation curve to shift right or left; affecting the oxygen-hemoglobin affinity.

Gas Exchange of Oxygen

The movement of oxygen at the level of the microcirculation occurs mainly by passive diffusion. Oxygen is delivered via the respiratory tract to the alveoli and then diffuses across the alveolar-capillary membrane into the blood.

Oxygen Cascade

The diffusion or driving pressure gradients for oxygen between the atmospheric air, alveolus, artery, and tissue capillary.



Alveolar Air Equation

$PAO_2 = [(PB-PH2O) * FiO_2] - PaCO_2 /RQ$

Normal Diffusion of Oxygen

With regards to diffusion of oxygen in the normal lung at **Body Temperature and Pressure Saturated (BTPS)**:

- The partial pressure of oxygen in the alveolus (P_AO_2) approximates 100mmHg.
- The partial pressure of oxygen in the venous blood returning to the lung (P_VO_2) approximates 40mmHg, there is a pressure gradient for diffusion of oxygen into the blood of about 60 mmHg.
- Theoretically, the partial pressure in the capillary blood should rise to equal the partial pressure of oxygen in the alveolus and therefore the partial pressure of oxygen in the arterial blood (P_aO_2) should approximate 100mmHg "the P_aO_2 of healthy individuals breathing air at sea level is always approximately 5-10 mmHg less than the calculated P_aO_2. Two factors account for this difference: (1) right to left shunts in the pulmonary and cardiac circulation, and (2) regional differences in the pulmonary ventilation and blood flow" (Kacmarek, Stoller, Heuer, 2013, p. 255). Normal P_aO_2 is expected to range from 90-95mmHg however, in clinical practice normoxemia in adults and children is defined as 80-100 mmHg.
- Neonates have a lower actual P_aO_2 than adults and children. In neonates normoxemia is 50-80mmHg due to anatomical shunts at birth and the nature of fetal hemoglobin.

At the tissue level, oxygen diffuses from the blood ($P_{capillaries}\ O_2$ = 40 mmHg) across the microvasculature and interstitial space into the cell ($P_{intracellular}\ O_2$= 5mmHg) where cellular respiration take place.

The movement of gas across the alveolar-capillary membrane is best described by Fick's first law of diffusion.

Fick's Law of Diffusion

$$V = \frac{A \times D}{T} (P1 - P2)$$

Where the factors affecting gas exchange are:

V = flow of gas (oxygen)
A = cross sectional area available for diffusion
D = diffusion coefficient
P1 - P2 = the partial pressure gradient
P1 = partial pressure of oxygen in the alveolus (P_AO_2)
P2 = partial pressure of oxygen in the blood (P_aO_2)
T = thickness of the membrane (alveolar-capillary membrane)

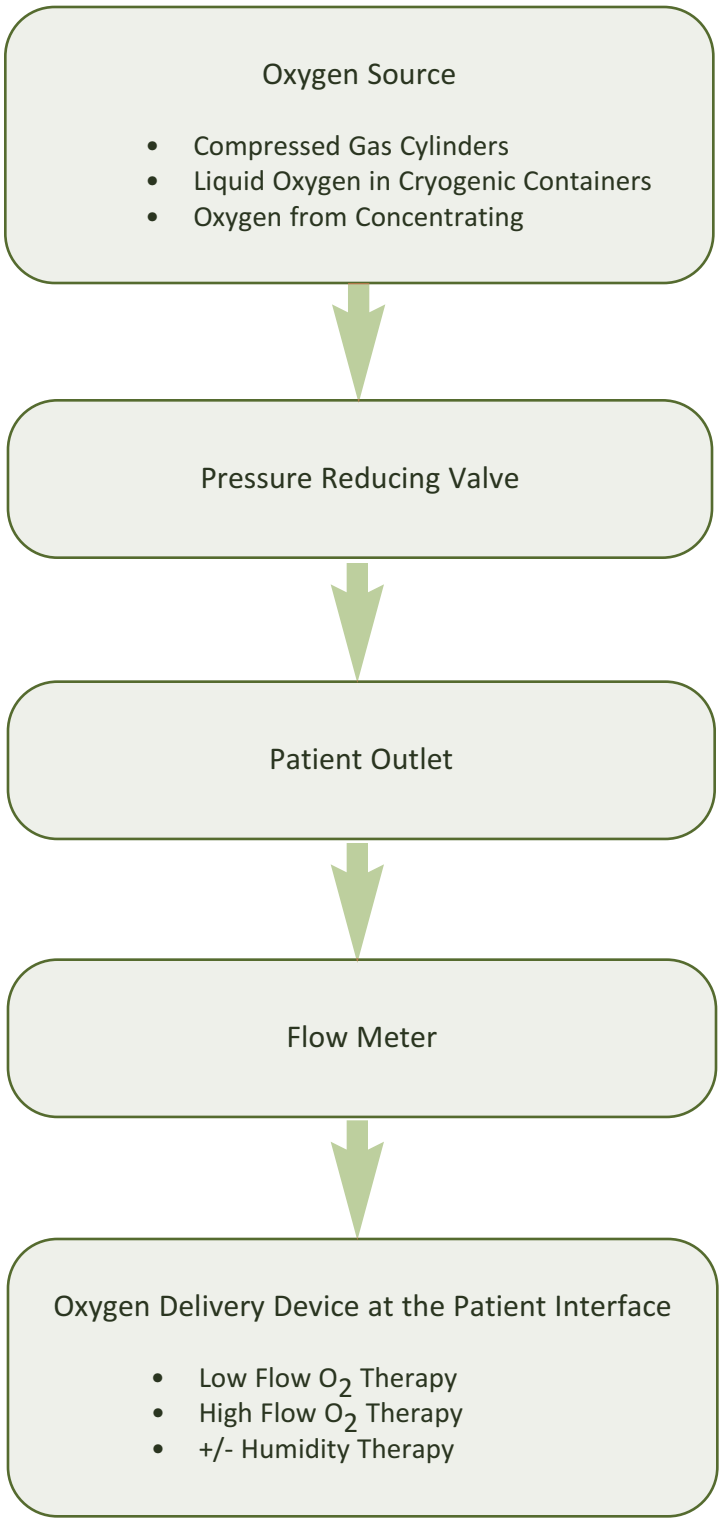
Pathophysiological Factors Affecting Gas Exchange

Some of the pathophysiologic factors affecting the gas exchange of oxygen include:

- the flow of oxygen into the lungs, down to the alveoli (hypoventilation and hyperventilation);
- the flow of blood into the lungs to the pulmonary capillaries (vasoconstriction, thrombosis);
- the matching of blood flow and gas flow in the lungs;
- ventilation perfusion mismatching (pneumothorax), decreased cardiac output (MI, shock);
- the carrying content of the blood (SaO_2 and PaO_2) e.g. sickle cell anemia, carbon monoxide poisoning, hypoxemia;
- the pressure gradient for diffusion of O_2 (e.g., hypoxemia);
- the thickness of the alveolar-capillary membrane (e.g., pulmonary fibrosis, pneumonia); and
- the thickness of the microvasculature/interstitial space at the tissue (e.g., necrosis).

Oxygen Therapy Equipment and Adjuncts

The main components of an oxygen delivery system are:



Guiding Principles

There are many factors to consider when choosing the most appropriate oxygen source for patients/clients in their environment (e.g., from hospital
to home).

For example:

- Continuous flow versus oxygen conserving devices (e.g., test patient on specific **conserving devices** to ensure the therapy meets the patient's requirements).
- Patient physiological needs (e.g., of a neonate with congenital heart disease versus a pregnant female).
- Patients physical abilities (e.g., strength to use equipment).
- Patients cognitive ability (e.g., patient/client ability to understand and use and demonstrate use).
- Environmental Considerations (e.g., site assessment for open flames in the home).
- Geographic considerations (e.g., remote patients and availability of back-up systems and supplies).

For more information please refer to ***An Overview of Oxygen Delivery Devices and Prescribing Practices*** by James Stoller available at: www.csrt.com/en/publications/pdf/CJRT/2011/Winter_CJRT_2011.pdf

Did you know…

Not all oxygen conserving devices work the same way. For example some regulators are battery-operated, while others are pneumatically powered.

Oxygen Delivery at the Patient/Client Interface

Low Flow Oxygen Delivery Devices

Did you know….

Low Flow Oxygen delivery devices could still deliver a high FiO_2?

Theoretically, a reservoir mask set at 10 -15 L/min, could provide an FiO_2 of 1.0 if it fit properly to a patient's face and met the patient's inspiratory flow demands on every breath.

Low flow oxygen delivery devices provide a variable FiO_2 depending on the patient's/client's inspiratory demands. As the inspiratory demands increase, ambient air is entrained and the FiO_2 is diluted.

Examples of low flow devices include:

- Nasal Cannula
- Nasal Catheter
- Transtracheal Catheter
- Simple Mask
- Partial Rebreather Mask
- Non-Rebreather Mask

Nasal Cannula

Today's nasal cannula has evolved to be the most common appliance for oxygen therapy. Permutations of the standard device include:

- models sized for neonatal and pediatric patients,
- incorporation with eye glasses,
- a single prong for sidestream sensing of exhaled carbon dioxide,
- reservoir systems (moustache and pendant) used primarily in long-term ambulatory care,
- a sensor to allow flow only on inspiratory demand (also used primarily in long-term ambulatory care),
- high-flow designs for adult and neonatal/pediatric patients.

High Flow Oxygen Delivery Devices

High flow oxygen delivery devices will provide a fixed FiO_2 (0.24 - 1.0) regardless of the patient's/client's inspiratory demands.

Some examples of high flow devices include:

- Air Entrainment Mask (Venturi);
- Air Entrainment Nebulizer;
- Nasal High Flow Oxygen Therapy;
- Mechanical Ventilators (invasive Non-invasive);
- CPAP/APAP Machines;
- Resuscitation Bags; and
- Hyperbaric Oxygen Chambers.

Did you know…

Mouth breathing does not significantly decrease the FiO_2 delivered by nasal prongs.

Did you know…

Nasal High Flow Oxygen Therapy (NHF) can be an alternative to standard high-flow face mask (HFFM) oxygen therapy. It provides delivery of up to 60 L/min of heated and humidified, blended air and oxygen via wide-bore nasal cannula.

Oxygen Therapy and Humidity

Humidity refers to the water vapour content of a gas. In a healthy individual air is delivered to the alveoli at Body Temperature and Pressure Saturated **(BTPS)**. Much of the humidification of the air we inspire normally takes place via the nasal passages and upper airway. When a patient receives a supplemental medical gas it is generally cool and dry and can cause drying of the secretions and mucosa potentially leading to airway obstruction and tissue injury. A goal of humidity therapy is to minimize or eliminate the humidity deficit that may occur when a patient/client breaths a dry medical gas. Humidity therapy is therefore an integral part of oxygen therapy.

Ideally inspired gas should be humidified to 37 C and 44 mg H_2O/L (Wattier & Ward, 2011. p. 265). This ensures patient comfort and promotes respiratory health by optimizing mucocilliary function and the clearance of secretions. There are several types of humidifiers that can be used with low or high flow oxygen therapy devices.

Clinical Signs and Symptoms of Inadequate Airway Humidification (Cairo & Pilbeam, 2004)

- Atelectasis
- Dry, non-productive cough
- Increased airway resistance
- Increased incidence of infection
- Increased work of breathing
- Substernal pain
- Thick dehydrated secretions

Low Flow Oxygen Humidifiers

- Molecular Humidity - bubble type humidifiers, bubble-diffuser type humidifiers used with nasal cannula.
- Humidity is not indicated at flows less than 4 L/min (Cairo & Pilbeam, 2004. p.91).
- The use of humidity is not recommended with reservoir type masks as condensates may affect the function of the mask (parts stick together) .

High Flow Oxygen Humidifiers

- Molecular Humidity
  - Passover-type (+/- wick, +/- heater) (e.g., used to humidify trach mask systems, incubators).
- Aerosol Humidity
  - air entraining jet nebulizers (+/- baffles, +/- heaters)

Special Considerations

Neonatal Care

Providing oxygen therapy to the neonatal population is complex and based on each individual clinical situation. For the immediate newborn period, it is generally accepted that oxygen is provided based on the American Academy of Pediatrics' Textbook of Neonatal Resuscitation using the Canadian Adaptations from Canadian Pediatric Society.

Resources:
Canadian Pediatric Society (2011). 6th Edition NRP Guidelines. Retrieved from: ww.cps.ca/nrp/Edition6guidelines.htm.

Low Flow Oxygen typically refers to oxygen delivered via nasal prongs/cannula at a flow rate 500 ml/min or less. Humidification of the oxygen is dependent on the flow rate and hospital policies. It is important to remember that it is possible to deliver high concentrations of oxygen with low flows depending on anatomic dead-space and the minute ventilation of the patient.

Hyperbaric Oxygen Therapy (HBOT)

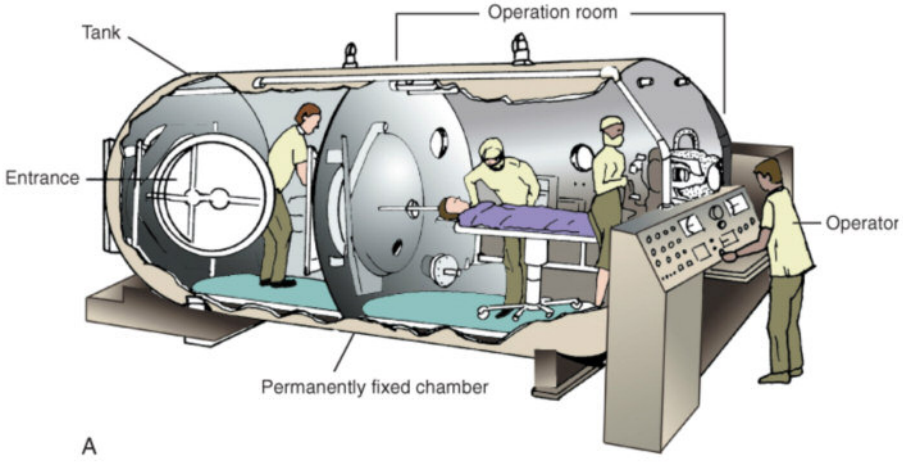
Did you know…

The Undersea and Hyperbaric Medical Society (UHMS) is an international, non-profit organization and is generally considered a primary source of scientific information for diving and hyperbaric medicine physiology worldwide.

Health Canada refers to UHMS guidelines and the CSA sets the standards for hyperbaric therapy in Canada.

The Basic Principles of Operation of Hyperbaric Chambers

The increased pressure inside the chamber, combined with the delivery of 100% oxygen (FiO_2 = 1.0), drives the diffusion of oxygen into the blood plasma at up to 10 times normal concentration. Patients are monitored at all times during HBOT, often by RTs.



Physiologic Effects of Hyperbaric Oxygen Therapy

While some of the mechanisms of action of HBOT, as they apply to healing and reversal of symptoms, are yet to be discovered, it is known that HBOT:

- greatly increases oxygen concentration in all body tissues, even with reduced or blocked blood flow;
- stimulates the growth of new blood vessels to locations with reduced circulation, improving blood flow to areas with arterial blockage;
- causes a rebound arterial dilation after HBOT, resulting in an increased blood vessel diameter greater than when therapy began, improving blood flow to compromised organs;
- stimulates an adaptive increase in superoxide dismutase (SOD), one of the body's principal, internally produced antioxidants and free radical scavengers; and
- aids the treatment of infection by enhancing white blood cell action and potentiating germ-killing antibiotics.

Indications

The following indications are approved uses of hyperbaric oxygen therapy as defined by the Undersea & Hyperbaric Medical Society (UHMS):

1. Air or Gas Embolism
2. Carbon Monoxide Poisoning
   - Carbon Monoxide Poisoning Complicated By Cyanide Poisoning
3. Clostridial Myositis and Myonecrosis (Gas Gangrene)
4. Crush Injury, Compartment Syndrome and Other Acute Traumatic Ischemias
5. Decompression Sickness
6. Arterial Insufficiencies:
   - Central Retinal Artery Occlusion
   - Enhancement of Healing In Selected Problem Wounds
7. Severe Anemia
8. Intracranial Abscess
9. Necrotizing Soft Tissue Infections
10. Osteomyelitis (Refractory)
11. Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
12. Compromised Grafts and Flaps
13. Acute Thermal Burn Injury
14. Idiopathic Sudden Sensorneural Hearing Loss*
    (*approved on October 8, 2011 by the UHMS Board of Directors)

Potential Complications of Hyperbaric Oxygen Therapy

- Barotrauma:
  - Ear or sinus trauma
  - Tympanic membrane rupture
  - Alveolar over distension and pneumothorax
  - Gas embolism

- Oxygen Toxicity:
  - Central nervous system (CNS) toxic reaction (Early signs of impending CNS toxicity include twitching, sweating, pallor and restlessness. These signs usually are followed by seizures or convulsions.)
  - Pulmonary toxic reaction

- Other:
  - Fire
  - Sudden decompression
  - Reversible visual changes
  - Claustrophobia
  - Decreased Cardiac Output (Cairo & Pilbeam,2004)

The Safety of Hyperbaric Chambers (Health Canada)

Hyperbaric chambers are class 3 medical devices which must be licensed by Health Canada before they can be imported and sold in Canada. The Medical Devices Regulations require that the medical devices imported and sold in Canada are safe, effective, and of quality manufacture. This is achieved by a combination of a pre-market review prior to licensing, and post-market surveillance of adverse events.

Health Canada has reviewed the scientific evidence related to hyperbaric chambers. The evidence shows that chambers are effective in treating at this time 13 of the 14 conditions recognized by the Undersea and Hyperbaric Medical Society. Therefore, Health Canada has issued medical device licences for hyperbaric chambers to treat only these 13 conditions. No device licences have been issued for the use of hyperbaric chambers to treat other conditions.

Undersea and Hyperbaric Medical Society
http://membership.uhms.org/?page=Indications

Undersea and Hyperbaric Medical Society Canadian Chapter
www.cc-uhms.ca/wp/

University of Toronto Hyperbaric Medicine
(educational resource for healthcare professionals)
www.hyperbaric.utoronto.ca/hyperbaricmedicine/index.asp

Oxygen Therapy at High Altitudes

Altitude Effects on the Availability of Oxygen

As altitude increases, barometric pressure decreases. Barometric pressure is the pressure that is exerted by the gases at a given point in the atmosphere, and is the sum of the partial pressures of the component gases. The composition of the atmosphere does not change with altitude, however, the barometric pressure does. As altitude increases, there is a decrease in the partial pressure exerted by each component gas. Thus, as altitude increases, the partial pressure of oxygen in the alveoli decreases. A reduced partial pressure of oxygen results in a relative hypoxia.

The following document is helpful for those planning travel by commercial airline:

Transport Canada – "Passengers with Medical Oxygen"
www.tc.gc.ca/eng/civilaviation/standards/commerce-cabinsafety-tips-tips5-1368.htm#oxygen

It is also helpful to consult the website of the specific airline that the patient intends to travel with for assistance in planning/arranging air travel when oxygen is required.

Did you know…

In the cabin of a typical commercial aircraft, the pressure exerted is equivalent to the barometric pressure at 5000 - 8000 feet above sea level. As a result, patients who require oxygen supplementation at the ground level may require increased supplementation at an increased altitude.

Assessment of Oxygen Therapy

Oximetry

Oximetry is the measurement of blood hemoglobin (Hb) saturations using spectrophotometry. Several types of Oximetry are used in clinical practice. The methods most commonly encountered in RT clinical practice include:

- Hemoximetry (also called CO-oximetry) – performed in arterial blood gas analysis.
- Pulse Oximetry - portable, noninvasive monitoring technique

Pulse Oximetry

Pulse Oximetry provides estimates of arterial blood oxyhemoglobin saturation levels, but as not actual SaO_2 measures. Therefore, pulse oximetry readings are recorded as SpO_2. Supplemental oxygen should be "prescribed" to a target blood hemoglobin saturation according to the population served and clinical presentation (Kacmarek et al, 2013.)

Pulse oximetry can be performed at rest, exercise, and during activity. The $Sp0_2$ measured with the oximeter is widely used in clinical practice. Some refer to the oxygen saturation as the fifth vital sign. It is important to fully understand the appropriate applications and limitations of this technology.

Guidelines for pulse oximetry are available from the **American Association of Respiratory Care (ARRC)** at: www.rcjournal.com/cpgs/pulsecpg.html

Key Points to Remember:

- Follow manufacturers protocol;
- Always use compatible sensors;
- Ensure correct type, size and fit of sensor;
- Confirm adequacy and accuracy of reading (validate with ABG $Sa0_2$ when applicable);
- Adjust alarm according to the clinical situation;
- Apply standard precautions infection control;
- Inspect and change sensor site as needed;
- Never act on $Sp0_2$ alone, reading should reflect the patient's clinical condition; and
- Avoid using pulse oximetry to monitor hyperoxia in neonates.

This CBPG was not meant to be the last resource you will need to access to answer your clinical and professional practice questions. Alternatively, we have provided you with links to other important resources that you may need to access in order to obtain required information. Websites will change and we encourage you to let us know if you are unable to access any of the websites that we have connected you to. This is a "living document" and will have to adapt as the evidence and clinical best practice guidelines change.

We encourage all CRTO Members to be active in the ongoing development of this Oxygen Therapy CBPG and to continue to advocate for safe and ethical practices in your practice environment.

Glossary

(ATP) Ambient **T**emperature and **P**ressure = **(STP)** standard temperature and pressure = 0C and 1 atmosphere

BTPS = **B**ody **T**emperature and ambient **P**ressure **S**aturated = 37 °C, 1 atmosphere, and 44 mg H2O/L

Conserving Devices - How long liquid and cylinder systems last before refilling depends on the amount of oxygen a person uses. Conserving devices extend the length of time. Oxygen systems deliver oxygen continuously during inspiration and exhalation. Conserving devices can be programmed to deliver oxygen during inspiration only, therefore reducing the amount wasted during exhalation.

Cryogenic Vessel - A static or mobile vacuum insulated container designed to contain liquefied gas at extremely low temperatures. Mobile vessels could also be known as "**Dewars**". Retrieved from: www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php

Drug Identification Number (DIN) - a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada. A DIN uniquely identifies the following product characteristics: manufacturer; product name; active ingredient(s); strength(s) of active ingredient(s); pharmaceutical form; route of administration. Retrieved from: www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/dinfs_fd-eng.php

Fractional Distillation - the process of separating the portions of a mixture by heating it and condensing the components according to their different boiling points. Retreived from: http://medical-dictionary.thefreedictionary.com/fractional+distillation

Medical gas - (either a single gas or a mixture of gases) is a gas that requires no further processing in order to be administered, but is not in its final package (e.g., liquefied oxygen) and is known as a bulk gas. Retrieved from: www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php

Manifold (rampe) - Equipment or apparatus designed to enable one or more medical gas containers to be filled at a time. Retrieved from: www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php

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College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

This Clinical Best Practice Guideline will be updated as new evidence emerges or as practice evolves. Comments on this guideline are welcome and should be addressed to:

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Appendix B: Oxygen Therapy CBPG

New Oxygen Therapy Clinical Best Practice Guideline (CBPG) to replace the existing Oxygen Therapy CBPG.

Clinical Best Practice Guideline

Oxygen Therapy

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

September 2013

The CRTO will update and revise this document every five years, or earlier, if necessary. The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Acknowledgements
This College of Respiratory Therapists of Ontario (CRTO or College) Clinical Best Practice Guideline (CBPG) was developed by the Professional Practice Committee (PPC) of the CRTO in consultation with Council and other committees of the College, **Members** at large and staff.

The PPC is a non-statutory committee comprised of Registered Respiratory Therapists (RRT) and public members with a wide range of knowledge and experience from various practice areas across Ontario. This committee was formed by the CRTO in 2010 to focus specifically on the review and development of **standards of practice** directly related to the practice of Respiratory Therapy in Ontario. By having a standing committee of Respiratory Therapy leaders and experts from core areas of practice, and the ability to draw on additional expertise where necessary, the CRTO aims to ensure consistency in the review and development of publications in a timely fashion. The CRTO would like to acknowledge the work of the PPC, Members at large, and staff in the development of this new CBPG.

Professional Practice Committee Members
Paul Williams RRT – Chair (CRTO Council Academic member)
Renee Pageau RRT – Vice Chair (CRTO non-Council member)
Carol-Ann Whalen RRT (CRTO non-Council member)
Allan Cobb (CRTO public member)
Rhonda Contant RRT (CRTO Council member)
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Dave Jones RRT (CRTO Council member)
Tracy Bradley RRT (CRTO Council member)
Mark Pioro (CRTO public member)

2021 Revision: CRTO staff

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

Table of Contents

Introduction

Professional Practice Assumptions

It is expected that all Respiratory Therapists (RT) in Ontario possess the entry to practice competencies (i.e., knowledge, skills and judgment/abilities) to make sound clinical decisions regarding administration of oxygen (O_2) therapy as part of their education and clinical experience. In addition, the College assumes that all Members:

- Possess a specialized body of knowledge (e.g., about oxygen therapy);
- Are committed to maintaining a high standard of professional practice through self-governance;
- Are committed to lifelong learning and the development of knowledge, skills and abilities throughout their career;
- Are committed to ongoing professional development;
- Are committed to the principle of accountability in their professional practice; and
- Are committed to practicing in an ethical manner.

In addition, Members are expected to remain and to act only within their professional scope of practice, in the best interest of their patients/clients. Please refer to the ~~Standards of Practice~~ CRTO Standards of Practice and the Interpretation of Authorized Acts Professional Practice Guideline. ~~College's Position Statement Scope of Practice and Maintenance of Competency~~.

The purposes of this CBPG are many. For example, to:

- Provide a framework for Respiratory Therapists to make informed patient care decisions about oxygen therapy that are safe and ethical;
- Provide a framework for clinical best practices regarding oxygen therapy that are current, evidence based and linked to up-to-date resources and learning materials;
- Support Respiratory Therapists in the maintenance of competency, support ongoing professional development and quality practice; and
- Provide the public and other health care professionals with confidence that Respiratory Therapists are safe and ethical regulated health care professionals with the expertise to administer oxygen therapy that results in positive health care outcomes for the public of Ontario.

Guiding Principles

Therapeutic oxygen should only be administered by competent health care providers who possess the required competencies (knowledge, skill, and judgment/abilities) to make clinical decisions regarding the administration of oxygen. The administration of substances by inhalation is a controlled act under the *Regulated Health Professions Act* (RHPA) and is authorized under the *Respiratory Therapy Act* (RTA). The practice of administering oxygen therapy clearly falls within the legislated scope of practice of respiratory therapy which is:

> The Respiratory Therapy Act states that the **Scope of Practice** of a Respiratory Therapist is…
>
> *The practice of respiratory therapy is **the providing of oxygen therapy**, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.*

Oxygen therapy is an expected competency of all Respiratory Therapists regardless of the practice setting. Respiratory Therapists work in a variety of practice settings including but not limited to:

- Acute care (hospitals).
- Complex continuing care.
- Long-term care.
- Independent Facilities (e.g., pulmonary function testing (PFT) labs, sleep labs, ophthalmology clinics).
- Home care.
- Hyperbaric oxygen therapy.
- ~~Dental anesthesia.~~ Anesthesia (e.g., Anesthesia Assistants, dental clinics)
- Independent practice (e.g., consultants).
- Industry.
- Education.

Accountability

One of the many aims of this guideline is to provide resources and tools for Respiratory Therapists who are independently administering oxygen, to mitigate the risks that may be associated with independently administering oxygen therapy in their clinical practice.

Here are some guiding principles to consider:

- Be accountable, act in the best interest of your patients/clients at all times;
- Ensure safe and ethical care;
- Act within the scope of practice of the profession, the role and scope of where you work and your individual scope of practice;
- Maintain the standards of your profession;
- Ensure that you are competent or become competent to do what you are going to do before you do it;
- Communicate with patients/clients and healthcare providers within the circle of care;
- Educate your patients/clients and healthcare providers within the circle of care; and
- Document…Document…Document!

Did you know…

~~Circle of Care – Sharing Personal Health Information for Health Care Purposes~~
Circle of Care: Sharing Personal Health Information for Health-Care Purposes - IPC

The term "circle of care" is not a defined term in the *Personal Health Information Protection Act*, 2004 (PHIPA). It is a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in PHIPA.

To find out more visit the Information and Privacy Commissioner of Ontario at: www.ipc.on.ca

Conflict of Interest

A conflict of interest is created when you put yourself in a position where a reasonable person could conclude that you are undertaking an activity or have a relationship that affects or influences your professional judgment.

You must ensure that your professional judgment is not influenced by and does not appear to be influenced by financial or other consideration. You should not be seen, or perceived, to give preferential treatment to any person or organization.

Respiratory Therapists must protect the trust relationship between themselves and their patients/clients. Do not place yourself in a position where a reasonable patient/client, or other person, might conclude that your professional expertise or judgment may be influenced by your personal interests, or that your personal interests may conflict with your duty to act in the best interests of your patient/client. It is not necessary for your judgment to actually be compromised.

For example, a conflict of interest (actual or perceived) may arise if you are the proprietor of a home oxygen company (vendor) and you are the Respiratory Therapist who is assessing and administering oxygen therapy. It could be perceived that you are administering oxygen therapy for personal or financial interests. Please refer to the CRTO *Conflict of Interest* regulation and/or the Professional Practice Guideline (PPG) on Conflict of Interest to ensure that, as the RRT independently administering oxygen therapy, you are not in a conflict of interest.

The Ministry of Health and Long Term Care's (MOHLTC) Assistive Devices Program (ADP) has a ~~Conflict of Interest Policy~~ Conflict of Interest policy that describes possible scenarios where a conflict of interest may exist between registered oxygen **vendors** and **authorizers**. Home oxygen service providers (vendors and authorizers) must be registered with the MOHLTC's ADP **Home Oxygen Program (HOP)** in order to provide home oxygen and respiratory therapy devices to patients/clients in the community. To find out more, visit the MOHLTC's ADP at:
http://www.health.gov.on.ca/english/public/program/adp/adp_mn.html

HOP documents and Respiratory Therapists
The Assistive Devices Program (ADP) has expanded the role of hospital-based and some community-based RRTs by authorizing them to complete the Application for Funding Home Oxygen (application) in place of the prescriber. This expanded role recognizes the specialized training and expertise Respiratory Therapists have regarding oxygen administration, as well as the vital part they play in the implementation of home oxygen

Please follow this link to find important information about this and other recent changes to the ADP-funded home oxygen therapy.

The Scope of this Clinical Best Practice Guideline (CBPG)

Evidence-Based Practice

> *"*Evidence-based practice is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients/clients. The practice of evidence-based medicine means integrating individual clinical expertise and experience with the best available clinically relevant evidence from systematic research*" (Sackett et al., 1996).*

There is a vast amount of evidence based, clinical information that is readily available on the internet, and this information is constantly changing. This CBPG is not intended to be an all-inclusive oxygen therapy manual or textbook. Rather, this CBPG has been designed for use online and provides links to resources that can be used by RTs (and other users) to pursue their learning and professional development regarding best practices for oxygen therapy.

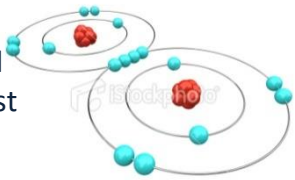
Specific recommendations for the delivery of oxygen via mechanical ventilation (invasive and non-invasive) and other complex respiratory care devices is beyond the scope of this CBPG.

This CBPG will not attempt to discuss the specific use of oxygen or prescribe target oxygen saturations for the treatment of different pathophysiological presentations (e.g., COPD). Alternatively, links to additional evidence based, clinical best practice guidelines will be provided wherever possible (e.g., Canadian Thoracic Society's COPD Guidelines).

This CBPG is informed by the most current evidenced based materials that were available at the time of publication e.g., the guideline British Thoracic Society: Oxygen ~~British Thoracic Society's (BTS's) *Guideline for Emergency Oxygen use in Adult Patients*~~ and the Canadian Thoracic Society documents. ~~Canadian Thoracic Society's Guidelines.~~ The CRTO is committed to maintaining up-to-date and accurate information to the best of its abilities and welcomes input regarding the best practices for oxygen therapy on an ongoing basis.

Oxygen – A Brief Review

Oxygen Molecules



Oxygen (O_2) is the eighth element on the periodic table.

At **ambient temperature and pressure (ATP)**, oxygen atoms bind together, sharing electrons to form molecules of oxygen that exist as a colorless, odorless transparent and tasteless gas with the chemical symbol O_2.

Fast Facts about O_2

- Makes up 20.9% of air by volume and 23% air by weight.
- Constitutes 50% of Earth's crust by weight (in air water and combined with other elements).
- Can combine with all other elements except other inert gases to form oxides. Oxygen is therefore characterized as an oxidizer.
- Is a non-flammable gas.
- Accelerates combustion.
- At -182.9 C (-300 F) oxygen is a pale blue liquid.
- Its critical temperature is -118.4 C (above this critical temperature oxygen can only exist as a gas regardless of the pressure).
- An oxygen enriched environment is considered to have 23% oxygen in the air and is a fire hazard.

"Oxygen sustains life and supports combustion. While there are many benefits to oxygen by inhalation, it is not without hazards and toxic effects. It is therefore important for persons who are responsible for oxygen administration to be familiar with its indications for use, potential hazards and equipment" (Kacmarek, Stoller & Heuer, 2013).

Overview: Types of Oxygen Delivery Systems

There are three main types of oxygen delivery systems:

- Compressed gas cylinders;
- Liquid oxygen in cryogenic containers; and
- Oxygen concentrators for medical use.

Did you know…

The manufacturing and distribution of medical oxygen in Canada is primarily regulated by Health Canada who set the standards and guidelines for the manufacturing and distribution of drugs and health products (including medical gases such as oxygen). Their mandate is to ensure medical gases are safe for human and veterinary use.

Considerations for the selection of oxygen source include (but are not limited to) factors such as the size and weight of the device; storage capacity; cost and the ability to fill the device. For a good comparison of portable oxygen source and delivery devices please visit the ~~American Thoracic Society (ATS)~~ American Thoracic Society (ATS) website.

~~The Canadian Society of Respiratory Therapy (CSRT) published an article in the Winter 2011 edition of the CSRT-JCTR Journal entitled: *An Overview of Oxygen Delivery Devices and Prescribing Practices* by James Stoller. This article is available at: http://www.csrt.com/en/publications/files/CJRT/Winter_2011/Winter_CJRT_2011.pdf~~

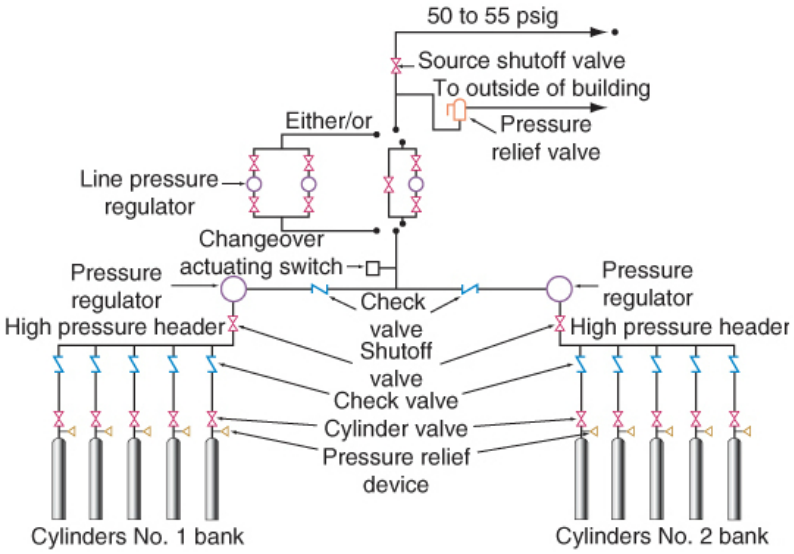
Compressed Gas Cylinders

Oxygen is packaged and shipped as a high-pressure gas in seamless steel or aluminum cylinders constructed to Transport Canada and CSA specifications. In cylinders charged with gaseous oxygen, the pressure in the container is related both to temperature and the amount of oxygen in the container. Full high-pressure cylinders normally contain gas at 15 169 kPa (2200 psig) at 21 °C (70°F). Cylinder content can be determined by pressure, i.e., at a given temperature, when the gas pressure is reduced to half the original pressure, the cylinder will be approximately half full. The pressure of a full cylinder of oxygen is normally 2200 psig.

Bulk Oxygen

Cylinders may be used various ways. For example, in a **manifold system**, large sized cylinders are linked together to supply medical oxygen to medical gas pipelines which then lead directly to the bedside in hospitals.

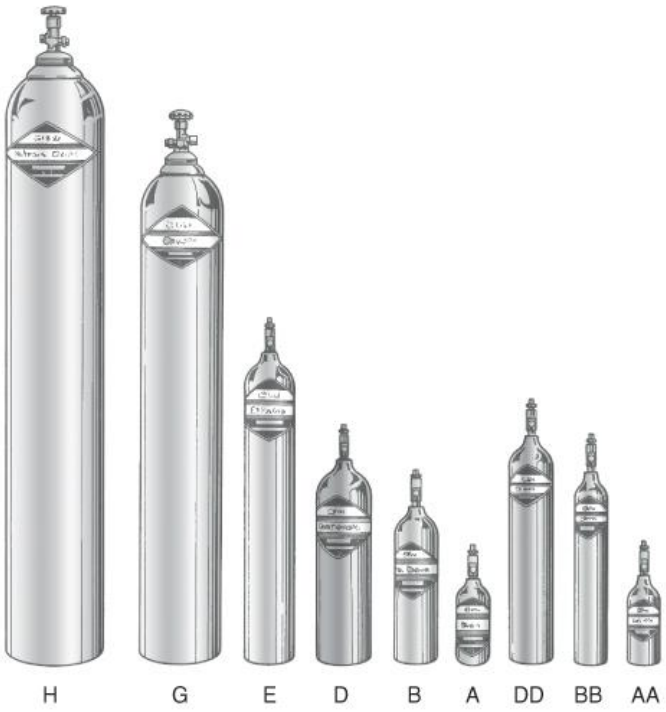
Manifold System



Modified from Standard for nonflammable medical gas systems, NFPA No. 56F. Copyright 1973, National Fire Protection Association, Boston, MA

Portable Oxygen Cylinders

Smaller sized cylinders are used as portable individual oxygen systems for short term use.



Did you know…

To calculate how long a cylinder will last based on the size of the cylinder and continuous flow rate, the following formula can be used:

Duration of Flow in minutes =

$$\frac{\text{(gauge pressure psi - safe residual pressure psi) x cylinder factor}}{\text{Flow rate in liters per minute}}$$

Some examples of cylinder factors for different sized cylinders are:

D cylinder 0.16
E cylinder 0.28
M cylinder 1.56
H cylinder 3.14

Liquid Oxygen in Cryogenic Containers

Cryogenic containers store liquefied oxygen and vapour. Various sizes of cryogenic containers exist.

Bulk Liquid Oxygen systems

Liquid oxygen can be manufactured by **fractional distillation** of air at an oxygen manufacturing plant and then delivered and stored on site to supply the healthcare facility. In this case, large stores of liquid oxygen are referred to as bulk oxygen. The oxygen is stored on site in large **cryogenic vessels** known as dewars. These dewars are regularly refilled by the oxygen gas manufacturer/supplier.

Oxygen Dewar

As the liquid oxygen passes through warming coils and is allowed to evaporate, the gas is delivered to a medical gas pipeline system and then directly to the bedside.

Portable Liquid Oxygen

Various sizes of smaller, base-unit, cryogenic containers (also known as reservoirs) can be used in various settings such as long-term care facilities, homes, and hospital wards to fill smaller portable cryogenic liquid systems that patients can ambulate with. Portable liquid oxygen units offer continuous flow or intermittent flow of oxygen to the patient/client.

The **Canadian Standards Association (CSA)** offers standards and guidelines on the safety, storage and delivery of liquid oxygen.

Oxygen Concentrators for Medical Use

Oxygen concentrators provide a safe source of oxygen-enriched air. They are devices which employ selective removal of nitrogen from room air to increase the concentration of oxygen in the delivered gas product. A concentrator is an electrical or battery powered, electronically controlled device that does not store oxygen when not in operation.

Bulk Oxygen Supply

Industrial sized oxygen concentrators can supply oxygen to their medical gas pipelines systems which is then delivered directly to the bedside. Concentrators use one of two main methods to separate and concentrate oxygen from the air, molecular serves or semi-permeable membranes.

- Molecular sieves use sodium-aluminum silicate crystals and employ Pressure Swing Adsorption (PSA) or Vacuum Pressure Swing Adsorption (VPSA) technology.
- Semi-permeable membranes are thin plastic membranes that are selectively permeable to O_2 molecules and water vapor.

Did you know…

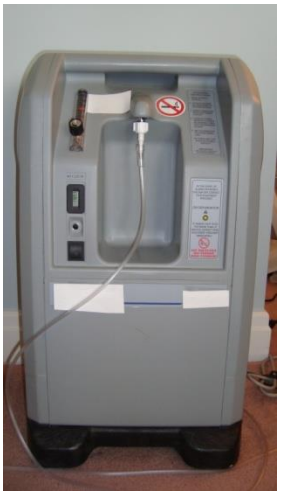
Battery operated portable oxygen concentrators can function in continuous flow mode and/or pulse dose/demand mode.

The CSA offers standards and guidelines on the safety, storage and delivery of bulk oxygen.

Portable Oxygen Supply

Smaller individual concentrators can provide oxygen at a hospital bedside, in the home or on the go. They also separate oxygen from air using molecular sieves or semipermeable membranes. There are three types:

- stationary concentrators,
- concentrators that have the ability to fill portable aluminum cylinders, and
- portable oxygen concentrators that operate using lithium batteries.



Oxygen Concentrator

Oxygen Safety at Home

The CSA has developed standards related to the safe storage, handling and use of portable oxygen systems in residential and healthcare facilities. This is a key resource and includes input from CRTO Members from across Ontario.

The **Canadian Centre for Occupational Health and Safety** also has several resources that are available to the public. You can visit the Canadian Centre for Occupational Health and Safety website and enter the search term 'oxygen' to find out more. Here are some links of interest:

- Compressed Gases Hazards
  http://www.ccohs.ca/oshanswers/chemicals/compressed/compress.html
- Storage and Handling of Compressed Gas Cylinders
  http://www.ccohs.ca/oshanswers/safety_haz/welding/storage.html
- Working with Compressed Gases at:
  http://www.ccohs.ca/oshanswers/prevention/comp_gas.html
- How Do I Work Safely with Cryogenic Liquids?
  http://www.ccohs.ca/oshanswers/prevention/cryogens.html#_1_7

The safety, labeling, handling and transport of medical oxygen containers is regulated by federal legislation including:

- ~~Transport Canada - Transportation of Dangerous Goods~~.
- Transport Canada - Transportation of dangerous goods
  Oxygen is a Class 2.2, Non-flammable, Non-toxic gases.

- Health Canada – Workplace Hazardous Materials Information System (WHMIS).

Oxygen is a Class A: compressed gas.

Manufacturers of therapeutic oxygen in Canada are responsible for providing WHMIS Material Safety Data Sheets (MSDS) for oxygen and may be found on their websites.

Oxygen Therapy

Health Canada and the *Food and Drug Act*

According to the Food and Drug Act:

> *a* "drug" *includes any substance or mixture of substances manufactured, sold or represented for use in*
>
> *a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals,*
>
> *b) restoring, correcting or modifying organic functions in human beings or animals, or*
>
> *c) disinfection in premises in which food is manufactured, prepared or kept;*

Did you know…

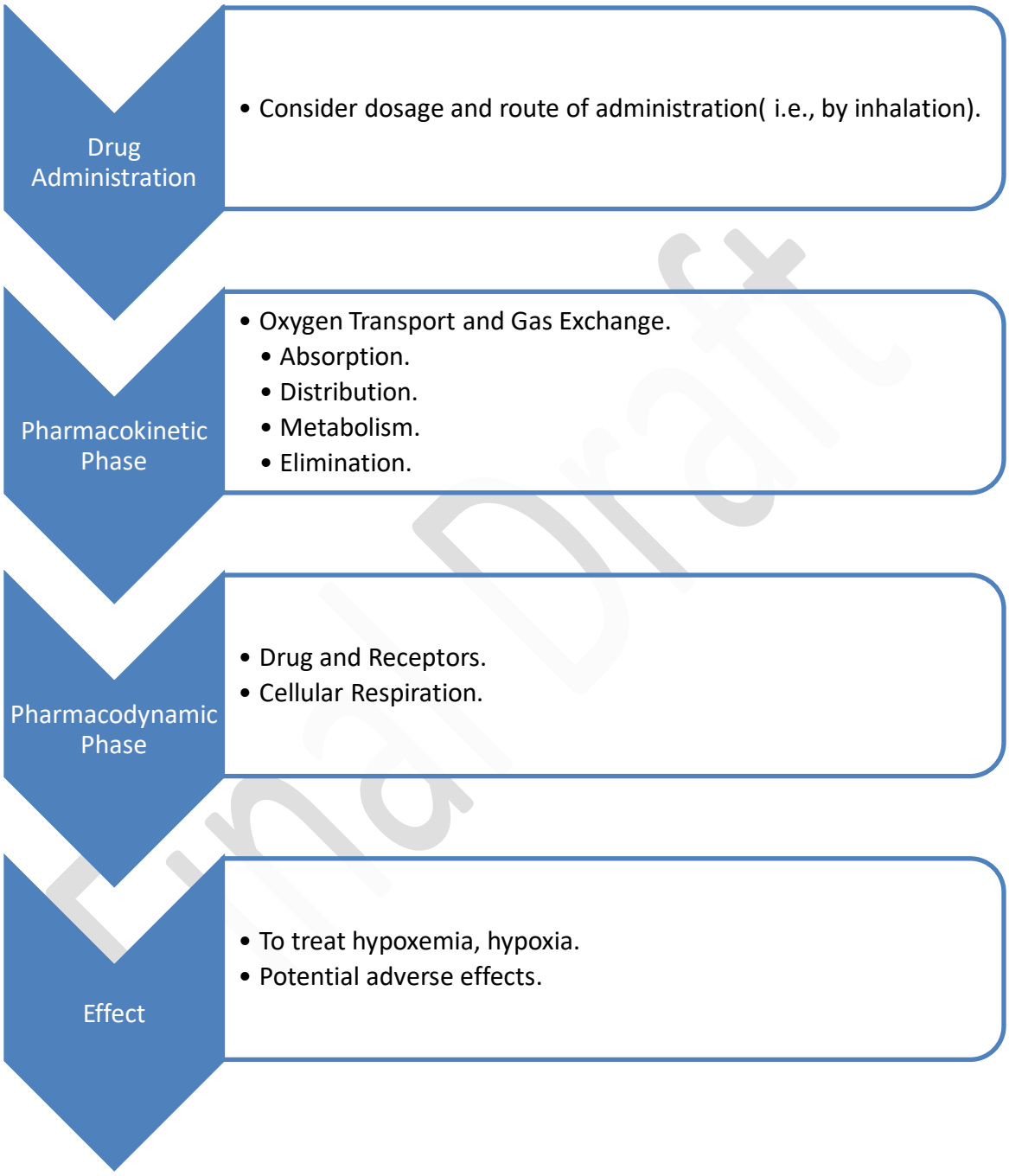
Health Canada administers the *Food and Drug Act*.

Once a drug has been authorized, Health Canada issues an eight-digit **Drug Identification Numbers (DIN)** which permits the manufacturer to market the drug in Canada.

Health Canada sets the standards and guidelines for the manufacturing of drugs and health products (including medical gases such as oxygen) to ensure they are safe for human and veterinary use.

In Canada, medical oxygen containers and systems require proper labels which include DINs.

An Overview of the Phases of Drug Action adapted from (Rau, J.L., 2002. p. 13)



Indications for Oxygen Therapy

- Documented hypoxemia, defined as a decreased PaO_2 in the blood below normal range. PaO_2 of < 60 torr or SaO_2 of < 90% in patients breathing room air, or with PaO_2 and/or SaO_2 below desirable range for specific clinical situation. Clinical acceptable ranges may depend on patient age, condition and/or disease process.
- An acute situation in which hypoxemia is suspected. Substantiation of hypoxemia is required within an appropriate period of time following initiation of therapy.
- Severe trauma.
- Short-term therapy (e.g., carbon monoxide poisoning) or surgical intervention (e.g., post-anesthesia recovery).
- Pneumothorax absorption.

Did you know…

The evidence-based approach to the treatment of COPD with oxygen is ever evolving. The American Thoracic Society released a new set of guidelines in 2020:
New COPD Oxygen Therapy Guidelines

"Oxygen is a treatment for hypoxemia, not breathlessness. Oxygen has not been proven to have any consistent effect on the sensation of breathlessness in non-hypoxemic patients." (BTS 2017)
~~"There is no evidence to support the use of supplemental oxygen to reduce dyspnea in non-hypoxemic patients with advanced COPD" (Maricinuk et.al, 2011).~~

~~The current BTS *Guideline for Oxygen Use in Adult Patients* (2009) is based on the premise that oxygen is a treatment for "hypoxemia, not breathlessness". Further, the guideline states that "oxygen has not been shown to have any effect on the sensation of breathlessness in non hypoxemic patients" (p.vi1).~~

Absolute Contraindications & Possible Adverse Effects

Absolute Contraindications

- Patient/Client does not consent to receiving the oxygen.
- The use of some O_2 delivery devices (e.g., nasal cannulas and nasopharyngeal catheters in neonates and pediatric patients that have nasal obstructions).

Potential Adverse Effects

- Oxygen toxicity.
- Oxidative stress.
- Depression of ventilation in a select population with chronic hypercarbia.
- Retinopathy of prematurity.
- Absorption atelectasis.

Goals of Oxygen Therapy

"Oxygen Therapy is usually defined as the administration of oxygen at concentrations greater than those found in ambient air" (BTS, 2011. p.vi27).

The main goal of oxygen therapy is:

"To treat or prevent hypoxemia thereby preventing tissue hypoxia which may result in tissue injury or even cell death" (BTS, 2011. p.vi27).

Hypoxia ~~is~~ refers to a condition where the amount of oxygen available to the cells is not adequate to meet metabolic need.

Did you know….

Hypoxia can exist even though hypoxemia has been corrected with oxygen therapy?

For example:

- At the cellular level where the cells are unable to access or use the O_2 delivered
- At the tissue level when O2 may not reach the cells due to a blocked artery

The causes of hypoxia are (BTS, 2011, p.vi14):

- Hypoxemia (e.g., at high altitudes).
- Anemic hypoxemia (e.g., reduced hematocrit or carbon monoxide poisoning).
- Stagnant hypoxemia (e.g., shock, ischemia).
- Histotoxic hypoxia/dysoxia (e.g., cyanide poisoning).

Hypoxemia

If the partial pressure of O_2 (PaO_2) is less than the level predicted for the individual's age, hypoxemia is said to be present.

Some of the causes of hypoxemia are:

- Low $P_{inspired}$ O_2 (e.g., at high altitude).
- Hypoventilation, V/Q mismatch (e.g., COPD).
- Anatomical Shunt (e.g., cardiac anomalies).
- Physiological Shunt (e.g., atelectasis).
- Diffusion deficit (e.g., interstitial lung disease).
- Hemoglobin deficiencies.

Did you know…

In Ontario, the MOHLTC sets guidelines defining hypoxemia and the criteria for long-term use of oxygen. The criteria are:

- Each applicant's condition must be stabilized and treatment regimen optimized before long-term oxygen therapy is considered. Optimum treatment includes smoking cessation.
- Applicants must have chronic hypoxemia on room air at rest ($Pa0_2$ of 55mmHg or less, or $Sa0_2$ of 88 % or less).
- Applicants with persistent $Pa0_2$ in the range of 56 to 60 mmHg may be considered candidates for long-term oxygen therapy if any of the following medical conditions are present:
    - cor pulmonale;
    - pulmonary hypertension; or
    - persistent erythrocytosis.

  Also, some applicants with a persistent $Pa0_2$ in the range of 56 to 60mmHg may be candidates for long-term oxygen therapy if the following occurs:
    - exercise limited hypoxemia;
    - documented to improve with supplemental oxygen;
    - nocturnal hypoxemia.

Retrieved from: www.health.gov.on.ca/en

Did you know…

There is Medical Eligibility Criteria for exertional hypoxemia, as well as special considerations for patients diagnosed with pulmonary fibrosis.

The Effects of Hypoxia and Hyperoxia (O'Driscoll, 2008)

Hypoxia		
	Effects	**Risks**
Respiratory system	- Increased ventilation - Pulmonary vasoconstriction	- Pulmonary hypertension
Cardiovascular system	- Coronary vasodilation - Decreased systemic vascular resistance (transient) - Increased cardiac output - Tachycardia	- Myocardial ischemia/infarction - Ischemia/infarction of other critically perfused organs - Hypotension - Arrhythmias
Metabolic system	- Increased 2,3-DPG - Increased $C0_2$ carriage (Haldane effect)	- Lactic acidosis
Neurological system	- Increased cerebral blood flow due to vasodilation	- Confusion - Delirium - Coma
Renal system	- Renin-angiotensin axis activation - Increased erythropoietin production	- Acute tubular necrosis
Hyperoxia		
	Effects	**Risks**
Respiratory system	- Decreased ventilation	- Worsened ventilation/perfusion matching - Absorption atelectasis
Cardiovascular system		- Myocardial ischemia (in context of decreased haematocrit) - Reduced cardiac output - Reduced coronary blood flow - Increased blood pressure - Increased reactive oxygen species
Metabolic system	- Decreased 2,3-DPG - Decreased CO_2 carriage (Haldane effect)	- Increased reactive oxygen species
Neurological system	- Decreased cerebral blood flow	
Renal system		- Reduced renal blood flow

2,3-DPG, 2,3-diphosphoglycerate.

Drive to Breathe and Carbon Dioxide Retention

The primary goal of oxygen therapy is to treat hypoxemia. However, a very small number of patients with Chronic Obstructive Pulmonary Disease (COPD) have sensitivity to higher levels of O_2.

Target saturation for patients at risk of hypercapneic respiratory failure is 88-92% (BTS, 2016 ~~2011~~) unless otherwise prescribed, pending blood gas results.

If you are unsure if a patient has a sensitivity to O_2, the main goal is to treat hypoxemia.

For more information on best practice guidelines for the *treatment of COPD* please visit the Canadian Thoracic Society - COPD Guideline Library ~~Canadian Thoracic Society' Canadian Respiratory Guidelines for COPD~~ website.

Emphasis is always to avoid harmful hypoxemia and hypercapnia by carefully titrating O_2 and monitoring arterial blood gases.

Did you know...

Normal range of Carbon Dioxide (CO_2) is generally accepted as 35-45 mmHg.

Normally, increased levels of CO_2 will stimulate ventilation. Patients with certain respiratory diseases such as COPD may have reduced sensitivity to increased levels of CO_2.

Hypoxic drive refers to the patient being dependent on low levels of arterial blood oxygen (PaO_2) to stimulate breathing as seen is some patients with COPD.

If too much O_2 is given to a patient who relies on hypoxic drive to breathe, the blood oxygen levels will rise but the CO_2 level will rise as well, leading to respiratory acidosis and failure.

How Does Oxygen Therapy Work?

In order to better understand how oxygen therapy can correct hypoxemia the following section provides an overview of the physiology of oxygen transport and gas exchange.

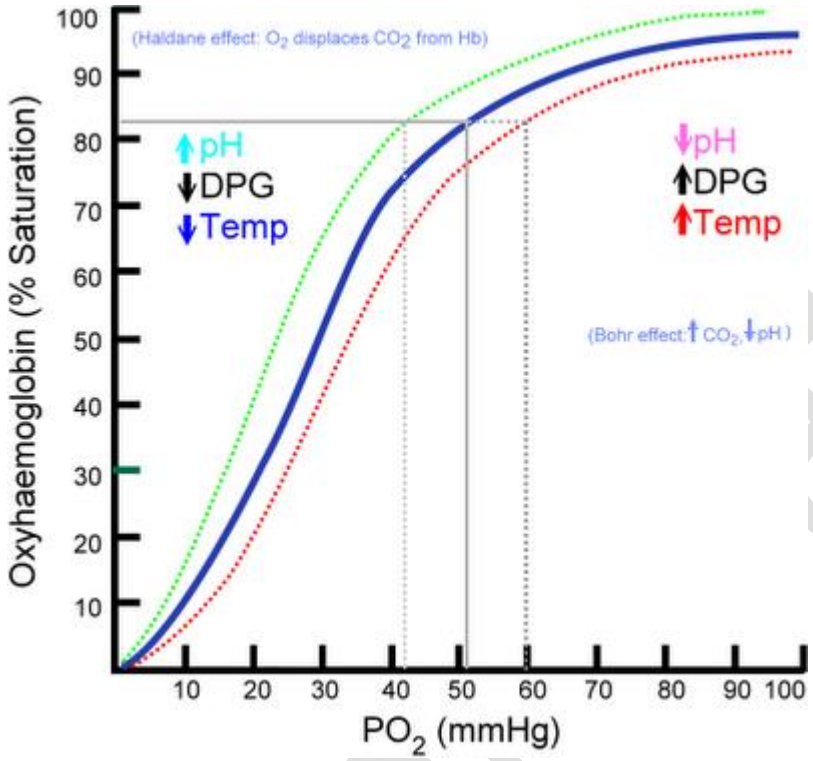
Oxygen Transport

Oxygen carried in the blood is reversibly bound to the hemoglobin. A very tiny amount of free oxygen gas dissolved in the plasma. Dissolved oxygen gas exerts a pressure in the vasculature that can be measured from a blood sample [e.g., an arterial blood gas (ABG)]. This measurement is known as the partial pressure of oxygen in the arterial blood and is represented by the nomenclature: P_aO_2.

The majority of oxygen carried in the blood is transported bound to hemoglobin. A very small amount of oxygen gas is transported dissolved in the plasma. This dissolved O_2 can be measured utilizing a small sample of arterial blood. This measurement is referred to as PaO_2 and is an important indicator when assessing for hypoxia.

Oxygen Hemoglobin Dissociation Curve

Oxygen transport can be explained and depicted by the oxygen-hemoglobin dissociation curve.



The oxyhemoglobin dissociation curve is tool for understanding how our blood carries and releases oxygen. In the oxyhemoglobin dissociation curve, oxygen saturation (sO_2) is compared to the partial pressure of oxygen in the blood (pO_2), and this creates a curve that demonstrates how readily hemoglobin acquired and releases oxygen molecules into the fluid that surrounds it (oxygen- hemoglobin affinity).

Some of the factors affecting the loading and unloading of oxygen are:

- blood pH (**Bohr effect**).
- body temperature.
- erythrocyte concentration of certain organic phosphates (e.g., 2,3 diphosphoglycerate).
- variation to the structure of the hemoglobin (Hb) molecules e.g., sickle cells, methemoglobin (metHb) and fetal hemoglobin (Hb F.)
- chemical combinations of Hb with other substances (e.g., carbon monoxide).

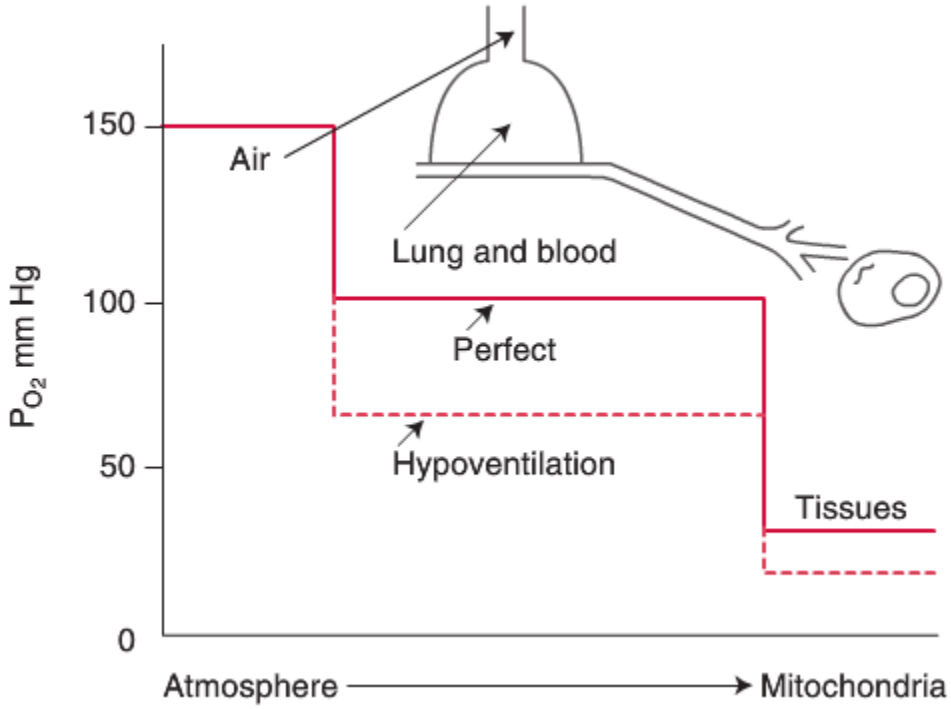
Remember, changes to and of these factors may cause the oxygen dissociation curve to shift right or left; affecting the oxygen- hemoglobin affinity.

Gas Exchange of Oxygen

The movement of oxygen at the level of the microcirculation occurs mainly by passive diffusion. Oxygen is delivered via the respiratory tract to the alveoli and then diffuses across the alveolar-capillary membrane into the blood.

Oxygen Cascade

The diffusion or driving pressure gradients for oxygen between the atmospheric air, alveolus, artery, and tissue capillary.



Alveolar Air Equation

PAO2 = [(PB-PH2O) * FiO2] - PaCO2 /RQ

Normal Diffusion of Oxygen

With regards to diffusion of oxygen in the normal lung at **Body Temperature and Pressure Saturated (BTPS):**

- the partial pressure of oxygen in the alveolus (P_AO_2) approximates 100mmHg.
- the partial pressure of oxygen in the venous blood returning to the lung (P_VO_2) approximates 40mmHg, there is a pressure gradient for diffusion of oxygen into the blood of about 60 mmHg.
- theoretically, the partial pressure in the capillary blood should rise to equal the partial pressure of oxygen in the alveolus and therefore the partial pressure of oxygen in the arterial blood (P_aO_2) should approximate 100mmHg
  "the P_aO_2 of healthy individuals breathing air at sea level is always approximately 5-10 mmHg less than the calculated P_aO_2.Two factors account for this difference: (1) right to left shunts in the pulmonary and cardiac circulation and (2) regional differences in the pulmonary ventilation and blood flow" (Kacmarek, Stoller, Heuer, 2013, p. 255). Normal P_aO_2 is expected to range from 90-95mmHg however, in clinical practice normoxemia in adults and children is defined as 80-100 mmHg.
- Neonates have a lower actual PaO2 than adults and children. In neonates normoxemia is 50-80mmHg due to anatomical shunts at birth and the nature of fetal hemoglobin.

At the tissue level, oxygen diffuses from the blood ($P_{capillaries}$ O_2 = 40 mmHg) across the microvasculature and interstitial space into the cell ($P_{intracellular}$ O_2= 5mmHg) where cellular respiration take place.

The movement of gas across the alveolar-capillary membrane is best described by Fick's first law of diffusion.

Fick' Law of Diffusion

$$V = \frac{A \times D}{T} (P1-P2)$$

Where the factors affecting gas exchange are:

V= flow of gas (oxygen)
A= cross sectional area available for diffusion
D= diffusion coefficient
P1- P2 is the partial pressure gradient
P1 = partial pressure of oxygen in the alveolus (P_AO_2)
P2= partial pressure of oxygen in the blood (P_aO_2)
T= thickness of the membrane (alveolar-capillary membrane)

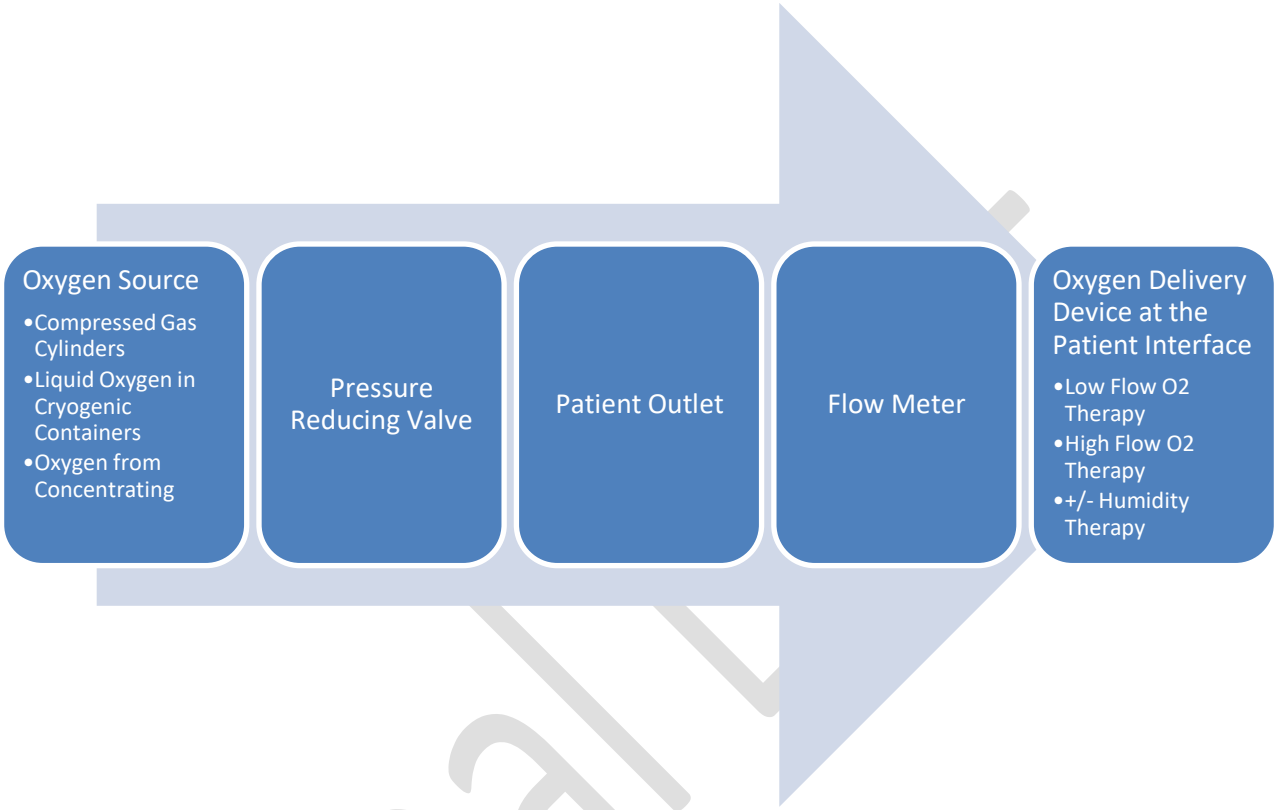
Pathophysiological Factors Affecting Gas Exchange

Some of the pathophysiologic factors affecting the gas exchange of oxygen include:

- the flow of oxygen into the lungs, down to the alveoli (hypoventilation and hyperventilation);
- the flow of blood into the lungs to the pulmonary capillaries (vasoconstriction, thrombosis);
- the matching of blood flow and gas flow in the lungs;
- ventilation perfusion mismatching (pneumothorax), decreased cardiac output (MI, shock);
- the carrying content of the blood (SaO_2 and PaO_2) e.g. sickle cell anemia, carbon monoxide poisoning, hypoxemia;
- the pressure gradient for diffusion of O_2 (e.g., hypoxemia);
- the thickness of the alveolar-capillary membrane (e.g., pulmonary fibrosis , pneumonia);
- the thickness of the microvasculature/interstitial space at the tissue (e.g., necrosis).

Oxygen Therapy Equipment and Adjuncts

The main components of an oxygen delivery system are:



Guiding Principles

There are many factors to consider when choosing the most appropriate Oxygen Source for patients/clients in their environment (e.g., from hospital to home). For example:

- Continuous flow versus oxygen **conserving devices** (e.g., test patient on specific conserving devices to ensure the therapy meets the patient's requirements).
- Patient physiological needs (e.g., of a neonate with congenital heart disease versus a pregnant female).
- Patients physical abilities (e.g., strength to use equipment).
- Patients cognitive ability (e.g., patient/client ability to understand and use and demonstrate use).
- Environmental Considerations (e.g., site assessment for open flames in the home).
- Geographic considerations (e.g., remote patients and availability of back-up systems and supplies).

For more information please refer to:
Acute oxygen therapy: a review of prescribing and delivery practices (nih.gov)
: ~~***An Overview of Oxygen Delivery Devices and Prescribing Practices*** by James Stoller available at:~~
~~**http://www.csrt.com/en/publications/pdf/CJRT/2011/Winter_CJRT_2011.pdf**~~

Did you know…

Not all **oxygen conserving devices** work the same way. For example, some regulators are battery operated, while others are pneumatically powered.

Oxygen Delivery at the Patient/Client Interface

Low Flow Oxygen Delivery Devices

Low flow oxygen delivery devices provide a variable FiO_2 depending on the patient's/client's inspiratory demands. As the inspiratory demands increase, ambient air is entrained and the FiO_2 is diluted.

Examples of low flow devices include:

- Nasal Cannula
- Nasal Catheter
- Transtracheal Catheter
- Simple Mask
- Partial Rebreather Mask
- Non-Rebreather Mask

Did you know....

Low Flow Oxygen delivery devices could still deliver a high FiO2?

Theoretically, a reservoir mask set at 10 -15 L/min, could provide an FiO_2 of 1.0 if it fit properly to a patient's face and met the patient's inspiratory flow demands on every breath.

Nasal Cannula

Today's nasal cannula has evolved to be the most common appliance for oxygen therapy. Permutations of the standard device include:

- models sized for neonatal and pediatric patients,
- incorporation with eye glasses,
- a single prong for sidestream sensing of exhaled carbon dioxide,
- reservoir systems (moustache and pendant) used primarily in long-term ambulatory care,
- a sensor to allow flow only on inspiratory demand (also used primarily in long-term ambulatory care),
- high-flow designs for adult and neonatal/pediatric patients.

High Flow Oxygen Delivery Devices

High flow oxygen delivery devices will provide a fixed FiO2 (0.24-1.0) regardless of the patient's/client's inspiratory demands.

Some examples of high flow devices include:

- Air Entrainment Mask (Venturi);
- Air entrainment Nebulizer;
- Nasal High Flow Oxygen Therapy;
- Invasive mechanical ventilators ~~(invasive Non-invasive~~);
- Non-Invasive Ventilation ~~CPAP/APAP~~ machines;
- Resuscitation Bags; and
- Hyperbaric Oxygen Chambers.

Did you know…

Mouth breathing does not significantly decrease the FiO_2 delivered by nasal prongs.

Did you know…

Nasal High Flow Oxygen Therapy (NHF) can be an alternative to standard high-flow face mask (HFFM) oxygen therapy. It provides delivery of up to 60 L/min of heated and humidified, blended air and oxygen via wide-bore nasal cannula.

Oxygen Therapy and Humidity

Humidity refers to the water vapor content of a gas. In a healthy individual air is delivered to the alveoli at Body Temperature and Pressure Saturated **(BTPS)**. Much of the humidification of the air we inspire normally takes place via the nasal passages and upper airway. When a patient receives a supplemental medical gas, it is generally cool and dry and can cause drying of the secretions and mucosa potentially leading to airway obstruction and tissue injury. A goal of humidity therapy is to minimize or eliminate the humidity deficit that may occur when a patient/client breaths a dry medical gas. Humidity therapy is therefore an integral part of oxygen therapy.

Ideally inspired gas should be humidified to 37 C and 44 mg H2O/L (Wattier & Ward, 2011. p. 265). This ensures patient comfort and promotes respiratory health by optimizing mucocilliary function and the clearance of secretions. There are several types of humidifiers that can be used with low or high flow oxygen therapy devices.

Clinical Signs and Symptoms of Inadequate Airway Humidification ~~(Cairo & Pilbeam, 2004)~~

- Atelectasis
- Dry, non-productive cough
- Increased airway resistance
- Increased incidence of infection
- Increased work of breathing
- Substernal pain
- Thick dehydrated secretions

Low Flow Oxygen Humidifiers

- Molecular Humidity - bubble type humidifiers, bubble-diffuser type humidifiers used with nasal cannula.
- Humidity is not indicated at flows less than 4 L/min (BTS Guidelines, 2008) (~~Cairo & Pilbeam, 2004. p.91).~~
- The use of humidity is not recommended with reservoir type masks as condensates may affect the function of the mask (parts stick together).

High Flow Oxygen Humidifiers

- Molecular Humidity
  - Passover-type (+/- wick, +/- heater) (e.g., used to humidify trach mask systems, incubators).

- Aerosol Humidity
    - air entraining jet nebulizers (+/- baffles, +/- heaters)

Special Considerations

Neonatal Care

Providing oxygen therapy to the neonatal population is complex and based on each individual clinical situation. For the immediate newborn period, it is generally accepted that oxygen is provided based on the American Academy of Pediatrics' *Textbook of Neonatal Resuscitation* using the Canadian Adaptations from Canadian Pediatric Society.

Resources:

Canadian Pediatric Society (~~2011~~ 2020). ~~6th~~ 7th Edition NRP Guidelines. Retrieved from:
https://cps.ca/en/nrp-prn/faqs#Oxygen%20Administration
~~http://www.cps.ca/nrp/Edition6guidelines.htm~~.

Low Flow Oxygen typically refers to oxygen delivered via nasal prongs/cannula at a flow rate 500 ml/min or less. Humidification of the oxygen is dependent on the flow rate and hospital policies. It is important to remember that it is possible to deliver high concentrations of oxygen with low flows depending on anatomic dead-space and the minute ventilation of the patient.

Hyperbaric Oxygen Therapy (HBOT)

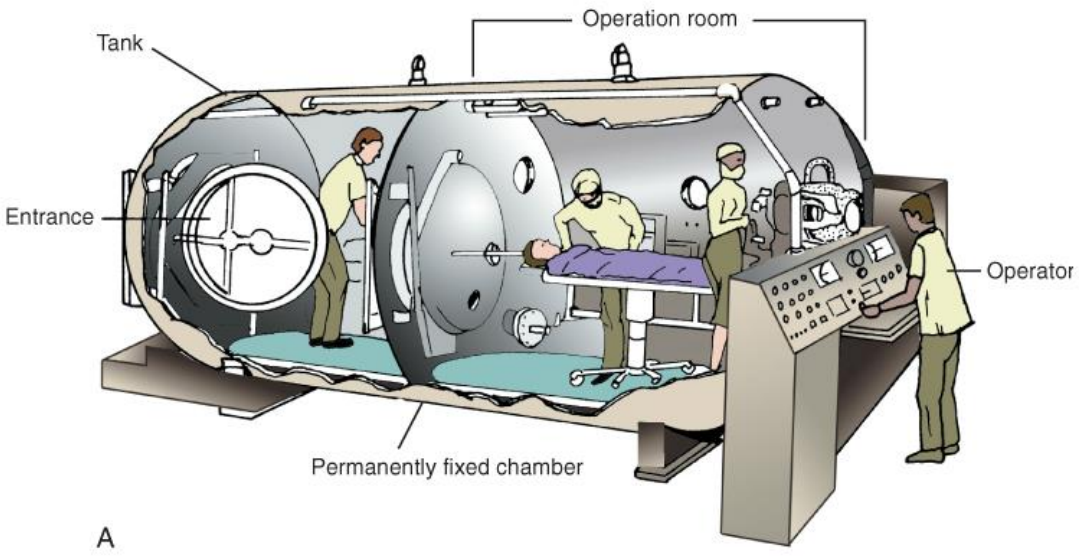
Did you know...

The Undersea and Hyperbaric Medical Society (UHMS) is an international, non-profit organization and is generally considered a primary source of scientific information for diving and hyperbaric medicine physiology worldwide.

Health Canada refers to UHMS guidelines and the CSA sets the standards for hyperbaric therapy in Canada.

The Basic Principles of Operation of Hyperbaric Chambers

The increased pressure inside the chamber, combined with the delivery of 100% oxygen (FiO_2 = 1.0), drives the diffusion of oxygen into the blood plasma at up to 10 times normal concentration. Patients are monitored at all times during HBOT, often by RTs.



Physiologic Effects of Hyperbaric Oxygen Therapy

While some of the mechanisms of action of HBOT, as they apply to healing and reversal of symptoms, are yet to be discovered, it is known that HBOT:

- greatly increases oxygen concentration in all body tissues, even with reduced or blocked blood flow;
- stimulates the growth of new blood vessels to locations with reduced circulation, improving blood flow to areas with arterial blockage;
- causes a rebound arterial dilation after HBOT, resulting in an increased blood vessel diameter greater than when therapy began, improving blood flow to compromised organs;
- stimulates an adaptive increase in superoxide dismutase (SOD), one of the body's principal, internally produced antioxidants and free radical scavengers; and,
- aids the treatment of infection by enhancing white blood cell action and potentiating germ-killing antibiotics.

Indications

As of 2019, the following indications are approved uses of hyperbaric oxygen therapy as defined by the Undersea & Hyperbaric Medical Society (UHMS):

1. Air or Gas Embolism
2. Carbon Monoxide Poisoning
   Carbon Monoxide Poisoning Complicated By Cyanide Poisoning
3. Clostridial Myositis and Myonecrosis (Gas Gangrene)
4. Crush Injury, Compartment Syndrome and Other Acute Traumatic Ischemias
5. Decompression Sickness
6. Arterial Insufficiencies:
   Central Retinal Artery Occlusion
   Selected problem wounds – diabetic ulcers ~~Enhancement of Healing In Selected Problem Wounds~~
7. Severe Anemia
8. Intracranial Abscess
9. Necrotizing ~~Soft Tissue~~ Infections
10. Osteomyelitis (Refractory)
11. Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
12. Compromised Grafts and Flaps
13. Acute Thermal Burn Injury
14. Idiopathic Sudden Sensorineural Hearing Loss*

(*approved on October 8, 2011 by the UHMS Board of Directors)

Potential complications of Hyperbaric Oxygen Therapy

- Barotrauma:
  - ear or sinus trauma
  - tympanic membrane rupture
  - alveolar over distension and pneumothorax
  - gas embolism

- Oxygen Toxicity
  - central nervous system toxic reaction (**Early signs of impending CNS toxicity include twitching, sweating, pallor and restlessness. These signs usually are followed by seizures or convulsions**)
  - pulmonary toxic reaction

- Other
  - Fire
  - Sudden decompression
  - Reversible visual changes
  - Claustrophobia
  - Decreased Cardiac Output (Cairo & Pilbeam,2004)

The Safety of Hyperbaric Chambers (Health Canada)

Hyperbaric chambers are class 3 medical devices which must be licensed by Health Canada before they can be imported and sold in Canada. The Medical Devices Regulations require that the medical devices imported and sold in Canada are safe, effective, and of quality manufacture. This is achieved by a combination of a pre-market review prior to licensing, and post-market surveillance of adverse events.

Health Canada has reviewed the scientific evidence related to hyperbaric chambers. The evidence shows that chambers are effective in treating at this time ~~13 of~~ the 14 conditions recognized by the Undersea and Hyperbaric Medical Society. Therefore, Health Canada has issued medical device licences for hyperbaric chambers to treat only these ~~13~~ 14 conditions. No device licences have been issued for the use of hyperbaric chambers to treat other conditions.

Undersea and Hyperbaric Medical Society
http://membership.uhms.org/?page=Indications

Undersea and Hyperbaric Medical Society Canadian Chapter
~~http://www.cc-uhms.ca/wp/~~
https://cuhma.ca/

University of Toronto HyperbaricMedicine.ca
(educational resource for healthcare professionals)
~~http://www.hyperbaric.utoronto.ca/hyperbaricmedicine/index.asp~~
https://www.uhn.ca/Surgery/Treatments_Procedures/Hyperbaric_Medicine_Unit

Oxygen Therapy at High Altitudes

Altitude Effects on the Availability of Oxygen

As altitude increases, barometric pressure decreases. Barometric pressure is the pressure that is exerted by the gases at a given point in the atmosphere and is the sum of the partial pressures of the component gases. The composition of the atmosphere does not change with altitude, however, the barometric pressure does. As altitude increases, there is a decrease in the partial pressure exerted by each component gas. Thus, as altitude increases, the partial pressure of oxygen in the alveoli decreases. A reduced partial pressure of oxygen results in a relative hypoxia.

Did you know…
In the cabin of a typical commercial aircraft, the pressure exerted is equivalent to the barometric pressure at 5000-8000 feet above sea level. As a result, patients who require oxygen supplementation at the ground level may require increased supplementation at an increased altitude.

The following document is helpful for those planning travel by commercial airline:

Transport Canada – "Passengers with Medical Oxygen"
~~http://www.tc.gc.ca/eng/civilaviation/standards/commerce-cabinsafety-tips-tips5-1368.htm#oxygen~~
https://tc.canada.ca/en/aviation/reference-centre/advisory-circulars/advisory-circular-ac-no-700-002#s4-1

It is also helpful to consult the website of the specific airline that the patient intends to travel with for assistance in planning/arranging air travel when oxygen is required.

Hyperbaric Oxygen & the 5th Authorized Act

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

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

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

As noted on page 37, the CRTO has endorsed the list of 14 indications for hyperbaric oxygen therapy that are established by the UHMS. Health Canada supports the application of HBOT that is based on the UHMS guidelines and warns against "off label" uses that have not been scientifically proven to be effective. The CRTO does not endorse "off label" use of hyperbaric therapy and the engagement of an RT in such activity may be considered professional misconduct.

Assessment of Oxygen Therapy

Oximetry

Oximetry is the measurement of blood hemoglobin (Hb) saturations using spectrophotometry. Several types of Oximetry are used in clinical practice. The methods most commonly encountered in RT clinical practice include:

- Hemoximetry (also called cooximetry) – performed in arterial blood gas analysis.
- Pulse Oximetry - portable, noninvasive monitoring technique

Pulse Oximetry

~~Pulse Oximetry.~~ Pulse Oximetry provides estimates of arterial blood oxyhemoglobin saturation levels, but as not actual SaO_2 measures. Therefore, pulse oximetry readings are recorded as SpO_2. Supplemental oxygen should be "prescribed" to a target blood hemoglobin saturation according to the population served and clinical presentation (Kacmarek et al, 2013.)

Pulse oximetry can be performed at rest, exercise, and during activity. The $Sp0_2$ measured with the oximeter is widely used in clinical practice. Some refer to the oxygen saturation as the fifth vital sign. It is important to fully understand the appropriate applications and limitations of this technology.

Guidelines for pulse oximetry are available from the **American Association of Respiratory Care (ARRC)** at: ~~http://www.rcjournal.com/cpgs/pulsecpg.html~~ https://www.aarc.org/wp-content/uploads/2014/08/08.92.897.pdf

Key Points to Remember:

- Follow manufacturers protocol;
- Always use compatible sensors;
- Ensure correct type, size and fit of sensor;
- Confirm adequacy and accuracy of reading (validate with ABG Sa02 when applicable);
- Adjust alarm according to the clinical situation;
- Apply standard precautions infection control;
- Inspect and change sensor site as needed;
- Never act on $Sp0_2$ alone, reading should reflect the patient's clinical condition; and
- Avoid using pulse oximetry to monitor hyperoxia in neonates.

This CBPG was not meant to be the last resource you will need to access to answer your clinical and professional practice questions. Alternatively, we have provided you with links to other important resources that you may need to access in order to obtain required information. Websites will change and we encourage you to let us know if you are unable to access any of the websites that we have connected you to. This is a "living document" and will have to adapt as the evidence and clinical best practice guidelines change.

We encourage all CRTO Members to be active in the ongoing development of this CBPG Oxygen Therapy and to continue to advocate for safe and ethical practices in your practice environment.

Glossary

(ATP) Ambient **T**emperature and **P**ressure = **(STP)** standard temperature and pressure = 0C and 1 atmosphere

BTPS = **B**ody **T**emperature and ambient **P**ressure **S**aturated = 37 °C, 1 atmosphere, and 44 mg H2O/L

Conserving devices
How long liquid and cylinder systems last before refilling depends on the amount of oxygen a person uses. Conserving devices extend the length of time. Oxygen systems deliver oxygen continuously during inspiration and exhalation. Conserving devices can be programmed to deliver oxygen during inspiration only, therefore reducing the amount wasted during exhalation.

Cryogenic Vessel - A static or mobile vacuum insulated container designed to contain liquefied gas at extremely low temperatures. Mobile vessels could also be known as "**Dewars**". Retrieved from: ~~http://www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php~~ https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/gmp-guidelines-0031/document.html

Drug Identification Number (DIN) a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada. A DIN uniquely identifies the following product characteristics: manufacturer; product name; active ingredient(s); strength(s) of active ingredient(s); pharmaceutical form; route of administration. Retrieved from: http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/dinfs_fd-eng.php

Fractional distillation the process of separating the portions of a mixture by heating it and condensing the components according to their different boiling points. Retreived from: http://medical-dictionary.thefreedictionary.com/fractional+distillation

Medical gas (either a single gas or a mixture of gases) is a gas that requires no further processing in order to be administered, but is not in its final package (e.g., liquefied oxygen) and is known as a bulk gas. Retrieved from: ~~http://www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php~~ **http://ccinfoweb2.ccohs.ca/legislation/documents/stds/csa/cmgpi12e.htm**

Manifold (rampe) - Equipment or apparatus designed to enable one or more medical gas containers to be filled at a time. ~~Retrieved from:~~ ~~http://www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0031_tc-tm-eng.php~~

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Council Briefing Note

AGENDA ITEM # 5.8 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Revised Interpretation of Authorized Acts (IAA) Professional Practice Guideline (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*That the CRTO meets and fulfills its Mission Statement and remains current with legislation, Member's obligations, and the publics expectations*
Attachment(s):	Appendix A – Revised Interpretation of Authorized Acts (IAA) PPG Appendix B – Consultation Feedback

PUBLIC INTEREST:
Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities when applying a form of energy, either ultrasound or AED.

ISSUE:
Previously revised in March 2020, the IAA PPG has been revised to incorporate the previous position statement regarding the Use of AED's by Respiratory Therapists and create a more concise source of information.

BACKGROUND:
Under the new CRTO's policy framework, the combination of these two documents will provide clear direction and expectations in the application of a form of energy and provide a better understanding of the ordering mechanism and delegation requirements.

ANALYSIS:

Summary of Changes
The main changes of the IAA PPG is the addition of the AED section to merge the AED position statement with the PPG and removal of the position statement from the CRTO website.

Although the document has been updated the intention of the document has not changed. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations.

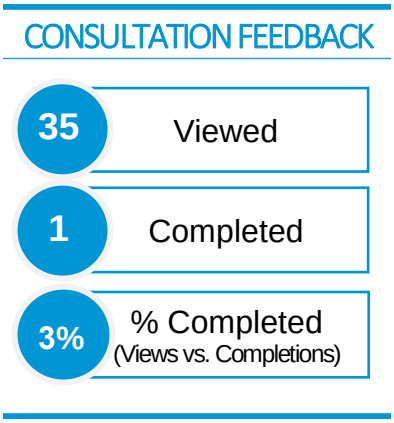
Public Consultation

The document was posted according to the CRTO's public consultation process. A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the October bulletin. In total, 35 people viewed the consultation survey, and 1 response was received (from a Respiratory Therapists).

There were no comments received. No changes were made to the IAA PPG as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: October 14, 2021
Length of time consultation was open: 30-days
Date consultation closed: November 14, 2021



RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Interpretation of Authorized Acts PPG as per the attached Motion.

NEXT STEPS:

If the Motion is approved, the PPG will be formatted, published to the website and circulate to CRTO Members.

Council Motion

AGENDA ITEM # 5.8

Motion Title:	*Draft Revised Interpretation of Authorized Acts Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Revised Interpretation of Authorized Acts Professional Practice Guideline* as presented. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Interpretation of Authorized Acts PPG

Revised Interpretation of Authorized Acts PPG.

College of Respiratory Therapists of Ontario

Professional Practice Guideline

Interpretation of Authorized Acts

CRTO publications containing practice parameters and standards should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these CRTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

> It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

March 2020
The CRTO will update and revise this document every five years, or earlier, if necessary.
The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Table of Contents

Introduction

Scope of Practice of Respiratory Therapy

The scope of practice outlined in the *Respiratory Therapy Act* (*RTA*) states:

The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation (*RTA.* s.3)

While the **professional scope of practice**, as defined by the *RTA,* is broad, each RT has their own **personal scope of practice** that is influenced by factors such as their role within their specific practice setting. It is important to remember that having the authority to perform a controlled act does not mean it is appropriate to do so. The CRTO's Standards of Practice states that a Respiratory Therapist must practice within both the professional scope of practice and their personal scope of practice (Standard 4 – Competence/Ongoing Competence)

It is also important to note that not all tasks that might fall under a particular authorized act are within the scope of practice of Respiratory Therapy.

For example…

"*Administering a substance by injection or inhalation*" is a controlled act authorized to RTs. This enables RTs are to administer medications by injection that are within the RT scope of practice (e.g., flu vaccines, procedural sedation, etc.). However, medications such as forms of botulinum toxins (i.e., Botox) are outside of the RT scope of practice. Therefore, to administer those types of substances, a formal delegation process is required.

Controlled Acts, Public Domain & Authorized Acts

Controlled Acts

The *Regulated Health Professions Act* (*RHPA*) identifies fourteen **controlled acts** that pose a significant risk of harm to the public of Ontario [*RHPA* section 27(2)]. These acts may only be performed by regulated health professionals who are authorized by their profession-specific acts (e.g., *Respiratory Therapy Act*).

If that authority has not been granted to an individual via their professional specific legislation, there are two alternative processes by which a controlled act can be performed, which are as follows:

1. **Legislative Exceptions & Exemptions**
   The *RHPA* identifies certain exceptions where an individual may perform controlled acts even if they do not have the necessary authority to do so, and these are outlined in the Exceptions within the RHPA section of this practice guideline. In addition, there are exemptions in other legislation that enables Respiratory Therapists and other healthcare professions to perform other specific tasks. This is outlined in the Exemptions within the Controlled Acts Regulation section of this practice guideline.

2. **Delegation**
   Authority to perform a controlled act may be obtained through the process of delegation from a regulated health professional who has the authority to perform the controlled act to another person (regulated or unregulated), who does not have

this authority. The controlled acts that are not authorized to Respiratory Therapists but that could be delegated are outlined in the Delegation of Controlled Acts Not Authorized to Respiratory Therapists section of this practice guideline.

Public Domain

If a task is not a controlled act, then it is considered to be in the **public domain** and may be performed by anyone (regardless of whether they are a regulated healthcare professional or not), provided they are competent to do so. Regulated health professionals must adhere to the standards of practice of their respective profession while performing activities that fall within the public domain.

Examples of Public Domain tasks…

1. Administering an oral medication;
2. Spirometry (with no bronchodilators)

Controlled Acts Authorized to Respiratory Therapists

The *Respiratory Therapy Act* (RTA) is the profession-specific legislation that lists the five controlled acts authorized to Respiratory Therapists (RTs)* in Ontario. These five controlled acts are referred to as the profession's authorized acts** and are as follows:

1. *Performing a prescribed procedure below the dermis*.
2. *Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx*.
3. *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx*.
4. *Administering a substance by injection or inhalation.*
5. *Administering a prescribed substance by inhalation*.

*In this practice guideline, "Respiratory Therapists (RTs)" refers to CRTO Members who hold an Active General Certificates of Registration with the CRTO with no terms, conditions or limitations preventing them from performing any authorized acts. Graduate Respiratory Therapists (GRTs) and Practical (Limited) Respiratory Therapists (PRTs) have specific terms, conditions and limitations that are outlined below.

** All five authorized acts may be performed on adult, pediatric and neonatal populations.

Please note…

Authorized Act #4 enables **RRTs, PRTs & GRTs** to perform all procedures that fall under the authorized act *Administering a substance by injection or inhalation*, **provided they have a valid order**.

Authorized Act #5 enables only **RRTs** to administer a substance that is "prescribed" in regulation. In this case, the regulation is the *Prescribed Substance Regulation* and the substance is oxygen. **This authorized act does not have the requirement of an order**. Therefore, an RRT can independently administer oxygen, provided they are not prevented from doing so by any other piece of legislation or polices. More information can be found on this act in the Administering a prescribed substance by inhalation section of this practice guideline.

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

In this first authorized act, "prescribed" means prescribed in regulation. The *Prescribed Procedures Regulation* lists the specific procedures included under the controlled act of *"performing a prescribed procedure below the dermis"* and separates them into two categories: basic and advanced. Table 1 outlines what procedures are contained within the regulation and provides some examples of specific procedures. Please note that the list of examples is not exhaustive and is offered simply as a point of clarification.

Table 1: Prescribed Procedures below the Dermis

Procedure	Examples
Basic	
i. Arterial, venous, and capillary puncture.	• Arterial Blood Gas.
ii. Insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula.	• Arterial line.
iii. Insertion, suturing, aspiration, repositioning, manipulation, and removal of a venous cannula.	• Peripheral IV • Internal Jugular Vein cannulation
Advanced	
i. Manipulation or repositioning of a cannula balloon.	• Pulmonary Capillary Wedge Pressure (PCWP). • Intra-Aortic Balloon Pump (IABP)
ii. Chest needle insertion, aspiration, reposition, and removal.	
iii. Chest tube insertion, aspiration, reposition and removal.	
iv. Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.*	
v. Intraosseous needle insertion.	
vi. Subcutaneous electrode placement for interoperation and perinatal fetal monitoring.	

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

Specific Requirements for Performing Prescribed Procedures below the Dermis

- To perform any procedure classified as Advanced, a Registered Respiratory Therapist (RRT) must have completed a CRTO approved certification/recertification program within the past two years. More information is available in the CRTO's Certification Programs for Advanced Prescribed Procedures below the Dermis PPG.

- Graduate Respiratory Therapists (GRTs) and Practical Respiratory Therapists (PRTs) must not perform any procedure classified as Advanced, even if they have successfully completed an approved certification program.

- PRTs must not perform any procedure classified as Basis unless they have been granted to do so by the CRTO's Registration Committee (i.e., have specific terms and conditions applied to their certificate of Registration).

Table 2: Procedures below the Dermis & Tracheostomy Tube Changes.

Procedure	RRT	GRT*	PRT
Basic prescribed procedures.	✔	✔	**
Advanced prescribed procedures.	✔		

Regional Anesthesia

The insertion of spinal, epidural blocks and peripheral nerve blocks are not authorized under the current *Prescribed Procedures* regulation; therefore, delegation is required. The injection of medication through these routes; however, falls under "*administering a substance by injection or inhalation*", which is authorized to RTs.

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

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

Examples of tasks an RT can perform under this authorized act are:

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

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

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

An RT may perform suctioning via a number of routes, including nasopharyngeal, tracheal, nasogastric, and bronchoscopic. The *RTA* does not require an order for this authorized act; however, other pieces of legislation may have an impact on whether or not an order is required (e.g., *Public Hospitals Act* – Hospital Management Regulation). In addition, an RT must comply with their employer's policies and procedures regarding suctioning.

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

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

1. Under this act, an RT may *administer a substance by inhalation* in the following forms:

    - **Liquids** (e.g., surfactant, epinephrine instillation)
    - **Powders** (e.g., Turbuhaler™, Diskus™)
    - **Aerosols** (e.g., wet nebulization, bronchodilators, narcotics, antibiotics, bronchoprovocators (e.g., Methacholine)
    - **Gases**
        - anesthetic (e.g., Nitrous oxide)
        - non-anesthetic (e.g., Oxygen, Heliox, Nitric Oxide, Compressed Air)
        - specialized (e.g., Carbon Monoxide, Helium, Nitrogen)
        - pressurized (e.g., invasive and non-invasive positive pressure ventilation - including CPAP, BiPAP, Hyperbaric Oxygen Therapy)
    - **Vapors** (e.g., anesthetic agents such as Isoflurane)

2. Under this act, an RT may *administer substances by injection* via the following routes:
    - **Intravascular** –(e.g., Intravenous D5W, Normal Saline, Ringers Lactate, blood products)
    - **Intramuscular** (e.g., Vaccines, Vitamin K, Narcan, Epinephrine)
    - **Intradermal** (e.g., TB test)
    - **Sub-cutaneous** (e.g., Xylocaine, Heparin)

Please note…

Vaccines administered by RTs must only be those recommended in established guidelines (e.g.,ATS, CTS) for the management of cardiorespiratory and associated disorders (e.g., COVID, Influenza, Pneumococcal Pneumonia).

Non-Invasive Positive Pressure Ventilation (NIPPV)

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

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

The *Prescribed Substances Regulation* currently lists oxygen as the substance that RTs can administer. RRTs, PRTs & GRTs have always been able to - and still are able to - administer oxygen on the order of a physician, midwife, dentist or nurse practitioner. The difference with the 5th authorized act is that, similar to suctioning, it does not have the requirement of an order. This means that RRTs, depending on where they work, can independently initiate, titrate or discontinue oxygen-based solely on their own professional judgment. **Please note that this authorized act only applies to RRTs.**

It is important to understand, however, that there are other pieces of legislation and policies that limit where RTs can independently administer oxygen. The most applicable piece of legislation, in this instance, is the *Public Hospitals Act – Hospital Management Regulation*, which stipulates that every act performed in a public hospital requires an order and limits who can provide those orders. However, this restriction does not apply to non-public hospital/community practice settings (e.g., Home Care, Family Health Teams, private community-based clinics, etc.).
In addition, the Home Oxygen Therapy Policy and Administration Manual (October 2019) currently stipulates that the initiation and discontinuation of oxygen must be ordered by a physician and that any changes to the prescription are the responsibility of the ordering physician.

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

For example…

An RRT working in the community who has been asked to provide oxygen to a patient who is self-paying for the therapy. In this situation, the RRT may initiate, titrate and/or discontinue therapeutic oxygen based solely on their own professional judgement. The RRT must make their own determination on the patient's oxygen settings and set their own fee structure. As with any situation when charging for clinical services, the RRT will need to ensure that:

1. the therapy is clinically indicated;
2. they are not in a conflict of interest;
3. the patient is making a fully informed decision on their course of care; and
4. they are charging a fair and reasonable rate for their services*.

*Currently, RRTs do not have the ability to bill OHIP for services.

Hyperbaric Oxygen Therapy (HBOT)

The 5th authorized act, in combination with the *Prescribed Substances* regulation, permits RTs to independently administer therapeutic oxygen. Therefore, in a hyperbaric clinic located outside of a hospital, RRTs can administer oxygen without the additional requirement of an order from a physician or other authorizer. However, this administration of oxygen must occur in accordance with a diagnosis and prescribed treatment plan (e.g., dive depth/pressure, time, etc.) that has been determined by the most responsible physician. RRTs cannot independently initiate hyperbaric therapy.

In both the hospital and community setting, certification as a Hyperbaric Technologist by the Undersea and Hyperbaric Medical Society (UHMS) sets the industry standard and that any RRT administering HBOT would be expected to perform to. In the *Oxygen Therapy* PPG, the CRTO outlines the list of 14 indications for hyperbaric oxygen therapy that are established by the UHMS. Health Canada supports the application of HBOT that is based on the UHMS guidelines and warns against "off label" uses that have not been scientifically proven to be effective. **Therefore, the CRTO does not endorse "off label" use of HBOT and the engagement of an RT in such activity by an RT may be considered professional misconduct** (*Professional Misconduct Regulation* (s.7) - *Recommending, dispensing or selling medical gases or equipment for an improper purpose*)**.** In addition, the CRTO's Standards of Practice states that *RTs must refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis.* (Standard 8 – Evidence Informed Practice)

Considerations when Performing Authorized Acts

When determining if it is appropriate to perform an authorized act, an RT must first consider the following:

- Is the performance of the authorized act in the best interest of the patient?
- Do they possess the requisite competencies (knowledge, skills & abilities) to perform the authorized act safely?
- Is the performance of this particular task within the Scope of Practice of Respiratory Therapy?
- Does their Certificate of Registration permit them to perform it (i.e., do they hold the appropriate certificate of registration required, and are there any terms, conditions, or limitations on their Certificate of Registration preventing them from performing this task?)
- Is an Authorizing Mechanism (Direct Order or Medical Directive) required to perform this authorized act, and, if so, do they have a valid order (direct order or medical directive) from an authorized prescriber?

Authority & Authorizing Mechanisms

As mentioned at the beginning of this practice guideline, other methods of gaining the authority to perform a controlled act are delegation and exceptions that exist within specific pieces of legislation, such as the *RHPA* and the *Controlled Acts Regulation*.

Delegation of Controlled Acts Not Authorized to Respiratory Therapists

RTs may, in some specific circumstances, receive delegation to perform a controlled act that is not authorized to Respiratory Therapists. This is permitted provided the specific task to be performed falls within the Scope of Practice of Respiratory Therapy. The controlled acts that RTs are permitted to accept delegation are as follows:

- *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis*. (*RHPA* s.27 (2)1)

- *Putting an instrument, hand or finger,*
    - *beyond the external ear canal,*
    - *beyond the opening of the urethra*
    - *beyond the labia majora,*
    - *beyond the anal verge*
    - *into an artificial opening into the body.* (*RHPA* s.27 (2)6)

- *Applying or ordering the application of a form of energy prescribed by the regulations under the RHPA.** (*RHPA* s.27 (2)7)
  *The Controlled Acts Regulation (Forms of Energy) outlines the specific tasks that fall under this controlled act.

- *Dispensing a drug as defined in the Drug and Pharmacies Regulation Act.** (*RHPA* s.27 (2)8)
  * RTs are not permitted to receive delegation for the other portions of this controlled act, which are *prescribing, selling, or compounding a drug* and *supervising the part of a pharmacy where such drugs are kept*. More information on Dispensing is available in the CRTO's Administering and Dispensing Medications PPG.

- *Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.* (*RHPA* s.27 (2)13)

More information on the delegation process is available in the CRTO's Delegation of Controlled Acts Professional Practice Guideline (PPG).

Exceptions within the *RHPA*

The RHPA contains certain exceptions that enable someone who is not otherwise authorized to perform a controlled act in specific circumstances, provided they have the requisite competence (knowledge, skills, and judgment) to perform the task safely. The exceptions outlined in the RHPA are as follows:

- *Rendering first aid or temporary assistance in an emergency;* (*RHPA* s.29 (1)a)

- *Fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;* (*RHPA* s.29 (1)b)

Please note…

Student RTs do not require delegation to perform controlled acts. They are permitted to perform controlled acts authorized to Respiratory Therapists via the exception in the *RHPA* provided:

1. they are enrolled in a program to become a Respiratory Therapist, and only perform the authorized acts as part of their educational program;
2. the authorized acts are within the Respiratory Therapy scope of practice; AND
3. they perform these authorized acts under the supervision or direction of a Member of the profession.

- *Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;* (*RHPA* s.29 (1)c)

- *Treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2)* (*RHPA* s.29 (1)d), which are*:*

    - *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis*. (*RHPA* s.27 (2)1)

    - *Administering a substance by injection or inhalation*. (*RHPA* s.27 (2)5)

    - *Putting an instrument, hand or finger*,
        - *beyond the external ear canal,*
        - *beyond the point in the nasal passages where they normally narrow,*
        - *beyond the larynx,*
        - *beyond the opening of the urethra,*
        - *beyond the labia majora,*
        - *beyond the anal verge, or*
        - *into an artificial opening into the body.* (*RHPA* s.27 (2)6)

- *assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2)* (*RHPA* s.29 (1)d), which are:

    - *Administering a substance by injection or inhalation*. (*RHPA* s.27 (2)5)

    - *Putting an instrument, hand or finger*,
        - *beyond the external ear canal,*
        - *beyond the point in the nasal passages where they normally narrow,*
        - *beyond the larynx,*
        - *beyond the opening of the urethra,*
        - *beyond the labia majora,*
        - *beyond the anal verge, or into an artificial opening into the body.* (*RHPA* s.27 (2)6)

Exemptions within the *Controlled Acts Regulation*

Tracheostomy Tube Changes

The authority for RTs to perform tracheostomy tube changes for an established stoma and for a fresh stoma is derived from the *Controlled Acts* Regulation (s.14).

Table 3: Procedures below the Dermis & Tracheostomy Tube Changes.

Procedure	RRT	GRT*	PRT
Tracheostomy tubes change for a stoma that is more than 24 hours old.	✔	✔	**
Tracheostomy tubes change for a stoma that is less than 24 hours old.	✔		

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

** PRTs are only able to perform tracheostomy tubes change for a stoma that is more than 24 hours old if explicitly permitted to do so by the terms and conditions of ~~his/her~~ their certificate of registration, and for the purpose of gaining competence in that procedure and only if performed under the direct supervision of a regulated health professional who is authorized to perform the procedure.

Please note…

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

Please note…

That the timelines regarding tracheostomy tube changes of > and < 24 hours refers to surgical tracheostomies, not Percutaneous Tracheostomies. When changing percutaneous tracheostomy tubes, RTs must ensure they are doing so in accordance with their organizational policy with respect to timelines.

Applying a Form of Energy

The "application of a form of energy", which is listed as a controlled act in the *RHPA*, is not authorized to Respiratory Therapists under the *Respiratory Therapy Act, 1991*. Two of these procedures outlined under this controlled act, can apply to the practice of Respiratory Therapy, and may be performed under specific circumstances, with the requisite knowledge, skill and competency. These include:

- diagnostic ultrasound

- use of an Automatic External Defibrillator (AED)

Diagnostic Ultrasound

~~The Forms of Energy section of the *Controlled Acts Regulation* outlines the procedures that fall under the controlled act "application of a form of energy". One of those procedures is the application of soundwaves for diagnostic ultrasound~~. Diagnostic ultrasound is classified as an ultrasound that produces an image or other data and is used to visualize structures (e.g., for procedural guidance) and requires frequencies between 2 and 20MHz .

As of January 1, 2019, RTs who wish to use diagnostic ultrasound in their practice (e.g., radial arterial line catheterization, lung ultrasound) require **both delegation and a valid order** (direct order or medical directive). Information regarding the delegation process can be found in the CRTO's Delegation of Controlled Acts PPG. Information regarding orders can be found in the CRTO's Orders for Medical Care PPG.

~~Information on ultrasound is available on the CRTO's Diagnostic Ultrasound Communiqué.~~ In addition, the Respiratory Therapy Society of Ontario (RTSO) has assembled resource documents, including templates that can be adapted to local practice settings to assist RTs in establishing the necessary delegation and order processes. This material can be found on the RTSO webpage entitled ~~Point of Care Ultrasound Delegation and Medical Directive Resources for RRTs and RRT/AAs.~~ Ultrasound for RRTs & RRT/AAs – Respiratory Therapy Society of Ontario (rtso.ca)

AED

The use of an AED can only be performed if authorized by:

- An order *and* delegation, **or**;
- Exercise of the emergency exception in the RHPA.

How to Authorize the Use of an AED

Order and Delegation

The preferred authorization mechanism is the combination of an order and delegation. Under this approach, the **order** serves to authorize the use of the AED (the application of energy) and the **delegation** *transfers* that authority to the RT. Ideally, this is done "in the moment" on a case-by-case basis, although this may not be practical in the urgency associated with the management of a cardiac arrest. As such, it is permissible to use a standing medical directive and delegation that would apply in these scenarios (i.e., an organization-wide medical directive and delegation that allows any RT who has been trained in the use of AEDs to apply them in specified situations, such as a cardiac arrest).

Emergency Exception

There is an emergency provision in the RHPA that allows for an exception to the restriction on controlled acts. This exception assumes that performance of the controlled act in question is not carried out frequently and that it is truly an emergency. Further, it is important to distinguish between an unforeseen emergency and a "regular" emergency. This distinction is recognized in the *Good Samaritan Act, 2001,* which provides immunity from negligence lawsuits for health professionals who provide "emergency health care services or first aid assistance" at a place other than a hospital or health care facility, thereby implying that those are unforeseen emergencies, whereas the work they do IN hospital and health care facilities are "regular" emergencies. The combination of an order and delegation would be the most appropriate approach for managing "regular" emergencies, although clearly not all cardiac arrests are foreseeable. Therefore, it is acceptable for an RT to apply an AED under the emergency exception, yet ***only*** in circumstances where an order and delegation are not available.

Authorizing Mechanisms (Direct Orders and Medical Directives)

Of the five controlled acts authorized to RTs via the *RTA*, three require additional authorizing mechanisms such as direct orders or medical directive.

Table 4: Authorizing Mechanisms

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

The *RTA* s 5(1) states RTs are only permitted to accept a direct order/medical directive from one of the following regulated health care professionals:

- *a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;*
- *a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or*
- *a member of a health profession that is prescribed by regulation.*

Additional information on authorizing mechanisms can be found in the CRTO's *Orders for Medical Care* PPG.

Other Considerations

Relevant Legislation

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

Employers Requirements

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

For clarification about procedures or activities that are not listed in this guideline, please contact the CRTO's Coordinator of Quality Practice at arndt@crto.on.ca.

Appendix B: Interpretation of Authorized Acts PPG Consultation Survey Results

Answers to Questions
Draft Interpretation of Authorized Acts PPG Consultation 2021
As of: 11/15/2021

Page: Interpretation of Authorized Acts PPG Background

Page: About You

Question: Are you a...

Number Who Answered: 2

Respiratory Therapist (including retired)	2	100 %
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	0	0 %

Question: I live in...

Number Who Answered: 2

Ontario	2	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

Page: Questions

Question: Interpretation of Authorized Acts Consultation 2021

Number Who Answered: 0

Question: Do you agree that the purpose of the Interpretation of Authorized Acts PPG is clear?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: If no, please explain

Number Who Answered: 0

Question: Do you agree that the Interpretation of Authorized Acts PPG is clear and understandable?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Is the Interpretation of Authorized Acts PPG free from omissions and/or errors?

Number Who Answered: 1

Yes	No
0	1
0 %	100 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Does this Interpretation of Authorized Acts PPG provide you with sufficient understanding of the expectations?

Number Who Answered: 1

Yes	No
1	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: 0

Council Briefing Note

AGENDA ITEM # 5.9 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Draft Revised Documentation Professional Practice Guideline (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*Protecting patient information and privacy by ensuring Respiratory Therapists understand their responsibilities when documenting.*
Attachment(s):	Appendix A - Revised Documentation PPG Appendix B – Consultation Feedback

PUBLIC INTEREST RATIONALE:
This PPG ensures that Respiratory Therapists in Ontario understand the professional responsibilities and requirements set out by the CRTO and legislation, regarding documentation, the handling of patient information and privacy.

ISSUE:
Previously revised in June 2015, the Documentation PPG has been reviewed and updated to expand on current documentation standards and expectations.

BACKGROUND:
This PPG sets out direction and expectations of RT's when documenting in several methods (e.g., electronic), formats, (e.g., templates) and practice settings (e.g., while supervising, or on transport), and the potential implications if the standards are not met or privacy is breached.

ANALYSIS:

Summary of Changes
This PPG has been updated to expand on the definition of patient/client contact, corrections to the medical record, and the use of dictation and templates. It also outlines the expectations for

documenting across different practice settings, and the importance of understanding how to document while supervising.

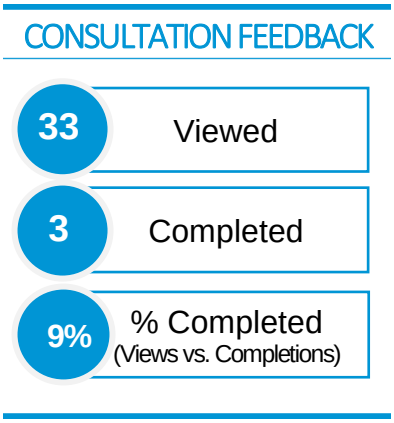
Public Consultation

The document was posted according to the CRTO's public consultation process. A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the October bulletin. In total, 33 people viewed the consultation survey, and 3 response were received (all Respiratory Therapists).

There were no comments received. No changes were made to the Documentation PPG as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: October 14, 2021
Length of time consultation was open: 30-days
Date consultation closed: November 14, 2021



RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Documentation PPG as per the Motion.

NEXT STEPS:

If the Motion is approved, the PPG will be formatted, published to the website and circulate to CRTO Members.

Council Motion

AGENDA ITEM # 5.9

Motion Title:	*Draft Revised Documentation Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Revised Documentation Professional Practice Guideline* for approval. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Documentation PPG

Revised Documentation PPG.

College of Respiratory Therapists of Ontario Professional Practice Guideline

Documentation

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

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

June 2015

The CRTO will update and revise every 5 years, or earlier if necessary.

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

Table of Contents

DOCUMENTATION DEFINED

This Professional Practice Guideline (PPG) describes the professional and legal obligations of **CRTO Members** with respect to **Personal Health Records** (PHR) and documentation.

For the purpose of this PPG, the term Personal Health Record' or "PHR" refers to the record of clinical care provided to the patient/client, including (but not limited to):

- flow-sheets;
- progress notes;
- laboratory results;
- medical orders; and
- monitoring strips.

The term 'Documentation' refers not only to what is recorded in the PHR but also in:

- equipment maintenance records;
- transfer of accountability (TOA) reports;
- worksheets; and
- adverse event/critical incident reports.

There are various pieces of legislation that pertain to documentation, including (but not limited to):

- *Public Hospitals Act*;
- *Independent Health Facilities Act*;
- *Long Term Care Act*;
- *Laboratory Licensing Act*;
- *Personal Health Information Protection Act (PHIPA)*;
- *Personal Information Protection and Electronic Documents Act* (*PIPEDA*);and
- *Excellent Care for All Act*.

Myth:

"*Only the information contained within a patient's chart can be used in a court of law".*

Fact:

All patient/client information that is either electronically or paper generated is part of the personal health record and can potentially be used in a court of law.

~~**Please note…**~~

~~In addition to the CRTO standards of practice and relevant legislative requirements, Members are also accountable to adhere to their employer's policies.~~

~~Along with government legislation, there are other entities that Respiratory Therapists (RTs) are accountable to regarding documentation; namely their employer and the CRTO. Employers often have their own specific expectation regarding how their staff should chart in the patient's PHR (e.g., **narrative charting**, **charting by exception**, **problem-oriented charting**, **focus charting**~~).

The CRTO's *Standard of Practice,* which outlines the expectation of RTs when documenting ~~managing therapeutic and/or professional relationships,~~ states that:

"Patients/clients can expect that RTs keep complete, clear, timely, objective, and accurate records of the care provided and that privacy/confidentiality is protected."

> ~~"*The RT appropriately manages these therapeutic and/or professional relationships by documenting all patient/client contacts as soon as possible, including the transcription of orders*".~~

This *Documentation* PPG is intended to provide Members with information on the CRTO's expectations related to documentation. The CRTO has also developed several ~~a number of~~ other relevant PPGs that may have complementary and overlapping information related to documentation, such as:

- *Interpretation of Authorized Acts;*
- *Delegation of Controlled Acts;*
- *Responsibilities Under Consent Legislation;*
- *Responsibilities of Members as Educators;* and
- *Orders for Medical Care*.

Charting Styles

RTs may select any style of charting that fits with their practice, provided that it adheres to both the standards, expectations and requirements of both the CRTO and the employer. ~~expectation regarding documentation and their employer's standards and requirements.~~ Examples of different charting styles are:

- DARP (Data, Action/Analysis, Response, Plan)
- SOAP/SOAPIE(R) (Subjective, Objective Data, Assessment, Plan, Intervention, Evaluation, Revision);
- Narrative charting, which includes progress notes and flow-sheets; and
- Charting by Exception

CRTO Members are encouraged to work with their employers and health records department to ensure that all the requisite documentation standards and requirements are met.

The Purpose of Documentation

Communication

The primary purpose of documentation is to facilitate ongoing communication that supports the continuity, quality, and safety of care. As a key mode of communication, any health care provider reading the PHR must be able to understand what has taken place, who was involved and what the outcome for the patient/client was. An accurate and comprehensive record of the patient status, interventions and responses helps to facilitate collaborative ~~team~~ decision-making regarding the ongoing treatment plan.

Evidence of Care

Documentation also serves as written evidence of the care provided to the patient/client. Complete, accurate and objective documentation is important for many ~~a number of~~ reasons; one of which is that it provides essential evidence that is often required in legal proceedings (e.g., civil court), as well as the CRTO's complaints and discipline process.

Research & Quality Improvement

Aggregate data collected from a patient's PHR (e.g., chart audits; length of stay (LOS) audits) provides valuable information for health research activities. This research contributes to ~~in turn, drives a number of~~ Continuous Quality Improvement (CQI) initiatives (e.g., Asthma Care Pathways, readmission outcomes) that are aimed at improving health care outcomes for all patients/clients.

The Principles of Documentation

Documentation is effective when it enables members of a patient/client's health care team to have access to the information needed to deliver optimal patient/client care (for both present

and future needs). Regardless of the practice setting (ICU, home care, emergency, outpatient clinic**, primary care**, operating room (OR), diagnostics, research), the principles of PHR documentation are the same. The CRTO acknowledge the difficulties often associated with documenting in areas such as the OR, emergency, home care and patient transport. However, we encourage all CRTO Members to work with their employer ~~in order~~ to find solutions to these challenges.

Effective documentation forms the basis of any PHR and must be:

- Clear, concise, comprehensive and courteous;
- Non-discriminatory
- Accurate;
- Relevant;
- Objective;
- Permanent;
- Legible;
- Chronological;
- Identifiable, containing a signature or audit trail that identifies the author
- Timely; and
- Entered in a manner that prevents or deters alteration.

For example…

If three (3) attempts are required to successfully intubate a patient, then all three (3) attempts should be documented.

Patient/Client Contact Defined

The professional standard of practice is that every contact between an RT and a patient/client must be documented. A patient/client contact can include contact for the purposes of:

- performing an examination, diagnostic procedure, therapeutic intervention; or
- providing education to a patient/client and/or their family, caregiver or advocate.

For example…

Conferring with other members of the health care team (including the patient/client's family members) regarding their orders or medical status is also considered to be a patient/client contact.

It is important to note that patient/client contact includes not only direct patient/client care, but also indirect contact regarding a specific patient/client, such as communication via:

- Telephone;
- Fax
- Regular mail
- Email
- Electronic (including text, social media)
- Virtual (including video conference and telemedicine)
- ~~Text messaging~~
- ~~Social media contacts (e.g., Facebook™, Twitter™)*~~
- ~~Video conference (e.g., Zoom Skype™)~~
- ~~Telemedicine (e.g., Ontario Telemedicine Network™)~~

*For information on the use social media in professional practice, please view the PPG Use of Social Media by Respiratory Therapists ~~elearning module *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals*~~.

Confidentiality & Privacy of Personal Health Records

All RTs must respect and protect patient /client confidentiality and privacy in every aspect of their practice. RTs can only share patient/client information with the consent of the patient/client, or as required where permitted by law. Personal health information should only be shared within the **"circle of care"** in the following circumstances:

- If reasonably necessary for the provision of health care (providing information to another member of the health care team);
- If required by law (e.g., as part of an investigation under the *Regulated Health Professions Act; reporting of suspected child abuse under the Child and Family Services Act)*; or
- To disclose a risk of harm as enabled *PHIPA* under section 40 (1) *Disclosures related to risks,* which states that:

~~Circle of Care – Sharing Personal Health Information for Health Care Purposes~~

Circle of Care – Sharing Personal Health Information for Health Care Purposes

circle-of-care.pdf (ipc.on.ca)

The term "circle of care" is not defined in *PHIPA*. However, it is a term commonly used to describe the ability of certain health information custodians to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in *PHIPA*.

40. (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

PHIPA provides specific guidance for handling the collection, use and disclosure of personal health information by information custodians. RTs who are employees of hospitals, or most other facilities, are not custodians but "**agents**" of organizational custodians. Therefore, it is the organizational custodian (employer) who is responsible for developing policies and procedures for the collection, use, disclosure, and protection of personal health information under *PHIPA*, and for ensuring compliance. As an agent, the RT must comply with the custodian's privacy practices when acting on the custodian's behalf, unless otherwise permitted by law.

RTs who are self- employed or are employed by others who are not **health information custodians** (e.g., an insurance company, a school board, industry) are considered to be health information custodians, and therefore responsible for developing a privacy policy and ensuring compliance with *PHIPA.*

Members are reminded that confidentiality is not limited to sharing of health records with others, and should consider other potential breaches, such as:

- Discussing a patient/client in a public place such as elevator/cafeteria;
- Viewing a patient's health record without authorization (including your own or that of a family member); and
- Leaving a patient's health record unattended where it can be viewed by others (including a computer screen).

Please note…

"*Giving information about a patient or client to a person other than the patient or client or his or her authorized representative except with the consent of the patient or client or his or her authorized representative or as required by law*" is considered to be professional misconduct.

(s.11 *Professional Misconduct*, O.Reg. 753/93).

While less secure and reliable, many healthcare organizations continues to rely on fax machines for the transmission of patient information. Members should take extra care when faxing and receiving faxes containing personal health and other confidential information by ensuring:

- There is a confidentiality message on the fax cover sheet indicating that the information is confidential and if received in error the sender should be contacted and the fax destroyed securely without being read;
- The fax number is confirmed by the recipient and double-checked by sender;
- Recipients are called in advance when a highly confidential fax is being transmitted;
- Receipt of fax is confirmed by the recipient;
- The fax machine is securely located;
- Incoming faxes are distributed on arrival;
- Outgoing fax cover sheets are marked "confidential"; and
- Any outgoing fax is collected after transmission.

Please note…

When transporting confidential PHRs (e.g., from a home care company's office to patient/client homes), Members should ensure that PHRs are kept out of sight and that vehicles are securely locked.

ELEMENTS OF DOCUMENTATION

Content of the Patient/Client Personal Health Record

Unless it is inconsistent with other legislation covering the health record, an acceptable patient/client's health record includes the following:

- Unique patient/client Identifiers, such as the patient/client's name and home address;

- Most responsible physician(s) (MRP) or other health professional(s), such as the name of the primary care physician;

- Reason for referral and diagnosis, if applicable; and

- Clinically relevant information regarding the patient/client, such as the date and time for each patient/client contact.

Inaccurate, Incomplete or Falsified Documentation

Documentation, or the lack of it, often plays a significant role in legal matters surrounding health care. In cases that are referred to the CRTO's ICRC, it has been noted that the amount of documentation is frequently not sufficient to accurately reflect what took place. All too often, there is little or no record of event or the RTs role.

Please note…

There have been several ~~a number of~~ cases brought to the CRTO's attention where an RT has intentionally falsified a patient/client's PHR. This is a very serious offense, and it is essential that Members understand that the following is considered to be professional misconduct:

"Falsifying a record relating to the member's practice". (s.16 *Professional Misconduct*, O.Reg. 753/93).

Corrections to the Medical Record

When it is necessary to correct an incomplete or inaccurate medical record, RT's must:

- Maintain the incorrect information in the record, label as incorrect (e.g. a strike through) and ensure that the information remains legible
- Date and initial the additions or corrections
- Notify any health care provider who may be impacted by the incorrect information

Dictation

There are practice settings where an RT may be required to dictate their reports or chart entries. It is important that the reports generated are reviewed by the author for accuracy as soon as possible. RT's are encouraged to avoid the "dictated but not read" scenario.

Electronic Health Records (EHR)

Electronic Health Records (EHR) are electronic version of the paper chart, and therefore, are subject to the same professional regulations and standards as paper records (Paterson, 2013). EHRs often differ from one organization to another; however, they share some common elements:

- Unique identifiers (login and electronic signature);
- Audit trail to prevent alternation;
- Mechanisms to ensure security, privacy and confidentiality;
- System for backup and storage of data; and
- Process for sharing and transferring information.

Use of Templates

The use of electronic record templates, particularly those with pre-populated fields, poses risks to accurate and complete medical records. In keeping with documentation requirements, RT's must verify that all entries are accurate, complete, and free from error.

Electronic Communication

As the delivery of healthcare becomes more responsive and progressive, this type of communication has become vital. Methods such as email, text messaging, along with virtual healthcare through video conferencing platforms and telemedicine are considered to be patient/client interactions. Therefore, ~~Electronic communication includes media such as email, text messaging, social media contact (e.g., Facebook™, Twitter™), video conference (e.g., Skype™); and telemedicine (e.g., Ontario Telemedicine Network™). These methods are becoming an increasingly popular way of interacting with patients/clients and family members and, as mentioned previously, are considered to be a patient/client interaction. Therefore,~~ this type of contact must also be documented according to the same principles and standards as other forms of documentation. It is also important to document the mode of electronic communication (e.g. text, email). In addition, measures must be taken to protect the safety and security of this confidential information, such as those outlined in the CRTO Standards of Practice. RT's must "Protect against theft, loss or unauthorized use or disclosure of confidential patient/client personal information (e.g., passwords, encryption, systems for backup and storage, and processes for sharing/transferring information).

- Keeping login information confidential, passwords strong, and changing this information to align with your employer's policy;
- Sign off devices when not in use
- Using ID's, rather than patient identifiers, such as names, when communicating electronically
- Encrypting emails and/or other documents being transferred electronically that contains personal health or other confidential information.

Medical Directives and RT Protocols

If RTs are providing care under the authority of a **medical directive**, it is important to reference this in the patient/client's PHR and document the name and number of the medical directive. ~~It is a good idea to state the name of the medical directive and any corresponding number~~ (e.g., Mechanical Ventilation Medical Directive, #00-001).

For more information, please see the CRTO'sOrders for Medical Care PPG (crto.on.ca) ~~*Medical Directives and the Ordering of Controlled Acts* Positon Statement.~~

Retention of Personal Health Records

Members who are employed in Ontario hospitals should be aware that the *Public Hospital's Act* states that patient/client health records must be maintained for at least 10 years from the date of last entry in the record. In addition, the health records of patients/clients who were under the age 18 at the time of the last entry ought to be retained for a minimum of 10 years from the day the patient/client turns 18.

RTs working in other practice settings are encouraged to confirm their employer's policies regarding record retention and to refer to legislation that outlines record retention provisions.

Abbreviations

To be understandable, records must use standard abbreviations and be correctly spelled. It is acceptable to use an abbreviation where it is spelled out in full the first time it is used in a notation. Whenever numbers are used, make sure units are included where needed to ensure there is no potential for misinterpretation. When referring to drugs and drug dosages you must always include the units along with any numbers.

Please note…

Abbreviations may vary among different practice environments. It is the Member's responsibility to ensure that the abbreviations being used are accepted in the facility where the record is being used. The CRTO does not provide a list of acceptable abbreviations.

DOCUMENTATION STANDARDS

Complete, accurate, objective and timely documentation is essential to the continuity of care and is the primary mode of communication among health professionals.

There are seven (7) basic standards related to documentation based on the expectation that anyone reading the patient/client's PHR should be able to clearly determine:

1. To **whom** it happened
2. **When** it happened
3. **What** happened
4. **Where** it happened
5. **Why** it happened
6. The **result of what** happened
7. **By whom** it happened

With respect to PHRs, this means that no matter what type or kind of charting is used at a particular facility, anyone reviewing the chart must be able to determine that the above standards have been met. An employer's policies and procedures related to documentation should support the seven standards, as outlined above.

Applying the Documentation Standard

I. To Whom it Happened

1) The standard is that anyone reading the documentation must clearly be able to identify the patient/client who was the recipient of the health care services. Therefore, the PHR must contain Unique Patient/Client Identifiers, such as:

- Patient/client's name and home address;

Please note…

PHRs may become separated; therefore, it's important to ensure that required identifiers (e.g., name, date of birth, OHIP number) are on every page of the PHR and on each piece of document that pertains to that patient (e.g., ventilator flow sheet, overnight oximetry results).

- Patient/client's date of birth and gender;
- Patient/client's health number; and
- ID number.

The patient/client's PHR must also include information as to who is/are the Most Responsible Physician(s) (MRP) (or other health professional(s), if applicable) such as:
The name of the primary care physician and any other health care professional (e.g., Nurse Practitioner); and/or

The name of any admitting, attending and/or referring physician or health care professional.
Reason for referral and/or diagnosis.

II. When it happened

Documentation should be timely and chronological. Common sense suggests the more time that passes between the activity and recording it, the higher the possibility of errors. Documentation that is timely and chronological lends credibility to the accuracy of the record. The date and time must be included in all entries and must be unambiguous. The use of the 24-hour clock is encouraged.

Please note…

Health records must be completed as soon after the event as possible and you are obligated to complete the record before you "finish your shift". Also, do not document before giving patient/client care.

Late entries

If documenting after an amount of time has passed, the entry must clearly be identified as a late entry and should note the time of the event and the time of the late entry as well as the appropriate identification. Documenting activities out of chronological order may suggest that the

Please note…

A Late Entry is an entry into a record that is made more than thirty (30) minutes after the intervention occurred or when the entry is documenting events chronologically out of sequence.

record is not accurate, and for that reason is not ideal. If using paper based PHRs, never leave blank lines for someone else to insert notes. If there are blanks in your record, remember to put a single line through the area to ensure there is not opportunity for the original record to be altered. Also, inserted text or text that extends beyond the recognized writing/recording area may also suggest that the notations were made as an afterthought or to conceal activities.

III. What Happened

Clinically Relevant History

An essential component of effective documentation is a comprehensive summary of the patient/client's clinical history. This should include such information as:

- date and time for each patient/client contact;
- information about every patient/client visit and examination, assessment, intervention, diagnostic procedure performed by the Member;
- information about every clinical finding and assessment made by the Member (e.g. ABG results);
- information about all advice and instruction given by the Member to the patient/client and/or family Member, advocate or caregiver by any method (e.g. in person, telephone, email);
- information about every referral of the patient/client by the Member to another health professional ;
- a financial record if the patient/client if charged a fee;
- information about a procedure or plan of care that was commenced but not completed, including the reasons for non-completion and the original of any written consent; and/or
- any reason a patient/client provides for canceling an appointment, if applicable.

Documenting about Consent

Generally, there are three (3) situations that commonly arise regarding consent and documentation:

1. **Patient/client has provided their consent** to whoever proposed the treatment plan (usually the most responsible physician) and is someone other than the RT. This is commonly referred to as Third Party Consent. The patient/client appears to understand and agree to the plan. In this situation, the RT is not required to document consent, although in some circumstances it may be appropriate to do so. Typically, the higher risk associated with an intervention, the more likely an RT would document the consent.

Third-Party Consent

The *Health Care Consent Act* also allows for a plan of treatment to be proposed by one health care practitioner on behalf of the health care team involved in the plan. This is referred to as "third-party consent" and is acceptable practice provided the consent is informed and obtained prior to initiating the treatment.

For example…

A patient/client consents to a treatment plan that includes intubation and ventilation, if required. However, a family member feels that this course of action is futile and potentially harmful. The patient/client then goes into respiratory failure and the RT intubates them. In this scenario, it is likely important for the RT to document the conversation they had with the patient regarding their previous consent to the procedure.

2. **It is unclear whether the patient has provided consent** and the RT is the one performing the procedure. In this situation, the RT is accountable for ensuring that third-party consent has been obtained. If the RT has any doubt whether informed consent has been obtained, it is their professional obligation to obtain it and to document accordingly.

For example…

A patient/client shows up with a requisition for a cardiac stress test in a business suit and seems to have no idea what the test entails. In this scenario, the RT can assume that third-party consent has not been obtained and should provide the necessary information in order to obtain informed consent.

Please note…

When employer policy requires **written consent** for a given intervention (e.g., Pulmonary Function Test), the RT must ensure that there is a signed consent prior to the intervention being initiated.

For more information please see the CRTO Responsibilities Under Consent Legislation (crto.on.ca) ~~***Responsibilities Under Consent Legislation***~~ PPG.

3. In any case where **treatment is given without obtaining consent**, RTs should document their opinions with respect to the patient/client's capacity, as well as all actions taken.

> **For example…**
>
> A patient/client arrives in Emergency obtunded and requiring intubation. They are unable to consent to the procedure; however, delaying this procedure will conceivably result in harm to the patient/client. In this scenario, it is permissible under the *HCCA* to provide the necessary treatment, but the RT should still document their opinions with respect to capacity and all actions taken to obtain consent from a substitute decision maker, if available.

Documenting Patient/Client's Decision to Not Accept a Plan of Treatment/ Intervention

Patients/clients have the right to refuse or withdraw their consent to treatment at any time – provided they are deemed to be capable of giving or withholding consent [see Responsibilities under Consent Legislation PPG]. If a patient/client chooses not to accept a proposed intervention, document the:

- date and time;
- a description of the proposed intervention and the reasons given for providing it:
- reason(s) given by the patient/client;
- information that may have been given for the proposed intervention and the possible outcomes of patient/client not receiving the proposed treatment;
- individuals that were informed about the patient's decision (e.g., prescriber); and recommendations for alternatives, if any.

~~If there is an immediate risk to the patient/client as a result of not receiving the intervention, the prescriber should be notified immediately but the patient/client's decision must also be adhered to and supported~~.

Reporting Adverse Events and Critical Incidents

Adverse events are all unintended injuries or complications that occur during the provision of health care services. Critical incidents are adverse events so severe that they result in the actual or potential loss of life, limb or physical function.

A patient safety or adverse event report ~~incident report is generally an internal document that does not become part of a patient health record. However, it~~ is a record subject to all of the standards of documentation. If you complete an incident report, it's important to remember that information about the incident should also be included in the patient/client's chart.

~~Please note…~~

~~The CRTO's Standard 7 - CRTO Standards of Practice Standards of Practice states that RTs are expected to:~~

- ~~*Report and document all adverse events/near misses and intervening in situations where the safety or wellbeing of the patient/client is unnecessarily at risk.*~~

Cardiac arrests

Most hospitals have specific protocols and procedures for documenting cardiac and respiratory arrests. It is the RT's responsibility to accurately document their activities at these events (e.g., medication administered, defibrillation attempts, endotracheal intubation, etc.). The date, time and outcome of all interventions must be recorded.

Please note…

When signing a cardiac arrest record, it is important to understand that you are attesting to the accuracy of that record. If the arrest record needs to be modified to reflect your role at the arrest, you should ensure that the record is amended in an appropriate manner.

End of Life Documentation

As part of the health care team (and in collaboration with patients/clients and their families), RTs are often involved in some aspect of end-of-life care (e.g., answering family member's questions about what to expect when life support is withdrawn). When a patient/client is going through the process of withdrawing care, clear and accurate documentation is essential. Unfortunately, research has demonstrated that this often is not the case. For example, a ~~2004 study published in the *American Journal of Critical Care*~~ 2011 study published in the BMC Palliative Care Journal found a lack of a systematic approach to the recording of discussions with patients or caregivers about these kinds of issues~~.90 per cent of charts reviewed did not contain any documentation as to whether the patient/client was intubated or extubated at the time of withdrawal.~~

Some aspects that RTs should consider when documenting their involvement in end-of-life care are as follows:

- The support provided to the family in preparation for and during withdrawal of care;
- Any involvement in end-of-life discussion;
- Supportive care provided to the patient/client during withdrawal; and
- Any advance directives or expressed wishes of the patient/client.

Please note…

RTs are required to document according to the same professional standards, whether they are treating an in-patient or out-patient. Whether you are taking an ABG in your hospital's ICU or in your hospital's outpatient PFT clinic, all of the standards for documentation must be met.

Practicing in the community

RTs work in a wide variety of practice settings (e.g., doctor's offices, dental offices, patient education clinics). Regardless of the practice setting, all RTs are accountable for ensuring that all patient/client contacts are documented according to the required professional standards.

For example…

An RT is providing to care to an individual who is in the final stage of their life and is required to take the patient/client off the ventilator and remove their ETT. In this situation, the RT's documentation should include not only these actions, but also the conversation they had with the family prior to, during and after the patient/client was taken off life support.

IV. Where it happened

The record should reference where the patient /client received the intervention unless the location is "normal" for that patient/client. For example, if a treatment was administered in a patient recreation area, or if advice was given to a patient/client over the telephone, the record should indicate this.

Point of Care Testing

Record keeping for point-of-care testing should be treated in a way consistent with the legislation and/or this guideline. Demographic information, date, time and identity and the credentials of the person performing the procedure must be documented and included directly on the test results. Results obtained from the point of care testing should be clearly distinguishable in the health record from those obtained from other sources. Records of quality control results and proficiency testing performance should be maintained for each device.

CRTO Members are encouraged to seek clarification from their employers regarding any requirements when using thermal paper for printing test results (for example – bedside spirometers, oximeters, and other diagnostic equipment). Thermal paper degrades over time and has a relatively short shelf life. Many facilities are now stipulating that any test results printed on thermal paper should be photocopied to ensure the record is viable for the length of time it must be kept, according to legislation.

Patient/Client Transports

Documentation related to a patient/client transport should include the particulars of any interventions and/or monitoring performed during the transport and the details of the transfer of care at the end of the transport. The type of transport should also be documented (e.g., intrahospital, interhospital, air, land).

Telephone Practice

The principles and standards related to documentation of telephone practice is the same those for face-to-face practice. The following elements should be documented:

- time and date of the contact;
- location of the caller (if applicable);
- name of the patient/client and their date of birth (DOB);
- name of caller and relationship to the patient/client, and whether the patient/client has consented to the call/email;
- reason for the call;
- information given by the patient/client or caller;
- symptoms as described by the patient/client or caller;
- advice or information given;
- any follow-up required; and
- signature and designation.

Consider using a log book for this purpose and advocating with your employer to develop standards around telephone and email practice.

V. Why it happened

The reason or purpose of the intervention should be included in your documentation. Is the intervention a routine visit; as a result of diagnostic tests; to perform diagnostic testing; as a result of an improvement or deterioration in status; or as a result of a medical directive or an RT protocol? Why did you do what you did? If you're administering a plan of treatment, it would be appropriate to document why the plan of treatment is being initiated the first time and then only make note of "why" if there's a specific reason to.

Objective Documentation

Objective documentation consists of unbiased observations and witnessed signs that a patient/client displays, as well as symptoms that have been directly stated by the patient/client. Information documented in the PHR should be a factual representation of what actually occurred (objective), as opposed to the RT's interpretations of the events (subjective). Documenting subjective comments can be harmful to both the patient/client's well-being (can impede effective communication) and to the RT's professional reputation. Below are some examples of objective and subjective statements.

Table 1: Examples of Objective vs. Subjective Documentation

Objective	Subjective
"the patient was crying"	"the patient was sad"
"the patient complained of SOBOE and was dyspneic with movement"	"the patient appeared uncomfortable"
"the treatment was not performed because…" list the facts	"this treatment was not in the best interest of the patient"
"I informed Dr. Smith by telephone of the changes to the patient's status as charted in the flow sheet"	"the doctor is aware"

Please note…

Patients/Clients and/or their family members have a legal right to access medical records. Therefore, any personal judgements and opinions that an RT might have should not be part of a PHR.

VI. The result of what happened

It's essential that the outcome of every intervention is captured in the PHR. This gives the entire health care team the ability to know what was done and whether the intended therapy goals were met. This information is invaluable in guiding future treatment decisions, and should include such information as:

- the result of the intervention;
- the patient/client's response to the intervention;
- whether the treatment objectives were met;
- proposed plan as a result of the intervention; and
- the RT's plan for follow up, if applicable.

For example…

An RT has been asked to initiate BiPAP on a patient/client who has elevated $PaCO_2$ levels and is nearing the end of a terminal illness. Both the patient and the RT agree to the treatment plan, although the RT feels the benefits of the therapy will be limited. When documenting, it is important to include not only the intervention itself, but also the treatment goal(s) and plan (e.g., how long the patient/client will remain on BiPAP; when the treatment plan will be reassessed; how and when the RT plans to follow up on the patient/client's progress).

VII. By whom it happened

Signatures

Anyone reading the documentation must be able to clearly identify the individual performing the activity or making the recording, while making sure there is a unique identifier for that person (e.g., signature). This means that a CRTO Member should provide a signature at the end of the entry with at least a first initial, last name and professional designation (abbreviation is acceptable).

A signature (and/or initials) certifies the information provided and gives assurance that the record of activity, assessment, behavior or procedure is accurate and complete. CRTO Members must not give permission to anyone else to sign their name to a document under any circumstances. Members also must not sign someone else's name to a document.

Please note…

If using a paper-based **signature record,** initials and professional designation are sufficient. If a signature record is not used, a printed name should be included if a signature is not easily legible.

Co-signing Documentation when Supervising Others

When an RRT is supervising another individual [usually a Student Respiratory Therapist (SRT); however, it may also be an RRT who has Terms, Conditions and Limitations (TCLs) on their certificate of registration], it is essential that the documentation accurately reflect the following:

1. What degree of supervision was provided; and
2. Who performed each task and who provided supervision.

Direct Supervision occurs when the SRT (or Member with TCLs) performs a controlled act with the RRT observing and overseeing the task. In these cases, the student (or Member with TCLs) must document in the patient/client's PHR that they have performed the procedure(s) under

"direct supervision". The supervising RRT must then co-sign the entry in the patient/client PHR stating that the documented activity took place "under direct supervision". An example of direct supervision would be a supervising RRT, physically observing and guiding the performance of arterial blood gas sample being drawn by an SRT.

Please note…

The CRTO recognizes that common RT flow-sheets used in critical care areas (such as ICU and NICU) may not provide enough space for Members to explicitly state that the activity was done under direct supervision. We suggest that you may want to reference somewhere in the patient/client health record that where two (2) initials are present, this indicates that direct supervision took place.

General Supervision involves those situations where a determination has been made that the SRT (or Member with TCLs) can perform a given controlled act independently. Where activities or procedures are being done under general supervision, the supervising RRT must not co-sign the student's documentation. The reason for this is that co-signing means the RRT is attesting to the accuracy of the documentation. If they did not witness the task(s) performed, they have no absolute way of knowing if the documentation is correct. Only the person who performed the activity/procedure or has the patient contact should document and sign the entry.

Please note…

General (indirect) Supervision requires that the supervising RRT is ready and available to be "*personally present*" within 10 minutes if assistance is required.

(CRTO *Supervision* Policy)

For example…

An RT student in their final clinical rotation is performing an arterial blood gas under "general" supervision (i.e. the supervising RT is not physically present and observing the activity). Since the activity is being done under "general" supervision in this situation (not under direct supervision), the student must sign their own documentation and the RRT should not co-sign.

Interdisciplinary Documentation

RTs very often work as part of a multidisciplinary team that collectively provides diverse and overlapping health care services. As with any well-functioning group, effective communication within and outside of the team is vital. In order to facilitate this communication, many health care facilities have moved towards more integrated, interdisciplinary documentation records.

ADDITIONAL CONSIDERATIONS

Please note…

It is important that you DO NOT document for someone else. There may be instances when it becomes necessary to document observations on care provided by others, (e.g., a family member witnesses a patient/client fall). It ~~has to~~ must be clear who had the first-hand knowledge of the event, who performed the activity/intervention and who recorded the activity.

Documenting a Disagreement with an Order or Plan of Treatment

If an RT does not believe that a particular order or a proposed plan of treatment is in the patient/client's best interest, it is their professional responsibility not to proceed with the intervention. In addition, the RT is expected to:

- remain objective and not involve the patient/client in the disagreement, if at all possible;
- contact the prescriber to discuss the rationale for the difference of opinion, and any suggested alternative plans; and
- provide comprehensive documentation appropriately, which includes:
    - the rationale for their refusal to provide treatment;
    - when notice was provided to the prescriber and details about discussion with prescriber, if applicable; and
    - suggested alternatives, if applicable.

Withdrawal of Care/Services Due to Abuse or Violence

Withdrawing or withholding care/services from a patient is not common and only used as a last resort in a strategic plan for managing abuse/violence. However, it may become necessary if there is a significant threat or risk of serious injury to a Member of the staff, fellow patient or a visitor. Balancing the patient's interest in receiving care against the risk of harm to others is particularly difficult in situations where the care is necessary or time-sensitive. Where it becomes necessary to withdraw or withhold care/services, documentation should include the following:

- the date and time;
- the rationale for withdrawal of care/services;
- the circumstances leading up to and including the withdrawal of care/service including the information given to the patient of the action that will be taken if the behavior continues;
- how and when information relating to the withdrawal of care/services was provided to the patient/client (e.g., verbally, in writing);
- the process used by you (i.e., employer established guidelines for managing violent or abusive behavior by patients) including all attempted efforts to resolve the situation;
- the potential consequences of withdrawing care;
- the expected standards/behaviors that must be adopted by the patient/client in order to have care/services resume in the future, if applicable;
- an alternate provider of care/service or the efforts made to refer the patient to alternate providers (if appropriate); and
- who you have notified of the situation (patient/client, physician, charge nurse, police, security, etc.)

For more information and scenarios regarding the ethics of withdrawing or withholding respiratory therapy care/services, please refer to the CRTO document ~~A Committment to Ethical Practice~~

A Commitment to Ethical Practice.

GLOSSARY

Agents (of the Health Information Custodians) – is defined in the *HCCA* in relation to a health information custodian, as "…*a person that, with the authorization of the custodian, acts for or on behalf of the custodian in respect of personal health information for the purposes of the custodian*…"

CRTO Member – is a respiratory therapist who is registered with the CRTO; including Graduate Respiratory Therapists (GRT), Practical (Limited) Respiratory Therapists (PRT) and Registered Respiratory Therapists (RRT).

Charting by Exception (CBE) –a charting system used in patient/client health records. CBE requires a detailed plan of care of care map, and includes flowsheets, graphic records and progress notes that may take the format of SOAP/SOAPIE(R) (Subjective, Objective Data, Assessment, Plan, Intervention, Evaluation, and Revision).

Focus Charting System – a charting system which includes flow-sheets, checklists and progress notes that take the format of DARP (Data, Action/Analysis, Response, and Plan).

Health Information Custodian (HIC) - defined in the *HCCA* as *"…a person or organization described in one of the following paragraphs who has custody or control of personal health information…".*

Medical Directive – is a medical order for a range of patient/clients who meet certain conditions. The medical directive is the order and should therefore meet the criteria for a valid medical order.

Narrative Charting – is when data is recorded as progress notes, supplemented with plan of care flow sheets.

Personal Health Records (PHR) -is the record kept by HICs who provide health care and may be in either a paper-based or computerized format.

Primary Care – including, but not limited, to Family Health Teams, Community Health Centres, various agencies, such as the Canadian Mental Health Agency.

Problem-oriented Charting (POHR) - a charting system which includes a plan of care, problem list and progress notes/discharge plans which take the format of "SOAP/SOAPIE" (Subjective data, Objective data, Assessment data, Plan, Intervention and Evaluation).

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Appendix B: Documentation PPG Consultation Survey Results

Answers to Questions
Draft Documentation PPG Consultation 2021
As of: 11/15/2021

Page: Documentation Professional Practice Guide (PPG) Background

Page: About You

Question: Are you a...

Number Who Answered: 3

Respiratory Therapist (including retired)	3	100 %
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	0	0 %

Question: I live in...

Number Who Answered: 3

Ontario	3	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

Page: Questions

Question: Documentation PPG

Number Who Answered: 0

Question: Is the purpose of the Documentation PPG clear?

Number Who Answered: 3

Yes	No
3	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Do you agree that the Documentation PPG is clear and understandable?

Number Who Answered: 3

Yes	No
3	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Is the Documentation PPG free from omissions and/or errors?

Number Who Answered: 3

Yes	No
3	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Does this Documentation PPG provide you with sufficient understanding of the expectations?

Number Who Answered: 3

Yes	No
3	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: 0

Council Briefing Note

AGENDA ITEM # 5.10 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Revised Respiratory Therapists Providing Education Professional Practice Guideline (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*Protecting patient safety by ensuring that Respiratory Therapists understand their professional responsibilities and obligations in providing education*
Attachment(s):	Appendix A - Revised RT Providing Education PPG Appendix B - Consultation Feedback

PUBLIC INTEREST RATIONALE:

This PPG enables Respiratory Therapists in Ontario to understand the expectations and professional responsibilities set out by the CRTO regarding RTs as Educators.

ISSUE:

Previously revised in March 2015, the RT as Educators PPG has been reviewed and updated. While mentioned in the CRTO's Standards of Practice 13, Professional Responsibilities, this PPG sets out further direction for RTs in all aspects of educating, including the role of delegation, supervision, and documentation.

BACKGROUND:

Respiratory Therapists possess a unique body of knowledge, which when shared with others, promotes the best possible outcome for patients, colleagues, students, and the public. 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. The content has been updated to include the expectations of RT's in educating Respiratory Therapy students, elaboration on supervision and documentation, along with the introduction of the importance of positive role modelling.

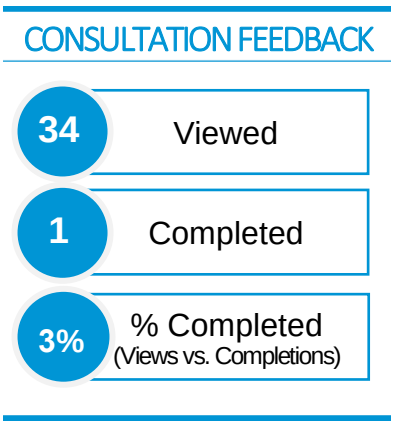
Public Consultation

The document was posted according to the CRTO's public consultation process. A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the October bulletin. In total, 34 people viewed the consultation survey, and 1 response was received (from a Respiratory Therapists).

There were no comments received. No changes were made to the RTs Providing Education PPG as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: October 14, 2021
Length of time consultation was open: 30-days
Date consultation closed: November 14, 2021



RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Respiratory Therapists Providing Education PPG as per the Motion.

NEXT STEPS:

If the Motion is approved, the PPG will be formatted, published to the website and circulate to CRTO Members.

Council Motion

AGENDA ITEM # 5.10

Motion Title:	*Draft Revised Respiratory Therapists Providing Education Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Revised RTs Providing Education Professional Practice Guideline* for approval. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: RTs Providing Education PPG

Revised Respiratory Therapists Providing Education PPG.

College of Respiratory Therapists of Ontario

Professional Practice Guideline

Respiratory Therapists Providing Education

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

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

March 2015

The CRTO will update and revise this document every five years, or earlier, if necessary. The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Table of Contents

INTRODUCTION

Respiratory Therapists (RTs) possess a unique body of knowledge, which when shared with others, promotes the best possible outcome for patients, colleagues, students, and the public. ~~and therefore, have the opportunity to share and enable other others to develop expertise and confidence.~~ In one way or another, all RTs provide education to those around them. However, it is important to differentiate between RTs who provide education and RT educators.

RTs Who Provide Education

The ~~*Therapeutic & Professional Relationships*~~ Professional Responsibilities standard in the College of Respiratory Therapists of Ontario (CRTO) *Standards of Practice* outlines the expectations for all Respiratory Therapists (RTs) who are **Members** of the CRTO. ~~to RT's *"share appropriate knowledge and expertise with colleagues, peers, patients/clients, students and others".*~~

RT's "are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs". In general, this means that RTs in all practice settings have some role in providing education. ~~with a professional obligation to share knowledge and expertise with others.~~

The CRTO Standards of Practice also articulates the expectation that RTs ~~*"promote respiratory health and patient/client independence through education, coaching and counseling".*~~ *"deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients'/clients' understanding of pertinent information".* RTs accomplish this by:

- demonstrating best practices to students;
- providing presentations or in-services for colleagues;
- consulting with the health care team;
- engaging in discussions about current RT practice with fellow RTs and students, as well as patients/clients, family members and un-paid caregivers.

This practice guideline provides information on the standard of practice related to the responsibilities of RTs when providing education. These principles apply when providing education in any setting, including:

- other health care providers (nurses, physicians, etc.);
- RTs and other health profession students; and
- patients/clients and their families.

For example…
Home Care RT providing education to staff in a long-term care facility
RTs who are employed by home care companies are often contacted to provide education to interdisciplinary groups in long-term care facilities on topics ~~like~~ such as non-invasive ventilation and suctioning. In these circumstances, the RT is not required to ensure competency by the end of the learning session, or guarantee that a mechanism will be in place to ensure ongoing competency after leaving the facility. The purpose of the learning session in this case is to provide a forum for introduction and/or review of the skill(s). The objectives of the teaching session should be clearly defined at the beginning of the learning session. This will minimize any possible confusion related to the training purposes and will help define the learning outcomes that participants should expect.

RT Educators

While all RTs are expected to educate others by sharing their knowledge, postgraduate training is often required to become an official "educator". An educator is a person who specializes in the theory and practice of education. Educators have a thorough understanding of how adults learn best and creatively integrate this knowledge into the instruction and design of their education programs.

Most RTs who are educators work as instructors at respiratory therapy education facilities, and have taken postgraduate courses to gain greater knowledge of adult education principles. However, some RTs complete postgraduate certification programs that provide some additional knowledge about adult learners and prepare them to act as an educator in a specific area. Examples of some certification programs are:

- Certified Asthma Educator
- Certified Respiratory Educator; and
- Certified Tobacco Educator

General Expectations of Respiratory Therapists when Providing Education

It is essential that RTs understand there is a "shared accountability" when they provide education to those around them (e.g., patients/clients, fellow health care team member). Both the RT and the learner are responsible for their own actions, and have an accountability to the patients/clients they care for, as well as their own school, regulatory body, and other relevant stakeholders. When providing education, RTs are expected to:

1. Determine Appropriateness of Education
2. Maintain Professional Standards of Practice
3. Understand the Difference Between Educating and Delegating
4. Ensure Patient/Client Safety and Quality of Care
5. Keep Appropriate Documentation

1. Determining Appropriateness of Education

The RT must begin by carefully considering if providing education is ultimately in the best interest of the patient(s)/client(s) that they care for by:

- establishing that the procedure/task being taught is appropriate given the learner's background and experience; and
- being aware of the learner's education objectives and expectations.

There are certain circumstances where educating others would not be appropriate, such as when:

- the RT does not have the requisite competency (knowledge, skills and judgment) to perform and teach the procedure/task;
- the RT reasonably believes that the learner does not possess the requisite competencies and judgment to proceed safely; and/or
- educating someone else would place a patient/client at risk of receiving care that is below optimal standard.

Please note…

RTs can't assume that a person is competent to perform any procedure, regardless of how straightforward it appears. When there is concern that the learner is not able to obtain the competency for performing the procedure safely, the RT must reflect on the education process and learner's skill level.

If, after considering the above, you determine that the cause cannot be identified and resolved, then the education process should be discontinued.

2. Maintaining Professional Standards of Practice

RTs are expected to provide education to the best of their ability by:

- providing accurate and timely feedback to the learner;
- encouraging ongoing feedback from the learner; and
- conducting themselves in an honorable, ethical, and professional manner at all times.

3. Understanding the Difference between Educating and Delegating

An education component is required for all delegations; however, not all education requires delegation. The main difference is a greater degree of accountability is placed on the educator when delegation is involved.

	Education	Delegation
What is it:	Providing instruction. May involve determining competence to perform a procedure	Providing instruction, plus the transfer of legal authority to perform a controlled act and a process to ensure initial and ongoing competence.
What it applies to:	Applicable to any procedure/activity (may or may not be a controlled act).	Controlled act procedures only.
Who may do it:	RTs who meet the conditions as described under the section on "General expectations of Respiratory Therapists when providing education".	RTs that have the authority, competence and meet the conditions required to teach.

For more information on delegation, please refer to the ***Delegation of Controlled Acts*** PPG

4. Ensuring Patient/Client Safety and Quality of Care

Optimal patient/client care is the first and foremost consideration when providing education. The RT is expected to:

- ensure patient/client autonomy and confidentiality;
- have the requisite competency (knowledge, skills and judgment) to perform the procedure or task being taught;
- reinforce best practice standards; and
- intervene in situations where the safety or well-being of the patient/client is at risk.

5. Keeping Appropriate Documentation

Documentation is the evidence that a learning activity took place and provides details about what was involved in the education process. Records of teaching-related activities should include, at minimum:

- date and time of education;
- details of the activity/procedure that was taught;
- list of learners that took part in the education (preferably with signatures); and
- a copy of the learning package and any additional material provided to the learner.

For example…

An RT working as the only RT in a rural hospital has been asked to teach all the nurses and physicians how to manage the new BiPAP machine recently purchased by the facility. Most of the learners have never used any type of non-invasive positive pressure (NIPPV) device before, and the nurses and physicians will be expected to operate the unit when the RT is not available (i.e., evening and weekends). The RT creates a comprehensive learning package, which is presented to the staff at multiple 'Lunch & Learn' sessions (both verbally as part of the education session and as a handout). The RT kept a sign-up sheet record of all those who attended the education sessions and created step-by-step instructions of how to initiate, maintain and discontinue NIPPV, which was kept with the NIPPV unit.

A copy of the learning package, the sign-in sheets and the instruction sheets were all part of the documentation that the RT kept as a record of the education provided.

PROVIDING EDUCATION

The five (5) groups of people that RTs most commonly educate are:

1. Patients/Clients and Family Care Providers
2. Non-Regulated Health Care Professionals
3. Regulated Health Care Professionals
4. Respiratory Therapy Students
5. Other students (e.g., nursing).

1. Educating Patients/Clients and Family Care Providers

Patients/Clients and family members provide essential care in the community, including suctioning, tracheostomy maintenance, and ventilator management. When deciding whether it is safe and appropriate to provide education to a patient/client and/or their family care providers, RTs should consider the following:

- The needs of the patient/client;
- The level of knowledge, skill and judgment that is required to perform the required procedure(s) safely;
- The risks involved in performing the procedure and whether the patients/clients and/or family care providers have the ability to recognize and deal with them appropriately; and
- How competence in the procedure will be maintained.

The *Regulated Health Professions Act* (*RHPA)* has an exception that enables controlled acts to be performed by patients/clients and family members without delegation in the following circumstances, which are when:

> *(d)* ***treating a member of the person's household*** *and the act is a controlled act set out in paragraph* ***1, 5 or 6*** *of subsection 27 (2).*

Table 1: Controlled Acts Included in the *RHPA* Exceptions

***RHPA* Paragraph**	**Controlled Act**
#1	*Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.*
#5	***Administering a substance by injection or inhalation.***
#6	*Putting an instrument, hand or finger,* *i) beyond the external ear canal,* ***ii) beyond the point in the nasal passages where they normally narrow,*** ***iii) beyond the larynx,*** *iv) beyond the opening of the urethra,* *v) beyond the labia majora,* *vi) beyond the anal verge, or* *vii) into an artificial opening into the body.*

RTs are permitted to perform controlled act #5 and can perform suctioning and intubation via sections ii) and iii) in controlled act #6. RTs do not have the legislative authority to perform controlled act #1. Table 2 outlines the controlled acts authorized to RTs via the *Respiratory Therapy Act* (*RTA*) and how each relates to these exceptions in the RHPA.

Please note…
Procedures that are not controlled acts are part of the public domain (e.g., administering oral medication) and require no legislative authority to perform. For more information, please see the CRTO *Interpretation of Authorized Acts* PPG.

Important…

Administering a prescribed substance by inhalation. (RTA #5) is not included in exception and cannot be delegated.

Table 2: *Treating a member of the person's household*

Controlled Act Authorized to RTs in the *RTA*	***Treating a member of the person's household*** **(e.g. family member)**
1. ***Performing a prescribed procedure below the dermis.*** **(RTA #1; RHPA #2)**	Not included in exception, therefore cannot be performed by family member in the community unless it has been delegated.
2. ***Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx*****.** **(RTA #2; RHPA #6 ii & iii)**	*RHPA* exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
3. ***Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx*****.** **(RTA #3, RHPA #6 ii & iii)**	*RHPA* exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.
4. ***Administering a substance by injection or inhalation.*** **(RTA #4; RHPA # 5)**	*RHPA* exception permits act to be performed by family member when treating a member of the person's household. RT may provide education.

For example…

Non-invasive Positive Pressure Ventilation (NIPPV) (e.g., CPAP and BiPAP)

NIPPV falls under the controlled act of *administering a substance by inhalation*. Patients who are in the hospital and preparing for discharge on a CPAP or BiPAP unit will require education on the equipment in order to apply the therapy and troubleshoot independently once at home. Since this procedure is covered by the exception under the *RHPA* described in subsection 29 (1), it does not require delegation. An RT can provide the education needed to the patient/client and family members.

~~For more information on the controlled acts authorized to Respiratory Therapists, please refer to the PPG on *Interpretation of Authorized Acts.*~~

2. Educating Non-Regulated Health Care Providers

NRHCPs (e.g., PSWs) work in a variety of practice settings, including hospitals. NRHCPs do not have any controlled acts authorized to them and require delegation for any controlled acts they perform in an acute care setting. As mentioned previously, education is an essential part of a delegation process.

The *Regulated Health Professions Act* (*RHPA)* has an exception that enables controlled acts to be performed by NRHCPs (as well as regulated health care professionals who do not have the legislative authority) without delegation in the following circumstances, when:

> *(e) assisting a person with his or her **routine activities of living** and the act is a controlled act set out in paragraph **5 or 6** of subsection 27 (2).*

Table 3: *Assisting a person with his/her routine activities of living*

Controlled Act Authorized to RTs in the *RTA*	***Assisting a person with his/her routine activities of living* (e.g. PSWs)**
1. *Performing a prescribed procedure below the dermis* (RTA #1; RHPA #2)	Not included in exception, therefore cannot be performed by NRHCP unless delegated.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx (RTA#2; RHPA #6 ii & iii)	*RHPA* exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx. (RTA #3; RHPA #6 ii & iii)	*RHPA* exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.
4. Administering a substance by injection or inhalation. (RTA #4; RHPA # 5)	*RHPA* exception permits performance by NRHCP if it involves an activity of daily living. RT may provide education.

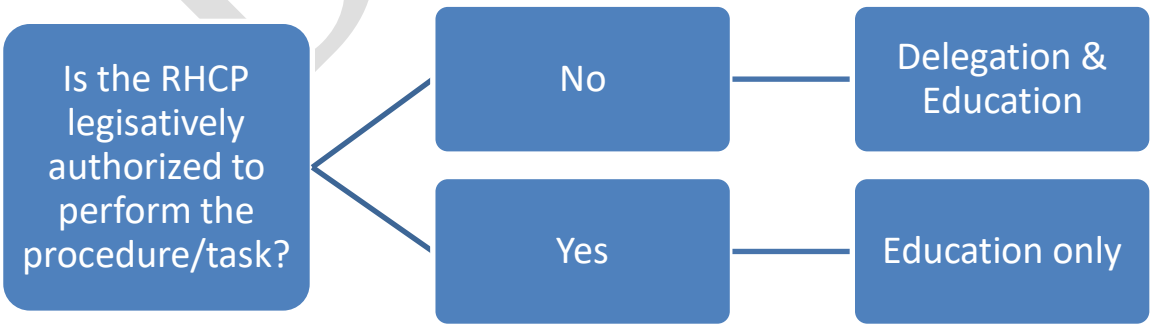
In the case of NRHCPs, delegation may or may not be required for them to perform a controlled act. The determining factor is the setting where the care is provided. In a health care setting, such as a hospital or rehabilitation centre, delegation is required and the conditions of both delegation and teaching must be met. However, if the procedure is being performed in patient/client's home, delegation is not required since it is covered by the *RHPA* exception, "*Assisting a person with his/her routine activities of living*". ~~Therefore, delegation is not required, and~~ The RT only needs to ensure that the general expectations of education are met.

For example…

A Personal Support Worker (PSW) in a small, community hospital is responsible for taking patients/clients out on daytime excursions. It's expected that some of these patients may need to have their oxygen levels adjusted during this time, so the controlled act "*administering a substance by injection or inhalation*" will need to be delegated to the PSW. It is important to be clear that the PSW will only be performing a portion of that particular act, which is oxygen administration. Education will be included as part of the delegation process to ensure the PSW can perform the task safely.

3.Educating Regulated Health care Professionals

RTs work side-by-side a variety of other Regulated Health Care Professionals (RHCPs) and are often asked to share knowledge regarding a number of procedures with other members of the team. If a controlled act is involved, delegation is sometimes required but most often it is not. If a RHCP is "**legislatively authorized**", it means they already have that particular controlled act authorized to them via their **profession specific legislation** (e.g., Nursing Act, Physiotherapy Act). What they may need, however, is education so that they gain the competency to perform the task effectively and safely. If asked to provide education to a RHCP, the RT should consider the following:



For example…

RHCP who is not legislatively authorized

The administration of oxygen falls under the RHPA controlled act #5 "*administering a substance by injection or inhalation*", which is a controlled act authorized to RTs. However, Speech Therapists are not currently authorized to administer oxygen and would require delegation. An RT can choose to delegate this controlled act to a Speech Therapist, or the delegation can come from another RCHP who is authorized to perform the procedure (e.g., physician). The RT may only be asked to provide the education in this scenario.

Important…

~~For an up-to-date list of RHCPs and the controlled acts they are authorized to perform, please see the Federation of Health Regulatory Colleges of Ontario (FHRCO) Interprofessional Collaboration (IPC) eTool.~~

For example…

Critical Care Teams

Roles and responsibilities are often shared amongst team members of critical care transport teams and critical care response teams. Common team members include an RT, nurse and physician. Intubation and manual ventilation procedures may be performed as part of the work done by the team. Nurses and physicians have the legislative authority to perform these procedures and, therefore, do not require delegation. In practice however, some nurses or physicians may not be experienced in performing these activities and may require additional training. RTs have significant expertise in airway management and could provide the teaching required for these clinicians to become competent in performing these skills. In this situation it would be appropriate to teach these skills, ensuring that all general expectations of education are met.

3. Educating Respiratory Therapy Students

Expectations of RT's

Students often gain knowledge and attitudes about professionalism through role modeling. As a result, aside from theory and clinical practice, it is important that RT's demonstrate a positive model of compassionate, respectful, and ethical care to all learners, and promote patient-centered care and collaborative relationships.

The characteristics of effective role modeling are as follows:

- Self reflection
- Clinical Excellence
- Empathy
- Communication
- Availability
- Demonstrated interest in teaching
- Respect for others
- Transparency

Expectations of Students in Respiratory Therapy Programs

The CRTO does not regulate respiratory therapy students as they are not (yet) Members of the CRTO. Section 9 of the RTA and the *Registration* regulation (O. Reg. 17/12) restricts the use of the term "Respiratory Therapist" (including variations and abbreviations such as RRT), in Ontario, to Members of the College. However, the CRTO wishes to provide students in respiratory therapy programs the opportunity to identify themselves in a manner that reflects the training they are undertaking. For this reason, the CRTO allows respiratory therapy students to use the title "Student Respiratory Therapist" and SRT as a designation – provided that they are enrolled in an approved respiratory therapy program and only while functioning in the role of a student. In return, the CRTO expects Student Respiratory Therapist (SRTs) to:

- clearly identify themselves by the title of "Student Respiratory Therapist" and the designation of SRT, ensuring informed consent is received from the patient, where applicable

- understand their role and responsibilities in the provision of care and be accountable for the quality of the care they provide;

- understand and comply with the various laws that may affect their practice (e.g., RHPA, Health Care Consent Act);

- maintain patient/client confidentiality;

- ensure that all entries in a patient/client health record have been co-signed by their supervising RT when providing respiratory therapy under direct supervision;
- communicate effectively with all members of the health care team they interact with;
- know their limitations and only perform activities they are competent in and have adequate background preparation for; and
- understand when and from whom to seek help.

For more information, please see the CRTO *Registration and Use of Title* PPG.

A student Respiratory Therapist is on summer break from school and is employed at a local hospital as aide in the RT department. While acting in this role, the student is NOT permitted to introduce themselves as an SRT, as they are not functioning in the role of a student.

Student Respiratory Therapists Performing Controlled Acts

The *RHPA* provides an exception permitting students to perform controlled acts provided they are "*fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession*".

This means that Student Respiratory Therapists (SRTs) are permitted to perform controlled acts authorized to Respiratory Therapists – provided they do so while functioning as a student under the supervision or direction of a CRTO Member. The supervision or direction by a Member may be direct or indirect. For more information, please see the CRTO *Supervision* Policy and the CRTO *Registration of Use of Title* PPG.

For example…
An SRT is going to intubate for the first time under the direct supervision of an RRT. The SRT is legislatively authorized to intubate (via the exception in the RHPA), and does not require delegation for this activity or any other controlled act authorized to RTs. However, the SRT needs education from the RRT in order to perform the task safely and competently. Both the SRT and RRT are accountable for their individual actions in this scenario. Documentation needs to reflect that the SRT was directly supervised and the supervising RRT must co-sign. For more information, please see the section on **Shared Accountability when Educating** at the end of this PPG.

Direct Supervision of SRTs and Documentation

Where an SRT is performing procedures under direct supervision, the supervising RRT and the SRT are expected to do the following:

- document that the student has performed the procedure(s) under "direct supervision" in the patient/client's health record;
- provide complete documentation of the patient contact in the patient/client health record; and
- ensure that the supervising RRT cosigns any entries made by a student in the patient/client record.

Remember that anyone reading the documentation must be able to clearly identify that the requirements of "direct supervision" have been met. Also, keep in mind that the student's signature and that of the cosigning RT verifies the information provided and assures that the record of activity, assessment, behaviour, or procedure is both accurate and complete.

Please note…
GRTs must perform controlled acts authorized to RTs under General Supervision. This is due to the nature of their certificate of registration with the CRTO (i.e., temporary certificate with terms, conditions and limitations). Therefore, GRT's are not permitted to supervise SRTs in the performance of any intervention that falls under a controlled act authorized to respiratory therapists (e.g., oxygen administration). GRT's general supervision requirement does not require co-signing of documentation. For more information please see *Registration and Use of Title* PPG.

Personal Relationships between Registered Respiratory Therapists and Student Respiratory Therapists

When RTs are involved in providing education to SRTs there is a power differential ~~inherent power imbalance~~ – whether directly as a faculty member/clinical instructor, or indirectly as a supervising staff RT. This power imbalance exists because the RRT has status and influence over the SRT, which may affect the success of the student. The CRTO strongly discourages personal relationships between CRTO members (who are directly or indirectly involved in the student's education) and SRTs. In many circumstances such a personal relationship will amount to unprofessional conduct. A faculty member or clinical instructor will continue to have influence over a student until graduation, but a staff RT at a certain hospital or facility will likely only have influence as long as the student is on rotation in that environment. Once an influence over the student no longer exists, a CRTO member may form a relationship with their former student.

At all times, the RT must demonstrate professional behavior in their interactions with not only students, but colleagues, patients, and families. It is important that inappropriate or disruptive actions be avoided, including language, actions, and inactions that do not represent the professions expectations of the standards of practice.

For more information, please see the *Abuse Prevention and Awareness* PPG.

ADDITIONAL CONSIDERATIONS

Shared Accountability when Educating

During the educational process, both the RT and learner are responsible for their own actions, while sharing accountability for the outcome of this knowledge exchange. The RT providing the education is responsible for determining whether it is appropriate to teach the particular procedure, as well as deciding how best to transfer the knowledge and evaluate the learner's competence. Additionally, the RT is accountable to their patients/clients, their employer and to the CRTO. It is the learner's responsibility to only engage in tasks they have the requisite competencies for, and are also often accountable to other entities (e.g., student RTs have accountability to their educational institution). RT's must ensure that they are identified and available to assist learners when they are not being directly supervised (e.g. not in the same room). If necessary, RT's must also ensure that an appropriate alternative supervisor is available and agreeable to assist.

Before permitting anyone (including a student) to perform an activity, it's essential that the RT ensures they have assessed the potential harm associated with the procedure. They must also determine whether it's appropriate to allow an individual to perform the activity after considering the individual's existing competencies.

GLOSSARY

Authorized Acts - A controlled act, or portion of a controlled act, that is authorized within a health profession Act for a health professional to perform [there are 5 acts authorized to Respiratory Therapists by the Respiratory Therapy Act, that are created from 3 controlled acts defined in the *RHPA*]

Members – is a respiratory therapist who is registered with the CRTO; including Graduate Respiratory Therapists (GRT), Practical (Limited) Respiratory Therapists (PRT) and Registered Respiratory Therapists (RRT).

References

College of Nurses of Ontario. (2002).Professional Standards. Retrieved from: https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

College of Physicians and Surgeons of Ontario (2021) Professional Responsibilities in Medical Education. Retrieved from: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education

Health.Vic (2020) The Best Practice Clinical Learning Environment Framework. Retrieved from: BPCLE Framework - March 2013 - PDF.pdf

This practice guideline will be updated as new evidence emerges or as practice evolves. Comments on this practice guideline are welcome and should be addressed to:

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Revised September 2005

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Appendix B: RTs Providing Education PPG Consultation Survey Results

Answers to Questions
Draft Respiratory Therapists Providing Education PPG Consultation 2021
As of: 11/15/2021

Page: Respiratory Therapists Providing Education Background

Page: About You

Question: Are you a...

Number Who Answered: 1

Respiratory Therapist (including retired)	1	100 %
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	0	0 %

Question: I live in...

Number Who Answered: 1

Ontario	1	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

Page: Questions

Question: Is the purpose of the Respiratory Therapists Providing Education PPG clear?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Do you agree that the Respiratory Therapists Providing Education PPG is clear and understandable?

Number Who Answered: 1

Yes	No
0	1
0 %	100 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Is the Respiratory Therapists Providing Education PPG free from omissions and/or errors?

Number Who Answered: 1

Yes	No
0	1
0 %	100 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Does this Respiratory Therapists Providing Education PPG provide you with sufficient understanding of the expectations?

Number Who Answered: 1

Yes	No
1	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: 0

Council Briefing Note

AGENDA ITEM # 5.11 **December 3, 2021**

From:	*Kelly Arndt RRT, Quality Practice Coordinator*
Topic:	*Revised Delegation of Controlled Acts Professional Practice Guideline (PPG)*
Purpose:	*For Decision*
Strategic Focus:	*Protecting patient safety by ensuring that Respiratory Therapists understand their professional responsibilities surrounding the delegation of controlled acts.*
Attachment(s):	Appendix A - Revised Delegation of Controlled Acts PPG Appendix B - Consultation Feedback

PUBLIC INTEREST RATIONALE:
Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities with respect to delegation.

ISSUE:
Previously revised in February 2013, the Delegation PPG has been revised to reflect current delegation practice, legislative and professional responsibilities.

BACKGROUND:
The topic of Delegation is one that can be misunderstood. This PPG has been condensed, with updated and simplified content to facilitate understanding and clear direction in delegation and accepting delegation.

ANALYSIS:

Summary of Changes
The Delegation PPG has been revised to include further examples, the role of delegation in healthcare, a condensed overview of delegation among RRT's, GRT's and SRT's. The examples of the application of energy have been condensed, as this content is now in the revised

Interpretation of Authorized Acts PPG. All gender pronouns have been neutralized and references have been updated. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations.

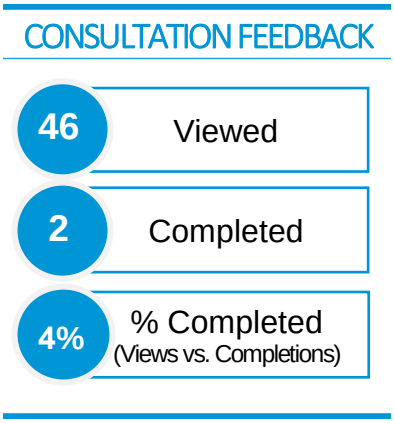
Public Consultation

The document was posted according to the CRTO's public consultation process. A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the October bulletin. In total, 46 people viewed the consultation survey, and 2 response were received (both Respiratory Therapists).

There were no comments received. No changes were made to the Delegation of Controlled Acts PPG as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: October 14, 2021
Length of time consultation was open: 30-days
Date consultation closed: November 14, 2021



RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Delegation of Controlled Acts PPG as per the Motion.

NEXT STEPS:

If the Motion is approved, the PPG will be formatted, published to the website and circulate to CRTO Members.

Council Motion

AGENDA ITEM # 5.11

Motion Title:	*Draft Revised Delegation of Controlled Acts Professional Practice Guideline*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

Council approves the *Revised Delegation of Controlled Acts Professional Practice Guideline* for approval. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Delegation of Controlled Acts PPG

Revised Delegation of Controlled Acts PPG.

College of Respiratory Therapists of Ontario

Professional Practice Guideline

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

> It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

-February 2013

The CRTO will update and revise this document every five years, or earlier, if necessary. The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

Table of Contents (update format)

INTRODUCTION

The *Regulated Health Professions Act, 1991* (RHPA) identifies fourteen ~~thirteen~~ **controlled acts** that pose significant risk of harm to the public of Ontario.

These acts may only be performed by regulated health professionals who are authorized by their profession specific Acts to do so.[1]

There are several authorizing mechanisms, such as an order, initiation, directive, or delegation, as specified in legislation, whereby Respiratory Therapists obtain the authority to perform a procedure.

If a procedure involves controlled acts that are **not** authorized to Respiratory Therapists, [2] then the authority to perform those controlled acts can only come from two places:

- **delegation** from another authorized regulated health care professional

OR

- an **exception** under the RHPA. For a comparison of the controlled acts (RHPA), authorized acts (RTA) and acts that Respiratory Therapists may accept delegation for, please refer to the Interpretation of Authorized Acts PPG (crto.on.ca)

This Professional Practice Guideline (PPG) provides information regarding the standards of practice related to the delegation of controlled acts.

[1] ~~For a complete list of regulated health care professionals , and link to their respective websites, please visit the Federation of Health Regulatory Colleges of Ontario (FHRCO) at: http://ipc.fhrco.org/~~

[2] ~~See PPG Interpretation of Authorized Acts Table 1 for a comparison of the controlled acts (RHPA), authorized acts (RTA) and acts that Respiratory Therapists may accept delegation for.~~

Where RTs get the authority to do what they do

RTs gain their legal authority to perform controlled acts in one of three ways:

Legislative Authority

- the RTA authorizes 5 controlled acts to RTs
- no other authorization is required (apart for a valid order for authorized acts 1, 2 & 4)

Delegation

- certain controlled acts that have not been authorized to RTs may be delegated
- delegation is formal process that must be **planned for in advance** and include an **educational component**
- delegation is an appropirate authorizing mechanism when the performance of a task is **anticipated**
- a valid order is still required
- controlled act must be within the professional scope of Respiratory Therapy

Emergency Exception

- controlled act that have not been legislatively authorized or delegated may (in certain cirsumstances) be performed in under the emergency exception in the RHPA
- the emergency exception is an appropirate authorizing mechanism only when when the performance of a task is **not anticipated**
- a valid order is ideal but not alway possible to obtain in these types of situations

For example:

Legislative: RT's do not require delegation to intubate as they are legislatively permitted to do so under the Respiratory Therapy Act. Only an order (and competence to do so) is required.

RT's do not require delegation to administer a vaccine as they are legislatively permitted to administer a substance by injection. Only an order (and competence to do so) is required.

Delegation: RT's require delegation and an order to perform allergy testing because they are not permitted legislatively to do so.

RT's require delegation and an order to use an ultrasound for guided catheter insertions because they are not permitted legislatively to apply a form of energy.

RT's can not accept delegation to perform a controlled act that is outside of their professional scope, for example, casting a fracture.

Emergency Exemption: If, in an emergency, an RT was required to defibrillate and there was no one available to delegate it to them (e.g., physician), nor someone else who was legislatively authorized to do so, it would be reasonable, and in the patient's best interest, for the RT to defibrillate. This would be considered a task that was not anticipated and/or an emergency. There may or not be an order at the time.

Delegation - what you need to know.

- Delegation is the transfer of legal authority to perform a controlled act (or "procedures involving one or more controlled acts) ~~act~~ to an individual ~~person~~ not authorized to perform that controlled act.
- ~~Delegation often refers to the transfer of authority to perform "procedures" involving one or more controlled acts.~~
- Procedures and/or activities that do not involve controlled acts, such as those within public domain (e.g., taking vital signs or performing basic spirometry), do not require delegation, however they may still require orders depending on the practice setting.
- Delegation is a formal PROCESS that is procedure specific and may also be specific to:
    - an individual patient/client;
    - a specific patient/client population;
    - a specific situation;
    - a specific health care provider, or;
    - groups of patient/client populations or health care providers.

- Ordering can not be delegated:
    - While it is permissible to delegate the performance of a procedure involving a controlled act to a health care provider (regulated or non-regulated), it is the position of the CRTO that there is no provision in the RHPA to allow a Physician or any other regulated health care professional to "delegate" the ordering of a procedure involving a controlled act to another health care provider. ~~Refer to the CRTO's Orders for Medical Care PPG (crto.on.ca) (see the CRTO *Medical Directives and the Ordering of Controlled Acts* Position Statement).~~
    - ~~who is not authorized to perform that controlled act, it is not permissible to delegate the ordering of that procedure involving a controlled act to someone else.~~

What is the role of delegation in healthcare delivery?

- **Promote patient safety**
- **Facilitates access to care**
- **More timely and/or efficient services**
- **Improvement in the use of resources**

Authorized Acts

The controlled acts authorized to Respiratory Therapists in the *Respiratory Therapy Act, 1991* (RTA) are:

> *In the course of engaging in the practice of respiratory therapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:*
>
> 1. Performing a prescribed procedure below the dermis.
> 2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
> 3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
> 4. Administering a substance by injection or inhalation.
> 5. Administering a prescribed[3] substance by inhalation (this is specific to Oxygen)

The RTA requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except* for:

- suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and
- Administering a prescribed substance by inhalation[4].

***Please note that, depending on the practice setting, other legislation may require an order even for these acts (e.g., the *Public Hospitals Act*).**

If you have terms, conditions or limitations prohibiting you from performing any respiratory therapy procedures that involve controlled acts, you cannot accept delegation for those procedures. (See CRTO Policies: Graduate Certificate of Registration; Supervision Policy;

Did you know...

The RTA states that the legislated scope of practice of RTs is:

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

RTs may only accept delegation for certain controlled acts while acting within their scope of practice. ~~For example an RT may accept delegation to perform allergy testing but not setting or casting a fracture of a bone or a dislocation of a joint. Please refer to the PPG Interpretation of Authorized Acts. Acts Table 1 for more information.~~

Inactive Certificate of Registration Policy)

Registered Respiratory Therapists with an Active Certificate of Registration (with no terms, conditions, or limitations)

- Can delegate
- Can accept delegation

Graduate Respiratory Therapists

- Can not delegate
- Can not accept delegation

Student Respiratory Therapists

- Can not delegate
- Can not accept delegation

Did you know...
Terms, Conditions and Limitations (TCLs) and Student Respiratory Therapists
An RT with TCL's on their Certificate of Registration must be aware of their exact limitations and not accept delegation for procedures they are not permitted to perform. For example: If you decide to suction a patient and there is a limitation on your certificate preventing you from suctioning, then you cannot go ahead and accept delegation to suction.

Student Respiratory Therapists who *were* permitted to perform advanced prescribed procedures below the dermis (under an exemption in the *RHPA*), are *no longer* permitted to perform advanced prescribed procedures once they become GRTs. GRTs are not permitted to accept delegation for these controlled acts ~~in order to proceed*.~~ (See *Registration and Use of Title* PPG and *Certification Programs for Advanced Prescribed Procedures below the Dermis* PPG)

~~***Please note...**GRTs are not permitted to delegate or accept delegation for any controlled act.~~

Did you know...

Authorizing Mechanisms - Orders *and* Delegation

- RTs do not require delegation to perform authorized acts 1, 2 and 4 – but still require an order or medical directive to proceed. (see *Interpretation of Authorized Acts* PPG and *Orders for Medical Care* PPG)
- RTs performing procedures involving delegated controlled acts (e.g., allergy testing) also require a valid order or medical directive to proceed. (see *Orders for Medical Care* PPG. ~~*Medical Directives and the Ordering of Controlled Acts Position Statement*~~)
- The Federation of Health Regulatory Colleges of Ontario (FHRCO) has published interprofessional guides, tools and templates to assist regulated health care professionals to develop processes for delegation and the use of medical directives. The aim of these tools is to meet all the regulated professional standards of practice ~~(see FHRCO's Guide and IPC **eTool**)~~. Home | HPRO (regulatedhealthprofessions.on.ca)
- ~~Procedures and activities that do not involve controlled acts and that fall within the public domain do not require delegation may require still require an order.~~

WHAT IS NOT DELEGATION?

An assignment of responsibility and/or duties is not delegation. Even if you are "assigned" to care for patient/client(s) by your supervisor (e.g., a physician, midwife, nurse practitioner or dentist) you would require proper delegation (and orders) to perform any specific procedures involving controlled acts that are not authorized to you. Another regulated health professional asking or instructing you perform a controlled act in the moment, does not constitute the process of “delegation" or the transfer of their authority to you.

“Assisting” a regulated health professional to perform controlled acts does not mean that his or her authority to perform the controlled act has been transferred to you. In this case you are only assisting with the procedure and do not require delegation.

Teaching someone to perform a controlled act (e.g., a regulated; non-regulated health care provider, or other caregiver) may not be enough. Delegation is a process. For more information regarding the standards of practice of teaching versus delegation and a variety of common practice scenarios, please refer to the PPG *Responsibilities of Members as Educators*.

WHEN IS DELEGATION NOT REQUIRED?

If the procedure is not a controlled act, it is in the **public domain** and delegation is not required. In this case, you may perform the procedure provided you have the **competency** to perform it. Depending on your practice setting you may require an order to proceed.

Did you know...

Public Domain

- Administering an oral medication is not a controlled act and does not require delegation; however administering an oral medication does require an order or a prescription in most practice settings.
- Performing spirometry is not a controlled act and does not require delegation, but does require an order in a hospital or pulmonary function testing (PFT) laboratory.
- ~~Performing cardioversion or allergy testing are controlled acts not authorized to RTs that each require a process for delegation AND an order (or medical directive).~~

RHPA Exceptions

If a procedure involves a controlled act and you do not have the authority to perform it (i.e. the procedure is not one authorized to Respiratory Therapists), you may perform the controlled act in one of the following exceptions allowed by the RHPA *[as listed and numbered in the RHPA]:*

Did you know…

The application of energy is a controlled act not authorized to RTs?

Examples of Applying Energy

- An Respiratory Therapist who is an Anaesthesia Assistant) requires delegation and a valid order (or medical directive) for the application of energy to assess neuromuscular blockade during general anesthesia.
- Many acute care organizations (hospitals) have implemented processes to delegate the application of energy (e.g., AED/defibrillation) and the use medical directives to authorize and enable RTs as first responders to defibrillate in a code blue or code pink situation. Many hospitals are also choosing to use automated external defibrillators (AEDs). Respiratory Therapists who practice in hospital settings where codes are expected should ensure they are competent and maintain their ongoing competency to apply energy to the expected standards of their profession, and their employer's, even when using AEDs. RTs practicing in these scenarios, are acting as regulated health care professionals. The process for delegation may include education and training for example as an organizational requirement for RTs to maintain their BCLS, PALS and/or ACLS. Please refer to the CRTO's *Use of automated external Defibrillators (AEDs) by Respiratory therapists* Position Statement.
- As of January 1, 2019, amendments to the Controlled Acts Regulation (O. Reg. 107/96) requires RT's to obtain both delegation and an order in order to use ultrasound to guide the insertion of arterial (e.g., in neonates) and venous catheters req(e.g., internal jugular) is becoming a more common practice for Respiratory Therapists. Under section 7 of the Controlled Acts Regulation 107/96, Members may be exempt from requiring delegation to perform diagnostic ultrasound e.g., to insert an arterial catheter or diagnose a chest pneumothorax in neonates; in certain practice settings (i.e., public hospital). Members would need to ensure their competency to apply ultrasound (see *Scope of Practice and Maintenance of Competency* Position

Exception #1:
Giving first aid or temporary assistance in an emergency.

You may perform a controlled act in giving first aid provided you have the competency (knowledge, skills and judgment) to perform the procedure.

If a Respiratory Therapist faces an emergency situation, ~~he or she~~ they should not let fear of prosecution for performing a controlled act hinder their ~~his or her~~ response. The College also encourages Respiratory Therapists and their employers who face emergencies on a regular basis to proactively develop policies and procedures, guidelines, processes for delegation and medical directives to help guide their response (e.g. The use of AED's in a facility where it is anticipated that the RT's will be required to participate as a first responders should have a formal delegation process for that controlled act, which includes education and training) These documents may also serve to provide evidence of competency training and ongoing quality assurance to support the practice of Respiratory Therapists in emergent situations.

Exception #2:

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

Student Respiratory Therapists do not require delegation to perform controlled acts provided they are enrolled in a CRTO approved program to become Respiratory Therapists AND the controlled acts are within the scope of practice AND a Member of the College is supervising or directing them.

Exception #3:

Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;

If you are performing a controlled act in treating a person by prayer or spiritual means in accordance with the principles of your religion you do not need to have the act delegated to you.

Exception #4:

Treating a member of the person's household and the act is controlled act 1, 5 or 6 *(as numbered in the RHPA);* and, the acts that may be performed when treating a member of your household are:

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

b) Administering a substance by injection or inhalation;

c) Putting an instrument, hand or finger;

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

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

a) Administering a substance by injection or inhalation,
b) Putting an instrument, hand or finger;
beyond the external ear canal,

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

These exceptions mean that a person is not in contravention of the RHPA if they ~~he or she~~ perform the controlled acts under the exceptions listed above.
~~Exemptions~~

A Few Points to Consider…

As a member of the College, you ~~may be~~ will be held to the expected standards of practice of the College and the profession in your performance of a procedure, even if it is performed under the exemptions allowed by the RHPA.

Delegation is not required/necessary when a regulated health professional already has the authority to perform the authorized controlled act.

- E.g., It is not necessary to delegate oxygen therapy administration to a registered Physiotherapist in a hospital setting. Physiotherapists are authorized to perform the controlled act administering a substance by inhalation in the *Physiotherapy Act*.
- ~~E.g., it is unnecessary for RTs to receive delegation from a physician to intubate, because intubation is a controlled act authorized to CRTO Members under the Respiratory Therapy Act. An order (or medical directive) is still required to perform intubation, delegation is not.~~

WHEN IS DELEGATION REQUIRED?

In all practice scenarios not covered by the "public domain" or included in the RHPA "exceptions", the authority to perform a controlled act other than the acts authorized to Respiratory Therapists MUST come from delegation from another competent, regulated health care professional who has the authority to perform the controlled act and who is not prohibited from delegating the procedure by his/her specific College.

CAN I ACCEPT DELEGATION OF PROCEDURES?

Yes, you may accept delegation of controlled acts not authorized to CRTO Members under the RTA when all of the following conditions are met:

1. You reasonably believe that the **delegator** has the authority and competence to perform and to delegate the controlled act. In other words, you have no reason to believe that the delegator is not permitted to delegate the controlled act; and

2. You have the authority to perform the controlled act safely, effectively, competently and ethically. In other words, you have no terms, conditions or limitations on your certificate of registration which may prohibit you from performing the delegated controlled act; and

Please note that Graduate Respiratory Therapists (GRT) are prevented by the terms, conditions and limitations on their certificate of registration from accepting delegation for any controlled act. (e.g communicating a diagnosis). ~~Supervision issue…~~

3. You have the **competency** to perform the controlled act. In other words, your competency to perform the delegated controlled act has been confirmed either directly or indirectly by a regulated health care professional who is also competent and has the authority to perform the procedure; and

4. You have determined that receiving delegation of the controlled act is appropriate giving due consideration to:
   a) the best interest of the patient/client
   b) the known risks and benefits of performing the procedure for the patient/client(s),
   c) the predictability of the outcomes of performing the procedure,
   d) the patient/client's wishes,
   e) the safeguards and resources available in the situation; and
   f) other elements specific to the situation.

When making the decision to accept delegation to perform a controlled act that is not authorized to you under the RTA, you are reminded that authority alone is not reason enough to perform the procedure. You must have the competency to perform the delegated procedure and most importantly, performing the procedure must be in the patient/client's best interests.

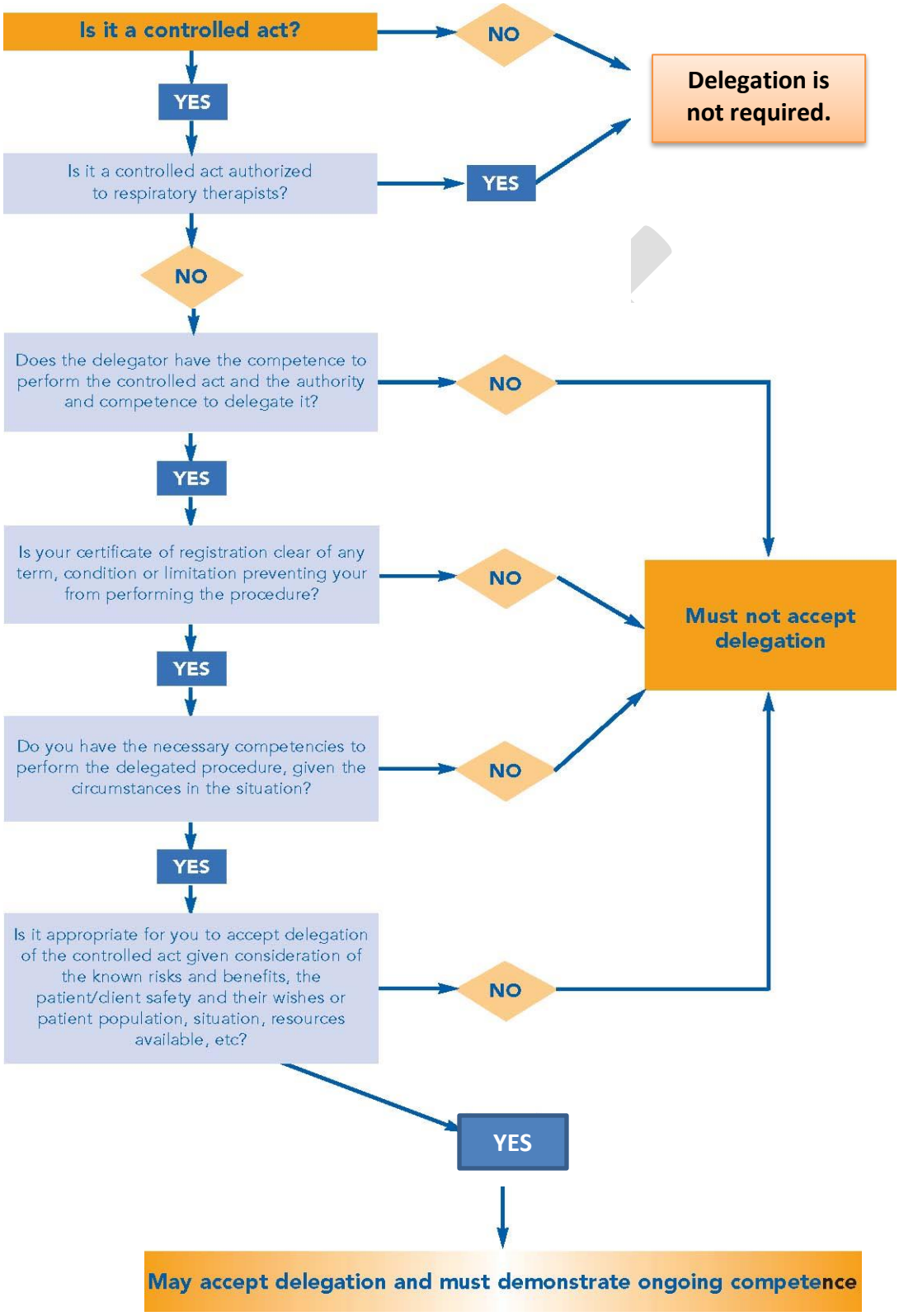
WHO CAN DELEGATE TO ME?

As specified in the RHPA, a Regulated Health Professional with the authority to perform a controlled act is the only person who may delegate a controlled act. (e.g., delegation cannot be received from a committee). It is possible for more than one profession to have the authority to perform and delegate the same controlled act. ~~For more information regarding the scopes of practice of other regulated health care professionals and their controlled acts visit the FHRCO's website.~~

- ~~Scopes of Practice~~
- ~~Scopes Chart~~
- ~~Controlled Acts~~
- ~~Controlled Acts Chart~~

You must not accept delegation from individuals who themselves have received delegation to perform a controlled act procedure. For example, you cannot accept delegation as the authority to perform the controlled act of administering a form of energy (defibrillation) from an unregulated health care provider e.g. EMS paramedic, ~~a Physician's Assistant (PA)~~ who has received delegation from a physician to perform the procedure. In this scenario, the paramedic ~~PA~~, does not have the authority to delegate a controlled under the RHPA. Further, delegated controlled acts may not be delegated over again to another person. This amounts to the concept of "sub-delegation" which is not permitted.

Accepting Delegation Decision Flowchart



WHAT ARE MY RESPONSIBILITIES WHEN I ACCEPT DELEGATION?

You are responsible for the performance of the procedure to the standard of the profession of the delegator or the generally accepted standard of practice of health care practitioners providing similar care. In other words, you must have the requisite competency (knowledge, skills and judgment) to perform the procedure before you accept delegation.

You should also maintain proper documentation of your actions by keeping a record of what activities you accepted delegation and who delegated the activities to you. The preferred method of doing this is to keep records of delegation (and other professional development) in your learning log and Quality Assurance (QA) Portfolio Online for Respiratory Therapists (PORTfolio) . Your competency records regarding delegation should include the following:

- the regulated health care professional (e.g. physician) who has delegated the controlled act;
- the controlled act that have been delegated to you;
- continuing education related to the delegated controlled act; and
- the period of time that the delegation remains in force prior to requiring reconfirmation of ongoing competence in the procedure. (e.g. an organizational requirement that the delegation you receive to perform defibrillation may be time-limited to one year or the expiry date of your ACLS certification , at which time you must once again demonstrate competence in the procedure).

Remember that just because you can accept delegation doesn't necessarily mean that you should accept delegation. CRTO Members must consider whether it is appropriate, safe, and ethical and in the best interest of the patients/clients that you are caring for.

Most employers will have policies and procedures regarding delegation detailing their process for giving and receiving delegation. You should check your employer's policies before accepting delegation. Your employer may also have specific requirements regarding documentation when you accept delegation to perform a controlled act procedure. For more information regarding documentation obligations, please see CRTO's Documentation PPG (crto.on.ca)

DELEGATING RT AUTHORIZED ACTS

CRTO Members may delegate procedures within the controlled acts authorized to Respiratory Therapists, but only when all of the following conditions are met:

1. You have the authority (related to terms, conditions or limitations on your certificate of registration - specifically related to you as an individual or as a holder of a particular class of certificate of registration), and competence (knowledge, skills and judgment) to perform and to delegate the procedure safely, effectively, competently and ethically; and

2. You reasonably believe that the delegatee has acquired, through teaching and clinical supervision of practice, the competence to perform the procedure safely, effectively, competently, and ethically; and

3. You have no reason to believe that the delegatee is not permitted to accept the delegation; and

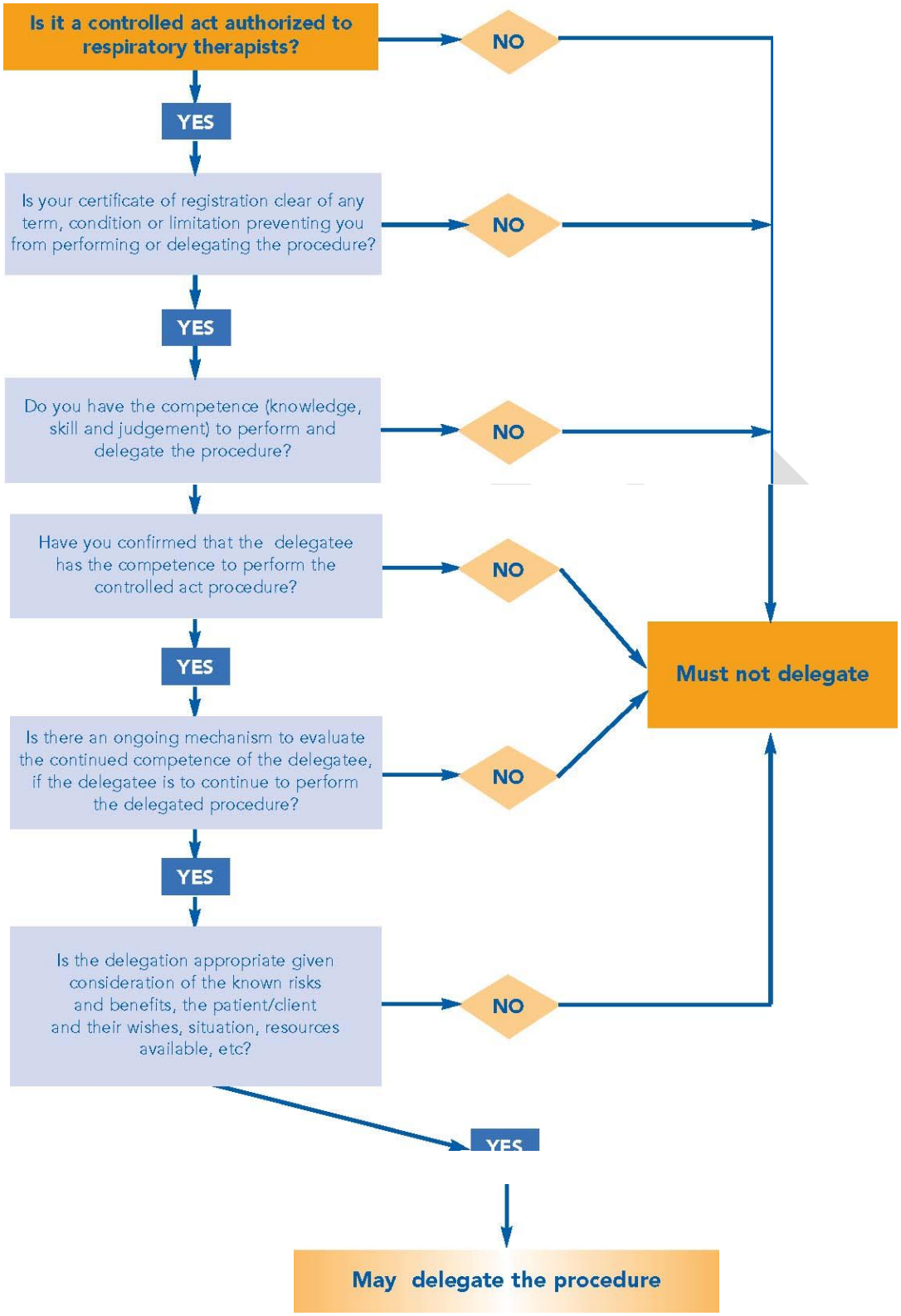
4. You verify, or reasonably believe an evaluation mechanism is in place to verify, the continued competence of the delegatee for performing the procedure; and

5. You have determined that delegation of the procedure is appropriate giving due consideration to:

a) the known risks and benefits of performing the procedure for the patient/client(s);
b) the predictability of the outcomes of performing the procedure;
c) the patient/clients' wishes;
d) the safeguards and resources available in the situation; and
e) other elements specific to the situation.

Please note…Due to the fact that tracheostomy tube changes are now listed as an exemption in the *Controlled Acts* regulation, respiratory therapists (RRT, GRT and PRTs) are no longer permitted to delegate tracheostomy tube changes

Delegation Decision Flowchart



WHAT PROCEDURES CAN I DELEGATE?

CRTO members may delegate any **RT authorized act** procedures to another regulated or non-regulated health care provider provided they meet their professional responsibilities which are outlined below.

WHAT ARE MY RESPONSIBILITIES WHEN I DELEGATE?

- You meet the Standards of Practice of the College and the profession before delegating a procedure
- Confirm that the individual can safely perform the procedure to the same, accepted standard
- Ensure a mechanism exists for education, supervision, and on-going competence evaluation of the delegate

~~You are responsible for ensuring that a mechanism exists for education, supervision, and on-going competence evaluation of the delegatee. You should never assume that the individual has the necessary competencies to perform the controlled act procedure that you are authorizing to them through delegation. You must confirm or validate that they can safely perform the procedure to the same standard that you would perform the procedure.~~

~~In practical terms, this confirmation might mean that that you alone are the person performing all of the components of the confirmation of competence (education, supervision, evaluation) or you may be part of a team. You must ensure that you meet the standard of practice of the College and the profession before you delegate a procedure. You are responsible for delegating the procedure and the delegatee is responsible for accepting and performing the procedure.~~

Assuming responsibility for the delegation does not mean you assume responsibility for the delegatee's performance of an individual procedure. It is your responsibility to ensure that, given consideration to all circumstances, the delegation is appropriate. As with any other intervention you undertake, it is your responsibility to ensure proper documentation of your actions by keeping records of the individuals to whom you delegate and the specifics of the procedures that you delegate. CRTO Members are encouraged to keep records of what and to whom they have delegated in their QA PORTfolio.

Records should include the following:

- description of the procedure being delegated,
- information related to the education that was provided to the delegatee (number of hours, curriculum, any handouts, tests, etc.),
- who provided it (yourself or a team of RRTs for example);

- description of the "certification process", and
- the quality management activities and any particular specifics related to ongoing quality monitoring and evaluation of the delegation.

Your employer may have specific requirements regarding delegation and documentation that you will need to be familiar with prior to delegating.

You are professionally accountable for your decision to delegate a procedure and you must ensure you have satisfied all the requirements outlined in this practice guideline. The "reasonably believe" concept requires that you act prudently. For example, if your employer has a policy that outlines an evaluation process for assessing the competence of delegatees, that you know in practical terms is not adhered to, it is your obligation not to delegate procedures until the reality matches the policy. It also means that you do not personally have to supervise, teach, and evaluate a delegatee but you are responsible to ensure that an appropriate process is in place. If you are reasonably satisfied that a certification program appropriately assesses competence, then it would be reasonable to accept that successful completion of the program means that an individual has the requisite competence to perform the procedure.

Making a decision to delegate your authority to perform a controlled act to another individual should not be taken lightly. The ultimate decision to delegate rests with you.

(Please refer to the PPG Responsibilities of Members as Educators for more standards of practice related to teaching and delegation.)

UNDER WHAT CIRCUMSTANCES AM I NOT PERMITTED TO DELEGATE?

You must not delegate a controlled act procedure:

1. That is not authorized to you according to the Respiratory Therapy Act. For example, you cannot delegate a controlled act procedure, which you yourself require delegation from another RHP to perform (for example, ultrasound guided line insertion). This amounts to the concept of "sub-delegation" which is not permitted;

2. To an RHP (including a Respiratory Therapist) who is prevented from performing the procedure due to terms, conditions, or limitations on his or her certificate of registration; or

3. To an individual who you do not reasonably believe has the competence to perform the procedure.

Did you know...

CRTO members who hold a General Certificate of Registration may not delegate an RT authorized act to a member with a Graduate certificate of registration, who is prohibited from performing the procedure due to terms, conditions and limitations on their certificate. For example, an RRT may not delegate chest tube insertion to a GRT.

WHAT ARE THE PENALTIES IF I PERFORM A CONTROLLED ACT WITHOUT THE AUTHORITY TO DO SO?

If you or another RHP perform a controlled act when you are not permitted to do so, you may be subject to professional misconduct proceedings. (See Professional Misconduct Regulation provision 1.4).

Glossary

Authority the right to act - usually related to **jurisdiction provided in a statute or to** terms, conditions or limitations imposed on a certificate of registration - individually specified (by a panel) or related to an entire class of certificates of registration (specified by Council or a panel)

Authorized act is a controlled act, or portion of a controlled act, that is authorized within a health profession act for a health professional to perform [there are 4 acts authorized to Respiratory Therapists by the Respiratory Therapy Act, that are created from 3 controlled acts defined in the RHPA]; the controlled acts authorized to Respiratory Therapists are:

1. Performing a prescribed procedure below the dermis;
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx;
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx;
4. Administering a substance by injection or inhalation; and
5. Administering a prescribed substance by inhalation.

Controlled act one of the following 13 acts defined in the RHPA [section 27(2)] when it is performed "with respect to an individual":

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i) beyond the external ear canal,
    ii) beyond the point in the nasal passages where they normally narrow,
    iii) beyond the larynx,
    iv) beyond the opening of the urethra,
    v) beyond the labia majora,
    vi) beyond the anal verge, or
    vii) into an artificial opening into the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgement, insight, behavior, communication or social functioning.

Competence having the requisite knowledge, skills and judgement to perform the procedure

Delegatee the person receiving the authority to perform a procedure

Delegator the person conferring the authority for another to perform a procedure

Emergency when the patient/client is apparently experiencing severe suffering or is at risk, if the procedure or treatment is not administered promptly, of sustaining serious bodily harm.

Forms of energy the following forms of energy are prescribed in regulation:

1. Electricity for,
    - i) aversive conditioning
    - ii) cardiac pacemaker therapy
    - iii) cardioversion
    - iv) defibrillation
    - v) electrocoagulation
    - vi) electroconvulsive shock therapy
    - vii) electromyography
    - viii) fulguration
    - ix) nerve conduction studies, or
    - x) transcutaneous cardiac pacing

2. Electromagnetism for magnetic resonance imaging
3. Soundwaves for,
    i) diagnostic ultrasound, or
    ii) lithotripsy

HPPC Health Professions Procedural Code - RHPA; Schedule 2

Member a member of a regulatory college under the RHPA

Reasonably sensible, rational - often referred to as the reasonable person test - determined by case law - in the case of the College, a panel would determine whether or not an individual, giving consideration to all circumstances, acted in a sensible, rational manner in the matter under discussion

Respiratory Therapist - a Member of the CRTO (refers to RRT, GRT, PRT, Inactive Member)

RHP Regulated Health Professional - a health care provider who is a member of a College and is regulated by the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)

RHPA *Regulated Health Professions Act, 1991*

RTA *Respiratory Therapy Act, 1991*

References

College of Nurses of Ontario (~~2006~~ 2020). *Practice standard: Decisions about procedures and authority.* Retrieved ~~February 7, 2007~~ from www.cno.org/docs/prac/41071_Decisions.pdf
https://www.cno.org/globalassets/docs/prac/41071_decisions.pdf

College of Physicians and Surgeons of Ontario (~~2004, November~~2021, March). ~~*Policy #4-03:*~~
Delegation of controlled acts. Retrieved ~~February 7, 2007~~ from ~~www.cpso.on.ca/Policies/delegation.htm~~
https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Delegation-of-Controlled-Acts

College of Respiratory Therapists of Ontario (~~2004, April~~ 2020, March). *Professional practice*
guideline: Interpretation of authorized acts. Retrieved ~~February 7, 2007~~ from ~~www.crto.on.ca/pdf/ppginterpauthoracts.pdf~~
https://www.crto.on.ca/pdf/PPG/interpretation.pdf

~~Federation of Health Regulatory Colleges of Ontario (2007). *An interprofessional guide on the use of orders, directives and delegation for regulated health professions in Ontario.* Retrieved February 7, 2007 from www.medicaldirectives-delegation.com/why/~~

An Interprofessional Guide on the use of Orders, Directives and Delegation for Regulated Health Professionals (2021) Health Profession Regulators of Ontario. Retrieved from: http://www.regulatedhealthprofessions.on.ca/orders%2c-directives%2c-delegation.html

Legislation

Regulated Health Professions Act, 1991. (see s27)
www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm

Respiratory Therapy Act, 1991.(see s4)
www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r39_e.htm

Prescribed Substance Regulation
O. Reg. 596/94: GENERAL (ontario.ca) (see Part VII.1)

1999: Revised February 2003; Revised January 2004; Revised September 2005; Revised February 2007; Revised February 2013; Revised August 2021.

~~This practice guideline will be updated as new evidence emerges or as practice evolves. Comments on this practice guideline are welcome and should be addressed to:~~

~~Professional Practice Advisor~~
College of Respiratory Therapists of Ontario
1800 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
Tel (416) 591 7800 | Toll free 1 800 261 0528
Fax (416) 596 7890 | e-mail questions@crto.on.ca
www.crto.on.ca

Appendix B: Delegation of Controlled Acts PPG Consultation Survey Results

Answers to Questions
Draft Delegation of Controlled Acts PPG Consultation 2021
As of: 11/15/2021

Page: Delegation of Controlled Acts Professional Practice Guide (PPG) Background

Page: About You

Question: Are you a...

Number Who Answered: 3

Respiratory Therapist (including retired)	3	100 %
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	0	0 %

Question: I live in...

Number Who Answered: 3

Ontario	3	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %

Page: Questions

Question: Delegation of Controlled Acts PPG

Number Who Answered: 0

Question: Is the purpose of the Delegation of Controlled Acts PPG clear?

Number Who Answered: 2

Yes	No
2	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Do you agree that the Delegation of Controlled Acts PPG is clear and understandable?

Number Who Answered: 2

Yes	No
2	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Is the Delegation of Controlled Acts PPG free from omissions and/or errors?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: Does this Delegation of Controlled Acts PPG provide you with sufficient understanding of the expectations?

Number Who Answered: 2

Yes	No
2	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: 0

Council Motion

AGENDA ITEM # 6.0

Motion Title:	*Consent Agenda Items*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council approves the items outlined in the consent agenda, which include in their entirety:

- The minutes from the Council meetings held September 24, 2021 (Item 6.1)
- Executive Committee Report (Item 6.2)
- Registration Committee Report (Item 6.3)
- Quality Assurance Committee Report (Item 6.4)
- Patient Relations Committee (Item 6.5)
- Inquiries, Complaints and Reports Committee Report (Item 6.6)
- Discipline Committee Report (Item 6.7)
- Fitness to Practise Committee Report (Item 6.8)

Consent Agenda Items

Agenda Item #:	*6.1*
Item:	*Draft Minutes from September 24, 2021*

Meeting Minutes September 24, 2021

CRTO Council Meeting Minutes

Scheduled on September 24, 2021, from 8:30 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

PRESENT:
Allison Chadwick, RRT, President, Chair
Rhonda Contant, RRT, Vice-Chair
Derek Clark, Public Member
Jody Saarvala, RRT
Kim Morris, Public Member
Katherine Lalonde, RRT
Allison Peddle, Public Member
Lindsay Martinek, RRT
Andriy Kolos, Public Member
Jeffrey Schiller, Public Member
Jeff Dionne, RRT
Kelly Munoz, RRT
Yvette Wong, Public Member
Tracy Bradley, RRT

STAFF:
Carole Hamp RRT, Acting Registrar
Janice Carson, Manager of Communications
Kelly Arndt RRT, Coordinator of Quality Practice
Shaf Rahman, Manager of Professional Conduct
Sophia Rose, Coordinator of Professional Conduct
Lisa Ng, Manager of Registration
Denise Steele, Coordinator of Professional Programs
Temeka Tadesse, IT & Database Specialist
Stephanie Tjandra, Office Coordinator

GUESTS:

REGRETS:

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 8:30am. President Allison Chadwick welcomed Council and Staff to the meeting.

2.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for September 24, 2021. Item #3.1 was changed to a discussion.

MOTION # 1 MOVED BY Jody Saarvala, RRT, and SECONDED BY, Yvette Wong, to recommend that Council approve the Meeting Agenda for September 24, 2021.

MOTION # 1 CARRIED.

3.0: STRATEGIC ISSUES

3.1 EXECUTIVE COMMITTEE ELECTIONS

Allison Chadwick provided an overview of the Executive Committee election process, referring to the CRTO Election Policy. It was recommended that the Executive Committee appoint Lindsay Martinek to the position of President and Kim Morris to the position of Vice-President at the December 2021 Council meeting.

3.2 POSITION OF REGISTRAR & CEO

Allison Chadwick briefed Council on the position of Registrar & CEO.

3.3 IN-CAMERA SESSION FOR POSITION OF REGISTRAR & CEO

The discussion of the Registrar position was in camera pursuant to the *Health Professions Procedural Code (the Code)* being Schedule 2 to the *Regulated Health Professions Act*, *1991 (RHPA)*, under section 2 subsection 7(2)(d) being that the Council may exclude the public from any meeting or part of a meeting if it is satisfied that personnel matters or property acquisitions will be discussed.

MOTION # 2 MOVED BY Kim Morris, and SECONDED BY, Yvette Wong, to recommend that Council go in-camera for the discussion of the position of Registrar & CEO.

MOTION # 2 CARRIED.

4.0: OPERATIONAL & ADMINISTRATIVE ISSUES

4.1 REGISTRAR + STAFF ACTIVITY REPORT

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

Key Initiatives:

- CRTO staff have been working on a large-scale revision of all public facing policies and documents due to a new Policy Framework. Phase one of three has been completed and CRTO staff are working through phases two and three. A number of these policies were presented to Council for final approval. A summary report was provided to Council with six policies to be rescinded as the content of these documents were not appropriate as policies. Some fact sheets were created or revised so that the contents of the archived policies remained accessible on the CRTO website.
- The call for nominations has gone out and will remain open until Friday, September 24th. The following seats are available: Districts 1 there will be 1 Council and 2 Non-Council seats, District 2 will have 1 Council and 2 Non-Council seats, District 5 will have 2 Council and 2 Non-Council seats and District 7 will have 1 Council seat.
- CRTO staff and some Council and Committee members will participate in a virtual training session into Indigenous awareness, particularly the history of the residential school system.
- The CRTO's Covid Policy is now in place. Only individuals who have received both doses of a COVID-19 vaccine and are at least two weeks post their 2nd dose will be permitted to enter the CRTO office or attend any of the CRTO's in-person functions. This applies to all CRTO staff, independent contractors, Mentors, Assessors, Members, Council and Committee members, and anyone else seeking access to the CRTO office. Any person who is not fully vaccinated will be required to interact with the CRTO remotely via email, telephone, or videoconferencing.
- The CRTO submitted its College Performance Management Framework (CPMF) report to the Ministry in March and are waiting for the Ministry's final approval. We have added the CPMF and its associated improvements to our strategic directions for the year ahead. Those strategic priorities are: Improved Governance and Accountability, responding to the Needs of the Health Care System, Enhancing Engagement & Professionalism, and Commitment to Anti-Discrimination.
- The CRTO was notified by the Office of the Fairness Commissioner (OFC) that we are in compliance. This means that we have successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and all other criteria have been met.

4.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of August 31, 2021.

4.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of August 31, 2021.

4.3.1 SURPLUS FUNDS

Allison Chadwick briefed Council regarding the surplus funds. Council was presented with three options:

1. To retain the amount in a Fee Stabilization Fund reserve, and that this would prevent the CRTO from increasing fees if the pandemic impacts CRTO members in any future circumstances and would ensure that funds are available should an emergency arise,

2. To reduce the annual membership fees, and that this would reduce the overall income and would require the CRTO to allocate some or all of the surplus into the operating budget. This however could confuse the members if fees are increased in the future, or

3. To return a one-time payment amount to the members. This would be possible however it could jeopardize our Not-for-Profit Organization (NPO) status with the Canada Revenue Agency (CRA) and the amount will be relatively small and this is anticipated to not be received well by members.

Discussion amongst Council ensued, and it was decided to keep the funds in reserve.

4.4 MEMBERSHIP STATISITCS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total membership reported was **3,871**. The CRTO received **406** applications for registration from March 1, 2020, to September 7, 2021. Out of the total number of applications received, **350** are graduates of an Ontario RT program, **33** are graduates from other provinces, and **23** are graduates from outside of Canada.

4.5 RTS PROVIDING EDUCATION PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Respiratory Therapists Providing Education Professional Practice Guideline (PPG). The PPG was last revised in March 2015 and was due to be reviewed and revised. The PPG enables Respiratory Therapist in Ontario to understand the expectations and professional responsibilities set out by the CRTO regarding RTs as Educators. The PPG sets out further direction for RTs in all aspects of educating, including the role of delegation, supervision, and documentation. If the motion is approved the PPG will be posted for public consultation and the final draft will be presented at the December Council meeting.

Motion # 3 MOVED BY Rhonda Contant, RRT, and SECONDED BY Lindsay Martinek, RRT, to recommend that Council review and approve the revised Respiratory Therapists

Providing Education PPG for public consultation.

MOTION # 3 CARRIED.

4.6 DOCUMENTATION PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Documentation Professional Practice Guideline (PPG). The PPG was last revised in June 2015, and was due to be reviewed and revised. The PPG ensures that Respiratory Therapists in Ontario understand their professional responsibilities and requirements set out by the CRTO and legislation, regarding documentation standards and expectations. If the motion is approved the PPG will be posted for public consultation and the final draft will be presented at the December Council meeting.

Motion # 4 MOVED BY Jody Saarvala, RRT, and SECONDED BY Allison Chadwick, RRT, to recommend Council review and approve the revised Documentation PPG for public consultation.

MOTION # 4 CARRIED.

4.7 DELEGATION OF CONTROLLED ACTS PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Delegation of Controlled Acts Professional Practice Guidelines (PPG). The PPG was last revised in February 2013, and was due to be reviewed and revised. The PPG ensures that Respiratory Therapists understand their professional responsibilities and requirements set out by the CRTO and legislation, regarding delegation. If the motion is approved the PPG will be posted for public consultation and the final draft will be presented at the December Council meeting.

Motion # 5 MOVED BY Allison Chadwick, RRT, and SECONDED BY Kim Morris, to recommend Council review and approve the revised Delegation of Controlled Acts PPG for public consultation.

MOTION # 5 CARRIED.

4.8 INTERPRETATION OF AUTHORIZED ACTS PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Interpretation of Authorized Acts (IAA) Professional Practice Guideline (PPG). The PPG was last revised in March 2020, the IAA PPG has been revised to incorporate the previous position statement regarding the Use of AED's by Respiratory Therapist and create a more concise source of information. Under the new Policy Framework the combination of these documents will provide clear direction and expectations. The PPG ensures that Respiratory Therapist understand their professional

responsibilities and requirements set out by the CRTO and legislation, when applying of a form of energy, either ultrasound or AED. If the motion is approved the PPG will be posted for public consultation and the final draft will be presented at the December Council meeting.

Motion # 6 MOVED BY Jody Saarvala, RRT, and SECONDED BY Jeff Dionne, RRT, to recommend Council review and approve the revised Interpretation of Authorized Acts PPG for public consultation.

MOTION # 6 CARRIED.

5.0: CONSENT AGENDA ITEMS

5.1 MINUTES FROM MAY 28, 2021

Council reviewed the Minutes from May 8, 2021. No changes were made to the minutes.

5.2 EXECUTIVE COMMITTEE REPORT

(Submitted by Allison Chadwick, RRT, Chair)

The Executive Committee has met once since the May 28th Council meeting. Highlights of the Executive Committee's activities are outlined below.

At the September 14th meeting, the Executive Committee:

- Reviewed all financial and investment statements for March 1 – August 31, 2021.
- Developed a proposal for Council regarding the Registrar & CEO position.
- Approved the draft agenda for the September 24th Council meeting.
- Reviewed and revised the Executive Goals & Terms of Reference.
- Discussed the upcoming Executive Committee elections.
- Approved the 2022 Council dates.
- Reviewed draft versions of the revised Investments and Reserves Policy & Procedure.

5.3 REGISTRATION COMMITTEE REPORT

(Submitted by Christa Krause, RRT, Chair)

Consent Agenda Items

Since the last Council meeting on May 28, 2021, the Registration Committee met via video conference on the following dates for four separate panel meetings:

- June 8, 2021
- June 24, 2021
- July 19, 2021
- August 25, 2021

Referral Summary

Reason for Referral	Decision
One application requesting to change the terms, conditions and limitations imposed on the member's certificate of registration.	The request was approved. The Panel agreed to change the terms, conditions, and limitations to allow the member to perform specific procedures without supervision.
Two applications were referred to consider whether it is in the public interest to approve the applications based on the applicants' entry-to-practice assessment results. Both applicants had completed all three stages of the assessment.	In both cases, the decisions were to refuse to issue a certificate of registration. In one of the cases, the panel recommends the applicant complete an approved respiratory therapy program before reapplying. In the second case, the panel recommends the applicant to successfully complete the Canadian Board for Respiratory Care exam, and then reapply for registration. In addition, the applicant should also provide proof of upgrading/training.

Certificate Programs for Prescribed Procedures Below the Dermis

At the July 19, 2021, videoconference meeting, a panel of the Registration Committee reviewed and approved two certification packages prepared by the Children's Hospital of Eastern Ontario (CHEO).

1. Certification package for Chest Needle Insertion, Care and Removal.
2. Certification package for Intraosseous Needle Insertion.

Entry-to-Practice Exam Policy and Procedure

Following the new policy framework, the Entry-to-Practice Exam policy and procedure was revised. This policy was last reviewed by Council on December 3, 2010. Due to the new policy framework, this policy was updated in the new template and its associated procedure and factsheet (Examination). Although the policy was revised, its intent and direction have not changed.

The Entry-to-Practice Exam Policy was circulated to the Registration Committee for consultation. On September 10, 2021, the Registration Committee motioned to have the revised Entry-to-Practice

Exam Policy go to Council for approval.

5.4 QUALITY ASSURANCE COMMITTEE REPORT

(Submitted by Rhonda Contant, RRT, Chair)

Since the last Council meeting, there has been two panel meetings of the Quality Assurance Committee (QAC), on May 25 and June 28, 2021. The following is a summary of those meetings and the activities related to the QAC that have been ongoing since our last Council meeting:

Professional Development Policy and Procedure (PDP)
Following the new CRTO framework, the Professional Development Program policy and procedure was revised, incorporating the previously separate Launch Jurisprudence Assessment policy.

2021 PORTfolio Submissions
819 Members were assigned to submit their PORTfolio in 2021. Submission deadline was June 1, 2021. 622 Portfolios were received and reviewed. The remaining were considered to be automatically deferred until 2022. Subsequently, 22 were required to undergo peer coaching, and all were successful in completing those Portfolio requirements.

Referral to the CRTO Entry to Practice Assessment Process UPDATE
The CRTO recently registered a member who had initially graduated from a U.S RT program and applied to become an RT in Ontario in Sept. 2019. At that time, because he did not graduate from an accredited program, he was referred to the IEHP assessment. He completed the Program Review and Behavioral Descriptive Interview before withdrawing from the assessment process and becoming registered with the College and Association of Respiratory Therapists of Alberta (CARTA). Shortly after becoming registered in Alberta, he applied to and was registered with the CRTO. At this point, he was referred to a panel of the QAC.

At the February 4th meeting, the QAC panel determined that the member should undergo the final phase of the ETP Assessment, the Clinical Skills Assessment ASAP, and as a result, the member underwent the CSA April 7, 2021. A QAC panel met on May 25, 2021, to review the results of the CSA and a decision was made to direct the Registrar to impose terms, conditions and limitations on the members General Certificate of Registration and require the member to undergo remediation in the form of education and online modules. The member subsequently appealed this decision on June 24, 2021. The panel met again on June 28, 2021, to review the appeal, however the initial decision was upheld.

5.5 PATIENT RELATIONS COMMITTEE REPORT

(Submitted by Michelle Causton, Chair)

The Patient Relations Committee has had no meetings since the last Council meeting on May 28, 2021. The next PRC meeting will be held in the fall but is currently unscheduled.

5.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

(Submitted by Jeff Earnshaw, RRT, Chair)

ICRC Deliberations:
Since the last Council meeting, the ICRC held 2 meetings via Zoom. Both meetings were to render decisions on investigations, one stemming from a Complaint and one stemming from an Employer Report.

Employer Report:

1) The Employer Report alleged that the Member was terminated from her position at the Facility after the Facility determined that the Member had unilaterally managed funds provided through a community grant. The Facility alleged that the Member did not establish appropriate oversight for the grant's distribution, that the Member paid themselves through the grant without appropriate oversight, and that the Member charged the grant for services that were within the scope of their position with the Facility.

   The Panel of the ICRC conducted a very detailed and lengthy consideration of this matter, including seeking a legal opinion on the viability of referring the matter to the Discipline Committee of the CRTO. Base on the legal opinion obtained, the Panel ordered the Member to complete a specified continuing education or remediation program ("SCERP") related to ethics and professionalism known as the "Professional/Problem Based Ethics" program (also known as "ProBE") offered by the Center for Personalized Education for Physicians. Further, the Member is to attend before the Panel to be cautioned.

   The Panel conclude that the information before it indicated that the Member was not forthcoming with the Facility regarding the management of funds, the Member's documentation regarding care provided through the grant and its disbursement was vague and at times misleading, and that the Member did not take any accountability for their actions. The Panel noted that it did not appear to the Panel that the Member did these things intentionally, but the Member's actions did not meet the standards of practice.

Public Complaint:

2) The complaint alleged that the Member failed to provide appropriate level of care to the patient, did not follow the wishes of the patient's power of attorneys, and that the Member was rude and unprofessional.

   After a careful review of the investigation report, Complainant's submissions, and those of the Member; the Panel was of the opinion that the Member met the standards of practice in providing appropriate levels of care to the patient. However, it was clear to the Panel from

the information before them that a breakdown occurred in the therapeutic communication between the Member and the patient's family and that the Member appeared to not have met the standards of practice in relation to therapeutic communication. Further, the Panel was concerned that the Member did not document their conversations with the patient's family, as required. Accordingly, the Panel dispensed a letter of warning to the Member which included guidance on how to better meet the standards of practice regarding therapeutic communication.

New Matters:
Since the last Council meeting, the CRTO received 8 new matters. Of the 8 new matters, 2 were Complaints from the public, while the remaining 6 matters were Employer Reports. Of the 6 Employer Reports, 1 of the Employer Reports included concerns regarding 5 respiratory therapists.

Both Complaints received by the CRTO are currently being investigated. 2 of the Employer Reports are currently being investigated.

Of the remaining 4 Employer Reports, 3 of the matters were addressed through Registrar action in which the Members subject to the reports entered Acknowledgements and Undertakings agreeing to remedial learning and practice reflection. The final Employer Report was concluded after additional follow-up with the relevant parties, as the Registrar did not have reasonable and probable grounds to refer the matter to the ICRC.

Policy Framework:
The ICRC continues to review its public facing documents according to the new policy framework.

5.7 DISCIPLINE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

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

5.8 FITNESS TO PRACTISE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

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.

Motion # 7 MOVED BY Lindsay Martinek, RRT, and SECONDED BY, Kelly Munoz, RRT, to recommend that Council approve all consent agenda items.

MOTION # 7 CARRIED.

6.0: COMMITTEE ITEMS ARISING

6.1 EXECUTIVE COMMITTEE ITEMS

6.1. TERMS OF REFERENCE & ACTION PLAN – TABLED FOR DECEMBER 3, 2021, MEETING

- No items for this meeting.

6.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

6.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

6.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

6.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

6.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

7.0: LEGISLATIVE AND POLICY ISSUES:

7.1 REGISTRAR'S REASONABLE AND PROBABLE GROUNDS POLICY - FINAL APPROVAL

Kelly Munoz, RRT presented to Council the revised Registrar's Reasonable and Probable Grounds Policy. The policy allows the Registrar to take action to address information received regarding alleged conduct of a member that could pose harm to the public. The policy was last reviewed by Council on September 25, 2015. Due to the new policy framework this document was updated to the new template. The policy was posted for public consultation. Once approved by Council the policy will be posted on the CRTO website and communicated to members in the CRTO bulletin.

Motion # 8 MOVED BY Allison Chadwick, RRT, and SECONDED BY, Lindsay Martinek, RRT, to recommend that Council approve the revised Registrar's Reasonable and Probable Grounds Policy.

MOTION # 8 CARRIED.

7.2 REPORTING TO POLICE POLICY – FINAL APPROVAL

Kelly Munoz, RRT presented to Council the revised Reporting to Police Policy. The policy provides the CRTO with the authority to respond to information form stakeholders and the public regarding alleged conduct or actions of a Respiratory Therapists. It establishes the authority upon which the Registrar can rely to report information about a member to the police in situations where the Registrar is of the opinion that the conduct or actions of member may be criminal in nature. The policy was last reviewed by Council on September 25, 2015. Due to the new policy framework this document was updated to the new template. The policy was posted for public consultation. Once approved by Council the policy will be posted on the CRTO website and communicated to members in the CRTO bulletin.

Motion # 9 MOVED BY Jeff Dionne, RRT, and SECONDED BY, Rhonda Contant, RRT, to recommend that Council approve the revised Reporting to Police Policy.

MOTION # 9 CARRIED.

7.3 ENTRY-TO-PRACTICE EXAM POLICY – FINAL APPROVAL

Kim Morris presented to Council the revised Entry-to-Practice Exam Policy. The policy provides applicants with the entry-to-practice requirements in an accountable, transparent, and equitable process. The policy was last reviewed by Council on December 3, 2010. Due to the new policy framework this document was updated to the new template. The policy was posted for public consultation. Once approved by Council the policy will be posted on the CRTO website and communicated to members in the CRTO bulletin.

Motion # 10 MOVED BY Kim Morris, and SECONDED BY Andriy Kolos, to recommend that Council approve the revised Entry-to-Practice Exam Policy.

MOTION # 10 CARRIED.

7.4 HANDLING, ADMINISTRATION AND DISPENSING OF CONTROLLED SUBSTANCES PRACTICE POLICY – FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Handling, Administration and Dispensing of Controlled Substances Practice Policy. The policy ensures that Respiratory Therapist understand the expectations and professional responsibilities in Handling, Administration and Dispensing of Controlled Substances. The information previously existed as a Position Statement that was created July 2014. This document has been converted into a new Professional Practice Policies that sets out expectations and responsibilities for Members beyond what is outline in the Standards of Practice. The policy has been revised and updated to align with the new CRTO Policy Framework and was posted for public consultation. Once approved by Council the policy will posted on the CRTO website and committed to members in the next CRTO bulletin.

Motion # 11 MOVED BY Jody Saarvala, RRT, and SECONDED BY Kim Morris, to recommend that Council approve the draft Handling, Administration and Dispensing of Controlled Substance Practice Policy.

MOTION # 11 CARRIED.

7.5 POLICES BEING RESCINDED & ARCHIVED

Carole Hamp, Acting Registrar presented to Council the rationale of rescinding and archiving the following policies:

- Appointment of Council and Committee Members Policy.
- Former Member Information on the Public Register Policy.
- Obtaining Court Transcripts Policy.
- Assessing Suitability to Practise Policy.
- Determining Applicants' Suitability to Practise Policy.
- Terms, Conditions and Limitations Policy.

Motion # 12 MOVED BY Allison Chadwick, RRT, and SECONDED BY Jeffrey Schiller, to recommend that Council approve the items outlined in the policies being rescinded & archived consent agenda (item 7.5), which include in their entirety.

MOTION # 12 CARRIED.

8.0: OTHER BUSINESS

8.1 COUNCIL MEETING DATES

Council reviewed a schedule of potential CRTO Council meeting dates for 2022. The approved dates will be posted on the CRTO website.

9.0: NEXT MEETING

Next Council Meeting:
Friday, December 3, 2021, from 09:00 to 12:00 hrs.

Location:
Virtual meeting held via ZOOM Videoconference.

10: ADJOURNMENT

Adjournment
MOTION # 13 MOVED BY Tracy Bradley, RRT, and SECONDED BY Yvette Wong to adjourn the Council Meeting.

MOTION # 13 CARRIED.

The September 24, 2021, Council Meeting adjourned at 11:51 am.

Agenda Item #:	*6.2*
Item:	*Executive Committee Report*

EXECUTIVE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 24, 2021, to December 2, 2021

The Executive Committee has met once since the September 24th Council meeting. On November 29, 2021, the Executive Committee reviewed the following items:

- CRTO Financial Statements & Investment Portfolio
- Draft Council agenda for December 3, 2021, meeting
- Draft Executive Goals & Terms of Reference
- Committee Appointments of vacant Non-Council Committee positions
- Draft Investments & Management of Net Assets Policy & Procedure
- Overview of the College Performance Measurement Framework
- Draft 2021 – 2015 Strategic Direction
- Draft Revised CRTO By-Laws

Respectfully submitted,
Allison Chadwick, RRT
Executive Committee Chair

Agenda Item #:	*6.3*
Item:	*Registration Committee Report*

REGISTRATION COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 24, 2021 to December 2, 2021

Since the last Council meeting on September 24, 2021, the Registration Committee met via video conference on the following dates for three separate panel meetings:

- October 20, 2021
- November 3, 2021
- November 25, 2021

Referral Summary

Reason for Referral	Decision
Two applications were referred to the Panel of the Registration Committee to consider conduct issues related to the applicant's previous employment.	The Panel of the Registration Committee approved both applications and directed the Registrar to issue the General Certificates of Registration.
One application was referred to the Panel of the Registration Committee due to currency requirements.	The Panel of the Registration Committee decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements).
Three applications were referred to the Panel of the Registration Committee requesting to change the terms, conditions and limitations imposed on the members' certificate of registration.	The requests were approved. The Panel agreed to change the terms, conditions, and limitations to allow the members to perform specific procedures without supervision.

Policy Framework:

Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policies were circulated to the Registration Committee on October 22, 2021, for review and to identify any red flags or concerns before posting for public consultation:

Consent Agenda Items

- **Entry-to-Practice Competency Assessment Policy**: This policy was last reviewed by Council on December 6, 2019. Due to the new policy framework, this policy was updated in the new template and its associated factsheet. Although the policy was revised, its intent and direction have not changed.

- **Entry-to-Practice Competency Assessment Appeal Policy**: This policy was last reviewed by Council on June 3, 2016. Although it has been updated to reflect the CRTO's new policy template, the content and intent of the original policy have not changed.

- **Registration Currency Requirements Policy:** This policy was last reviewed by Council on September 21, 2018. It has been updated to reflect the CRTO's new policy template and has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. Specific changes have been made to the descriptions of the terms, conditions and limitations that can be imposed on a certificate of registration. It is important to note that no changes were made to the intent or the direction of the original policy.

- **Labour Mobility Policy:** This policy was last reviewed by Council on May 25, 2012. It has been updated to reflect the CRTO's new policy template. Although the policy was revised to ensure its relevance to existing registration practices and legislation, the intent of the original policy has not changed.

- **Language Proficiency Policy**: This policy was last reviewed by Council on May 25, 2012. Minor changes were made by staff on the policy to reflect changes to the administration of CanTEST and TESTcan. As of August 15, 2021, the University of Ottawa will no longer administer language proficiency tests. As such, test scores by CanTEST and TESTcan will not be valid after August 15, 2022. Although the policy was updated to reflect the CRTO's new policy template, the intent of the original policy and the required English and French language proficiency test scores and providers have not changed.

No red flags or issues of concerns were raised, and the five policies have been posted for public consultation.

Respectfully submitted,
Christa Krause, RRT
Registration Committee Chair

Agenda Item #:	*6.4*
Item:	*Quality Assurance Committee Report*

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 24, 2021 to December 2, 2021

Since the last Council meeting, there has been one panel meeting of the Quality Assurance Committee (QAC), on October 8, 2021. The following is a summary of that meeting and the activities related to the QAC that have been ongoing since our last Council meeting:

Professional Development Policy and Procedure (PDP) Revision
Following the new CRTO framework, the Professional Development Program policy and procedure was revised, incorporating the previously separate Launch Jurisprudence Assessment policy. The PDP policy has now been circulated to the QAC for review. It has been sent for public consultation November 8, 2021 and will be presented, with the survey results, at the March 4, 2022 Council for final approval.

Referral to the QAC for Failure to Complete QA Requirements
The CRTO recently registered a Member in May 2021 with a General Certificate (had previously been registered with the CRTO off/on from 1996), who was notified then of their requirement to complete the Launch Jurisprudence Exam, between the period of July 1 – July 31, 2021. This Member failed to complete the exam within the required time frame and was therefore sent three past due notices, August 1, August 15, and August 30, 2021, via email and post. There was no response from the Member.

Subsequently, a panel of the QAC convened and reviewed the Member's file. As a result of the information brought forward, the panel believed the Member may have committed an act of professional misconduct [*Health Professions Procedural Code s. 80.2 (4)*] and directed the disclosure of the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC).

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policy was circulated to the Quality Assurance Committee on October 22, 2021, for review and to identify any red flags or concerns prior to posting for public consultation:

- **Professional Development Policy**: this policy was just reviewed in May 2020. It has been updated to reflect the CRTO's new policy template. This policy has gone through a rigorous policy development process to ensure the document is relevant and up-to-date. The most significant change since then is that the policy has been revised to be concise, yet its intent

and direction remains the same. The contents from the previous policy have been transferred to the Professional Development site on the CRTO website so that no information has been lost.

No red flags or issues of concerns were raised, and the policy has been posted for public consultation.

Respectfully submitted,
Andriy Kolos, Public Member
Quality Assurance Committee Chair

Agenda Item #:	*6.5*
Item:	*Patient Relations Committee Report*

PATIENT RELATIONS COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

September 24, 2021 to December 2, 2021

The Patient Relations Committee has had no meetings since the last Council meeting on September 24, 2021. The next PRC meeting is currently unscheduled.

Respectfully submitted,
Michelle Causton
Patient Relations Committee Chair

Agenda Item #:	*6.6*
Item:	*Inquiries, Complaints and Reports Committee Report*

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

September 24, 2021, to December 2, 2021

ICRC Deliberations:

Since the last Council meeting, the ICRC held five (5) meetings via Zoom. Four (4) of the meetings were to render decisions on investigations, all of which stemmed from Employer Reports. The remaining meeting was to consider a Complaint matter, in which a party requested that the ICRC Panel consider the complaint to be frivolous and vexatious.

Employer Reports:

1.) The Employer Report alleged that the Member was terminated from their position at the Facility after two incidents in which the Member failed to assure that the ventilators the patients were on were appropriately connected to the patients and power sources. As a result of the Member's actions, one of the patients passed away. Subsequent to the Member's termination, the Member resigned from the CRTO.

The Panel of the ICRC conducted a very detailed and lengthy consideration of this matter, including seeking a legal opinion on the viability of referring the matter to the Discipline Committee of the CRTO. Based on the legal opinion obtained, as the Member had already resigned from the CRTO, the Panel decided to offer the Member an Acknowledgement and Undertaking in which the Member agrees to never reapply for registration with the CRTO.

2.) The Employer Report alleged that the Member failed to wear a mask while taking a break at a common area of a unit at the Facility. Further, it was alleged that the Member made unprofessional comments to another staff member when the staff member reminded the Member of the mask requirement.

After reviewing the findings of the investigation, the Panel of the ICRC was of the opinion that the Member was not intentionally attempting to circumnavigate the Facility policies around COVID masking, and that once reminded, the Member appropriately placed their mask back on. However, the Panel was of the opinion that the Member's response to the

other staff member was unprofessional, and if heard by patients, had the potential to undermine the patient's confidence in the healthcare team. As such, the Panel issued the member advice and recommendations regarding the expectations of the CRTO Standards of Practice.

3.) The Employer Report alleged that the Member failed to perform wheelchair ventilator safety checks as required, and falsely document that they had done so. As a result of the Member's actions, the Member's employment was terminated from the Facility.

After a careful review of the findings of the investigation into the Member's conduct, the Panel of the ICRC was opinion that the information before them suggested that the Member did act as alleged in the Employer Report. The Panel noted that the Member showed remorse for their actions and took accountability. However, the Member's actions were in contravention of the CRTO Standards of Practice. Accordingly, the Member was ordered to attend before a Panel for an Oral Caution, complete a Specified Continuing Education or Remediation Program, and enter into an Agreement to have the Member's practice monitored for a period of time to ensure compliance with the CRTO Standards of Practice.

4.) The Employer Report alleged that the Member lacked the core competencies of the profession of Respiratory Therapy. Accordingly, after the initial probationary period of employment, the Member's employment was terminated by the Facility.

After reviewing the findings of the investigation report into the Member's conduct and actions, the Panel of the ICRC was of the opinion that the Member did lack understanding of certain core competencies of the profession. As such, the Panel ordered the Member to have Terms, Conditions and Limitations on their certificate of registration as well as engage in two (2) Specified Continuing Education or Remediation Programs related to the core competencies of the profession.

Public Complaints:

5.) In the summer of 2021, a complaint was received by the CRTO regarding the Member's conduct and actions in relation to treatment provided to the Member's father.

Subsequent to the initiation of an investigation into the Member's conduct, the Member provided a response in which they asked the Panel of the ICRC to consider the complaint to be frivolous and vexatious, as the Member was not in the patient's circle of care and was at the Facility as a family member of the patient.

The Panel of the ICRC met to consider the Member's submission. The Panel was of the opinion that, as alleged, the concerns brought forward were of a serious nature that warranted a formal investigation prior to a decision on the merits and jurisdiction of the CRTO. As such, the Panel did not view the complaint to be frivolous and vexatious, and directed the CRTO to continue the investigation.

New Matters:

Since the last Council meeting, the CRTO received four (4) new matters. Of the (4) new matters, one (1) was a Complaint from the public, one (1) was a referral from the Quality Assurance Committee, one (1) was an Employer Reports and one (1) was a self-report by a member.

In regard to the complaint, after speaking to the Complainant about the CRTO's complaint process, the Complainant confirmed that they wish to reconsider their submission, had no intent to proceed at this time, and may engage the CRTO Complaint process at a later point.

The Quality Assurance Committee matter is currently under investigation.

The Employer Report is currently at the intake stage.

The self-report by a Member was addressed through Registrar action in which the Member subject to the self-report entered an Acknowledgements and Undertaking agreeing to remedial learning and practice reflection.

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policies were circulated to the Inquiries, Complaints and Reports Committee on October 22, 2021, for review and to identify any red flags or concerns prior to posting for public consultation:

- **Health Professions Appeal and Review Board Appeals for ICRC Policy**: this policy was last reviewed by Council on March 4, 2016. It has been updated to reflect the CRTO's new policy template. Although there have been no changes in the policy's intent, the most significant change to this policy includes clarification that it does not apply to Acknowledgement and Undertakings between a member and the CRTO. This section has been included to provide clarity and confirm that the obligation to fulfill an undertaking runs regardless of any appeal made to HPARB.

- **Disclosure of Witness Statements Policy**: this policy was last reviewed by Council on December 5, 2018. It has been updated to reflect the CRTO's new policy template. This policy has had significant changes which include: the policy's terminology, which has been revised to capture specific types of conduct related to a member's conduct or actions. In addition, the policy now specifically differentiates between CRTO staff and/or the ICRC, regarding who is assessing the information and disclosing information to parties involved in the matter. Lastly, the policy now includes an option of cautioning the member regarding the implications of retaliating against witnesses. This option has been added to account for instances where redaction of materials is not feasible, as it would limit the Registrar or ICRC's ability to investigate the concern.

No red flags or issues of concerns were raised, and the two policies have been posted for public consultation.

Respectfully submitted,
Jeff Earnshaw, RRT
Inquiries, Complaints and Reports Committee Chair

Agenda Item #:	*6.7*
Item:	*Discipline Committee Report*

DISCIPLINE COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 24, 2021, to December 2, 2021

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

Agenda Item #:	*6.8*
Item:	*Fitness to Practise Committee Report*

FITNESS TO PRACTISE COMMITTEE - CHAIR'S REPORT TO COUNCIL

September 24, 2021, to December 2, 2021

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

Council Briefing Note

AGENDA ITEM #7.1 **December 3, 2021**

From:	*Executive Committee*
Topic:	*Terms of Reference and Action Plan: Executive Committee*
Purpose:	*For Decision*
Strategic Focus:	*Governance & Accountability*
Attachment(s):	*Appendix A: Revised Terms of Reference and Action Plan: Executive Committee* *Appendix B: Current Executive Goals & Terms of Reference*

PUBLIC INTEREST RATIONALE:
Maintaining optimal governance by ensuring the Executive Committee has clear guidance as to its roles and responsibilities.

ISSUE:
The Goals & Terms of Reference for the Executive Committee were last revised in 2017. This revision intends to update the document and move it to the new template entitled Terms of Reference and Action Plan: Executive Committee.

BACKGROUND:
Moving ongoing responsibilities of the Executive Committee out of "Goals" and into the Responsibilities & Opportunities and Reporting Relationship sections makes it easier for the Committee to identify priority objectives and establish clear direction as to how they will be accomplished.

ANALYSIS:
The following changes were made when moving from the current to the draft version:

Current Goals & Terms of Reference	Revised Terms of Reference & Action Plan
Goal 1 – *Formal written report…*	Moved to Reporting Relationships

Goal 2 – *Monitor effectiveness of Council…*	Moved to Responsibilities & Opportunities #1
Goal 3 – *Review By-Laws…*	Moved to Responsibilities & Opportunities #4
Goal 4 – *Administer the Registrar's Performance Review…*	Also exists within current Terms - Moved to Responsibilities & Opportunities #5
Goal 5 – *Review the composition and structure…*	Moved to Responsibilities & Opportunities #6
Goal 6 – *Review the composition…*	Incorporated into Responsibilities & Opportunities #6
Goal 7 – *Develop the Executive Committee's goals…*	Moved to Responsibilities & Opportunities #3
Goal 8 – *Develop a compensation policy…*	Policy already exists. Incorporated into Responsibilities & Opportunities #5

RECOMMENDATION:
That Executive approve the Revised Terms of Reference and Action Plan and recommend approval at the December 3, 2021, Council meeting.

NEXT STEPS:
Once approved by Council, the Revised Terms of Reference and Action Plan will be used as a guidance document for the Executive Committee.

Executive Goals & Terms of Reference Motion

AGENDA ITEM # 7.1

Motion Title:	*Executive Goals & Terms of Reference*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Executive Committee approve the revised Executive Goals & Terms of Reference, which is now entitled *Terms of Reference and Action Plan: Executive Committee*.

(A copy of the draft version is attached as Appendix A and a copy of the current version is attached as Appendix B to this motion within the materials of this meeting).

Appendix A: Revised Terms of Reference & Action Plan: Executive Committee

Revised Terms of Reference & Action Plan: Executive Committee

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Terms of Reference and Action Plan: Executive Committee**

NUMBER:
CP- TERMS OF REFERENCE-161

Date originally approved: February 27, 2004

Date last revision approved: March 3, 2017

TERMS OF REFERENCE

It is recommended that the committee terms of reference be reviewed annually and amended where necessary, for example, in response to statutory, regulatory, or policy amendments.

PURPOSE:

To be accountable to Council and function on behalf of Council in-between Council meetings, except for making, amending, or revoking a regulation or By-Laws.

RESPONSIBILITIES & OPPORTUNITIES: (*action plan)

1. Monitoring the effectiveness of Council and Committees and making recommendations as necessary.

2. Monitoring the CRTO's financial status and making recommendations to the Registrar and Council, as necessary.

3. Developing Executive Committee goals based on the CRTO's Strategic Plan and the College Performance Management Framework (CPMF).
.
4. Reviewing the CRTO By-Laws and proposing amendments to Council.

5. Conducting the Registrar's performance review annually in accordance with the Registrar & CEO Performance Review and Compensation Policy; to be presented to the Registrar by the President and Vice-President by February 1 each year.

6. Reviewing the composition and structure of each Committee and appointing members to committees on behalf of Council.

7. Recommending tasks or projects to other committees, as required.

MEMBERSHIP:

The Committee shall consist of at least five (5) voting members, including the President, with:

- at least three (3) members of the Council who are members of the College; and
- at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council.

In addition, the Registrar is an ex-officio member of the Committee.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines all Committee activities that have been undertaken since the last report. The Chair shall submit to

Council an Annual Report of the Committee's activities at the close of each fiscal year.

CHAIR:

The President of the Council shall be the Chair of the Executive Committee. The Vice-President of the Council shall be Vice-Chair of the Executive Committee. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair's absence.

FREQUENCY OF MEETINGS:

The Committee shall hold at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

QUORUM:

A Quorum shall consist of a majority of the voting members of the Committee, at least one of whom must be appointed to the Council by Lieutenant Governor in Council.

TERMS OF APPOINTMENT:

Committee members will be elected annually by the members of Council.

CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to members of Council and the public.

RELATED POLICIES:

- RHPA Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)
- Respiratory Therapy Act Respiratory Therapy Act, 1991, S.O. 1991, c. 39 (ontario.ca)
- CRTO By-Laws

ACTION PLAN FOR THE PERIOD ENDING (September 2022)

Actions are taken from the Responsibilities and Opportunities section of the Terms of Reference. This is a living document and will be submitted to Council for approval when significant changes are made. Any additional activities must be approved before adding to the plan and show the date of addition. The action plan will inform the Committee's annual report.

Status can be "complete", "in progress" or "pending".

Action	How	When	Status
1. Revise the Investment Policy & Procedure to include a protocol for dealing with financial reserves.			
a. Review draft revisions to existing Investment Policy.	Committee will review draft documents and recommend changes as necessary.	September 2021	In-progress
b. Make additional revisions and submit a draft to Council for approval for circulation.	Committee will review the draft version prior to it being sent to Council.	December 2021	Pending
2. Prioritize and monitor progress on initiatives identified in the CPMF.			
a. Review CRTO's Strategic Direction & Key Priorities and submit to Council for final approval.	Committee will review draft documents and recommend changes as necessary.	December 2021	Pending
b. Monitor status of Strategic Direction & Key Priorities workplan.	Registrar will provide a status report.	At each Executive meeting	Pending
c. Ensure alignment of workplan with upcoming budget.	Committee will review workplan action items that fall within the 2022 – 2023 fiscal year.	March 2022	Pending

Appendix B: Current Executive Goals & Terms of Reference

Current Executive Goals & Terms of Reference

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Goals and Terms of Reference Executive Committee**

NUMBER: **CP-GOALS & TERMS-161**

Date originally approved: **February 27, 2004**

Date last revision approved: **March 3, 2017**

GOALS		Target Date	Frequency
1.	A formal written report of the Committee's activities for the period from March 1st until the last day of February is to be submitted to the office by the Chair.	February 28	Annually
2.	Monitor effectiveness of Council and Committees and review their progress in achieving their goals, making recommendations to Council as necessary.	February 28 and September 30	Semi-annually
3.	Review By-Laws, raise issues for Council and propose changes.	September 1	Annually
4.	Administer the Registrar's performance review	February 1	Annually
5.	Review the composition and structure of each committee and make suggestions to the incoming Executive Committee as appropriate.	Last meeting of the outgoing Exec; November 1	Annually
6.	Review the composition of each committee and make appointments as appropriate.	First meeting of the newly elected Exec; December 1	Annually
7.	Develop the Executive Committee's goals for the coming year, taking into consideration the College's Strategic Plan and measuring the achievement of those goals in the light of the Strategic Plan. To be submitted to Council for approval.	February 1	Annually
8.	Develop a compensation policy to guide annual compensation adjustments for the Registrar's performance.	June 2017	N/A

Terms of Reference

It is recommended that the committee terms of reference be reviewed annually and amended where necessary, for example in response to statutory, regulatory or policy amendments.

PURPOSE:

To be accountable to Council and to function on behalf of Council in-between Council meetings, with the exception of making, amending or revoking a regulation or By-Laws.

RESPONSIBILITIES:

1. Monitor proper operation of the College in co-operation with the Registrar.
2. Set, approve and monitor goals and priorities for committees.

3. Conduct the Registrar's performance review annually; to be presented to the Registrar by the President and Vice-President by February 1 each year.
4. Appoint members to committees on behalf of Council.
5. Delegate tasks or projects to other committees.

MEMBERSHIP:

The Committee shall consist of at least five (5) voting members, including the President, with:

- at least three (3) members of the Council who are members of the College; and
- at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council.

In addition, the Registrar is an ex-officio member of the Committee.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities at the close of each fiscal year.

CHAIR:

The President of the Council shall be the Chair of the Executive Committee. The Vice-President of the Council shall be Vice-Chair of the Executive Committee. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair's absence.

FREQUENCY OF MEETINGS:

The Committee shall hold at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

QUORUM:

A Quorum shall consist of a majority of the voting members of the Committee, at least one of whom must be appointed to the Council by Lieutenant Governor in Council.

TERMS OF APPOINTMENT:

Committee members will be elected annually by the members of Council.

CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to members of Council. Minutes are confidential and are not available to the public.

Draft Investment & Management of Net Assets Policy & Procedure Briefing Note

AGENDA ITEM # 8.1 **December 3, 2021**

From:	*Executive Committee*
Topic:	*Draft Investment & Management of Net Assets Policy & Procedure*
Purpose:	*For Decision*
Strategic Focus:	*Core Business Practice*
Attachment(s):	*Appendix A: Draft Investment & Management of Net Assets Policy & Procedure* *Appendix B: Current Investment Policy & Procedure*

PUBLIC INTEREST RATIONALE:
To ensure the CRTO has the financial resources to meet its statutory objects and regulatory mandate, now and in the future

ISSUE:
The CRTO currently has an Investment Policy & Procedure that was last reviewed in 2017. The intent here is to update both the policy and procedure and add guidance regarding the management of net assets.

BACKGROUND:
Section 4.1 of the College Performance Measurement Framework (CPMF) requires Colleges to demonstrate responsible stewardship of their financial and human resources in achieving their statutory objectives and regulatory mandate. The CPMF sets out the expectations that Colleges have a "financial reserve policy". This policy should establish the level of reserves necessary to meet its legislative requirements if there are unexpected expenses and/or a reduction in revenue.

Lanjun Wang, the CRTO Auditor, reviewed the draft versions of this policy and procedure. She suggests using the word "net assets" in the title instead of "financial reserves" for the total of internally restricted funds and operating funds.

I had inquired about putting a cap on the total funds held in reserve, as some Colleges use a capped amount for monitoring purposes. However, she noted that the CRA has never placed an amount or a range of amounts for NPO, so she felt it was unnecessary.

ANALYSIS:
In comparing the current Investment Policy & Procedure with the proposed Draft Investment & Management of Net Assets Policy & Procedure, the following changes have been made:

- Amounts (in percentages) held for operating and for reserves
- Classification of net assets
- Movement of the revised Proposed Investment Categories Eligible for Investment Chart from Policy to Procedure
- Detailed outline in the Procedure regarding the types of reserve funds that the CRTO currently maintains and special consideration if returning membership fees is being contemplated.

RECOMMENDATION:
That Executive approves the Draft Investment & Management of Net Assets Policy and recommends approval at the December 3, 2021, Council meeting.

NEXT STEPS:
Once approved by Council, the Investment & Management of Net Assets Policy will be posted for consultation and brought back to Council in March for final approval.

Executive Motion

AGENDA ITEM # 8.1

Motion Title:	*Draft Investments & Management of Net Assets Policy*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Executive Committee approve the Draft Investments & Management of Net Assets Policy.

(A copy is attached as Appendix A to this motion within the materials of this meeting. The revised Procedure is attached for information only).

Appendix A: Draft Investments & Management of Net Assets Policy

Draft Investments & Management of Net Assets Policy. (The Procedure is included for reference only).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: Investments & Management of Net Assets

Type: Policy

Origin Date: June 15, 2007

Section: CP

Approved By Council on: June 5, 2015

Document Number: CP-130

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) to retain adequate funds to enable the continued stability of all essential CRTO ("College") operations. Therefore, the CRTO will invest its funds and maintain the necessary reserves to ensure the organization's long-term sustainability according to the College's By-Laws.

2.0 PURPOSE

The purpose of this policy is to enable the CRTO to continue to carry out its mandate of regulating the profession of Respiratory Therapy in the public interest.

3.0 APPLICABILTY

Investments

Funds not immediately required for the CRTO's daily operations is held in two (2) types of investments:

1. **Investments Held for Operating** – approx. 20% of total funds available for investment
2. **Investments Held for Reserve** – approx. 80% of the total funds available for investment

Net Assets

The CRTO has two (2) classes of net assets:

1. **Internally Restricted Funds (Reserve Funds) –** identified by a specific need or strategic activity (e.g., Reserve Funding for Therapy)

2. **Unrestricted Operating Fund** – consisted of net amounts invested in capital assets and residual funds after each of the other funds have been met.

Best practice for non-profit organizations is to retain operating fund excluding net amounts invested in capital assets equivalent to three (3) to six (6) months of operating expenses.

4.0 RESPONSIBILITIES

The Council of the CRTO ("Council") is responsible for overseeing the College's investments and net assets. Council delegates the ongoing management of these investments and net assets to the College's Executive Committee ("Committee"). In addition, Council authorizes the CRTO's Registrar & CEO (or designate) to administer the investments, reserve funds, and operating funds in accordance with this policy, its corresponding procedure, and the College's By-Laws.

In making decisions regarding investments and net assets, Council will consider relevant criteria, including but not limited to the:

- general economic conditions
- possible effect of inflation or deflation
- expected total return from income and the appreciations of capital
- need for liquidity, regularity of income, and preservation or appreciation of capital
- need to diversify investments

5.0 MONITORING

The Executive Committee will review the CRTO's financial statements and investment portfolio quarterly and make recommendations to Council regarding investments, reserves, and operating funds.

6.0 RELATED DOCUMENTS

Investments & Management of Net Assets Procedure
CRTO By-Laws

8.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
CEO – Chief Executive Officer

9.0 CONTACT INFORMATION

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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Investments & Management of Net Assets**	
Type: Procedure	**Origin Date:** June 15, 2007
Section: CP	**Approved On:** June 5, 2015
Document Number: 103	**Next Revision Date:** 5 Years After Approval

BACKGROUND

Responsibility for overseeing the CRTO's investment portfolio and management of net assets is entrusted to Council and delegated to the Executive Committee (the "Committee"). The Committee works closely with the Registrar to monitor the performance of the investments and ensure the net assets are adequate to support the College's essential functions. In addition, the Committee will determine if there is an accumulation of funds in excess of the CRTO's operational needs and will make recommendations to Council regarding the most appropriate actions to take.

ROLES & RESPONSBILITIES

Council

Council will approve the Investments & Management of Net Assets Policy, as well as any subsequent revisions. Council also designates the type of financial institutions suitable for securing CRTO funds, which are banks and financial institutions regulated federally by the Office of the Superintendent of Financial Institutions including chartered banks, credit unions, trusts, and other financial organizations that offer banking services. All transfers to and from the reserve funds shall be approved by the Council upon the recommendation of the Executive Committee.

Executive Committee

- **At each quarterly Executive Committee meeting** (which occurs one to two weeks before the Council meeting), the Committee will evaluate the CRTO's financial records, which include the most recent:
    - income statement
    - balance sheet
    - investment portfolio distribution

- **At the end of each fiscal year**, the Committee will review the proposed budget for the upcoming cycle in addition to the above-mentioned financial statements.

- **Once the financial audit has been completed**, the Committee will receive a presentation of the audited financial statement from the CRTO's Auditor. At that time, the Committee will determine if the reserve funds are adequate and whether the operating fund is within the range of best practice for non-profit organizations.

At any point in the year, the Committee may bring forward recommendations to Council regarding the CRTO's investments, and reserve funds and operating funds.

Registrar & CEO

Council authorizes the Registrar & CEO to:

- Invest, withdraw, redeem, accept, deposit, or transfer CRTO funds with the financial institution designated by Council; and
- Execute any agreement relating to the investment business and defining rights and powers of the parties involved

IMPLEMENTATION

Investments

Subject to the CRTO's Investment & Management of Net Assets Policy, funds not immediately required for the day-to-day operations may be placed in any of the investment instruments outlined in Appendix A. Operating funds of the College are invested in low-risk, money market instruments that guarantee the security of the principal investment and high liquidity. See Appendix A.

Reserve Funds

Reserve Funds may be established from time to time, in accordance with sound accounting principles, to prepare for future capital expenditures and/or to provide monies to meet specific future liabilities. ------ The CRTO currently maintains the following designated reserve funds:

- **General Contingency** – retained for unanticipated large capital purchases or emergencies, such as property damage, cyber security treats, etc. This fund may also be used if membership fees ceased and the CRTO was required to wind down operations. The minimum amount to be maintained in this fund is $500,000 or such greater amount as may be determined by the CRTO Council.

- **Funding for Therapy** – retained as stipulated under s.85.7 of the *Regulated Health Professions Act*, that requires Colleges to have a program to provide funding for therapy and/or counseling of patients who have been sexually abused by CRTO Members. The CRTO offers the same amount of funding to non-patients/clients as set out in Ontario Regulation 59/94. The minimum amount to be maintained in this fund is $80,000 or such greater amount as may be determined by the CRTO Council.

- **Investigations and Hearing** – retained to cover costs, including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeal that exceed annual budget provisions for those activities. The minimum amount to be maintained in this fund is $150,000 or such greater amount as may be determined by the CRTO Council.

- **Special Projects** – retained for projects that fall outside of the CRTO day-to-day operations, such as a scope of practice review. The minimum amount to be maintained in this fund is $300,000 or such greater amount as may be determined by the CRTO Council.

Fee Stabilization – retained to minimize or delay the impact of year-over-year changes in revenue or expenses on membership fees. The minimum amount to be maintained in this fund is $250,000 or such greater amount as may be determined by the CRTO Council.

Operating Funds

Operating fund should be maintained at a reasonable level. It is expected that the funds excluding net amounts invested in capital assets do not exceed the amounts required for six (6) months of operating expenses on average.

Excessive Funds

Excessive funds represent net assets in excess of CRTO's operational and reserve requirements.

The maximum aggregate value of all operational and reserve funds shall not exceed $3,000,000 or such other amount as may be approved by the CRTO Council. In the event that there are excessive funds, the Committee will request Council undertake a full review of the College's current and projected revenue and expenditures, and to consider any additional projects which should be undertaken to enable the CRTO to better fulfill its mandate.

In the event that excessive funds are accumulated in excess of the CRTO's current and anticipated needs in a significant amount, there are two likely courses of action:

1. Retain the funds in the Fee Stabilization Reserve Fund to enable the CRTO to prevent or at least delay any membership fee increase; or

2. Refund the excess amount to the Members. This can occur as one of the following:
    a. A one-time credit applied at the time of the annual renewal; or
    b. A one-time fee reduction for the upcoming membership year

Special Considerations when Refunding Member Fees

The CRTO is a Non-Profit Organization (NPO) under s.149(1)(l) of the *Income Tax Act*. This Act states that no part of the income of an NPO can be made available for the personal benefits to members of the NPO. Therefore, the CRTO must demonstrate that any rebate to Members is a refund of a portion of the membership fees and is not a distribution of income. If any portion of the refund is found to be more than the refund of past overcharged membership fees, the CRTO will jeopardize its NPO status.

The following is required if funds are to be refunded to the Members:

1. The CRTO must first prove and have financial records to support the refund is to return the overcharged portion of the membership fees, not a refund of the college's income.

2. The refund should be made proportionately to all the Members (i.e., total refundable fee divided by the total number of Active Members/Inactive Members).

3. The refund should be treated as a reduction of membership dues when the members file their personal tax returns.

RELATED DOCUMENTS

Investments & Management of Net Assets Policy
Funding for Supportive Measures Policy
Regulated Health Professions Act (s. 85.7)
Funding for Therapy of Counselling for Patients Sexually Abused by Members (O. Reg 59/94)
CRTO By-Laws

ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
CEO – Chief Executive Officer

CONTACT INFORMATION

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INVESTMENT PROCEDURE

PROPOSED INVESTMENT CATEGORIES ELIGIBLE FOR INVESTMENT

Investment Category	Term Limitation	Portfolio Limitation	Additional Portfolio Limitations
Cash		Unlimited	
High Interest Savings Account		Unlimited	
GICS	365 days to 3 years	75%	Total investments in any one bank not to exceed 35% of total portfolio

Appendix B: Current Investment Policy

Current Investment Policy. (The Procedure is included for reference only).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Investments**

Number: **CP-Investments-130**

Date originally approved:
June 15, 2007

Date(s) revision approved:
June 5, 2015

POLICY

All funds maintained in the reserve funds of College of Respiratory Therapists of Ontario ("CRTO") may be invested with professional investment managers or investment counselors ("Portfolio Managers") as designated by the Council. There shall be a written contract with the Portfolio Managers specifying terms of the contract, fees and investment objectives, etc. The contract and investment objectives shall be reviewed in accordance with this policy and procedures.

INVESTMENT ARRANGEMENTS

- The Council of the CRTO ("Council") shall have the responsibility for the management of the CRTO's investments in accordance with this policy.

- The Council shall act prudently in making investment decisions for the CRTO and in so doing shall specifically consider all relevant criteria, including the following:

  a) general economic conditions;
  b) the possible effect of inflation or deflation;
  c) the expected total return from income and the appreciation of capital;
  d) needs for liquidity, regularity of income and preservation or appreciation of capital; and,
  e) any need to diversify the investments.

- The Council may decide to retain Portfolio Managers to advice with respect to the management of the investments.

- The Council should ensure that no conflict of interest is created by retaining any Portfolio Managers.

- The Council shall delegate its responsibility for the management of the CRTO's investments to the Executive Committee.

- Any withdrawals from the investment accounts will be directly deposited into the CRTO's operating bank account.

AUTHORIZED PERSONNEL

Council shall designate, by resolution, those officers and other persons authorized to carry out the investment business of the CRTO with the banks, trust companies, investment counselors, investment managers, etc. The officers and persons authorized by the Council shall have the authority and power to:

a) Invest, withdraw, redeem, accept, deposit or transfer the CRTO's money with the designated institutions;
b) Execute any agreement relating to the investment business and defining rights and powers of the parties thereto;
c) Lodge the securities for safekeeping with any of the institutions designated by the Council;
d) Authorized personnel are any two of the following:
    i. President of the Council
    ii. Vice President of the Council
    iii. Registrar
    iv. Finance and Office Manager

INVESTMENT GUIDELINES

The College expects its investment to be made in the investments categories as set out in attached Appendix A.

Schedule I (Domestic) Banks refers to those institutions that are regulated federally by the Office of the Superintendent of Financial Institutions (OSFI) and includes chartered banks, credit unions, trusts, and other financial services companies that offer banking services. Investments will only be made in instruments issued by (i) governments or (ii) corporations that are members of the Canadian Deposit Insurance Corporation (CDIC).

OPERATING FUND INVESTMENT POLICY

Accessible funds of the CRTO will be invested in low-risk, money market instruments that guarantee security of the principal investment and which yield a greater return than interest earnings on the bank account. Invested funds should be in high liquidity instruments in order to provide operating cash as required.

INVESTMENT POLICY – APPENDIX A

PROPOSED INVESTMENT CATEGORIES ELIGIBLE FOR INVESTMENT

From time to time, and subject to the CRTO's Investment Policy, the funds that are not required for day to day operations may be invested in any or all of the following investment categories:

Investment Category	Term Limitation	Portfolio Limitation	Minimum Rating	Additional Portfolio Limitations
Cash		Unlimited		
Federal Government:				
Treasury bills	365 days	100%		
Bonds	365 days to 3 years	50%		
Bonds	3 to 5 years	20%		Total investments 3 to 5 years not to exceed 20% of portfolio
Provincial Government:				a. Total provincials not to exceed 50% of portfolio b. Investment in any one province not to exceed 25%
Securities/Notes	365 days	40%	AA	
Bonds	365 days to 3 years	40%	AA	
Bonds	3 to 5 years	20%	AA	Total investments 3 to 5 years not to exceed 20% of portfolio
Schedule 1 (Domestic) Banks:				
GICS	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio
Banker's Acceptance	365 days to 3 years	50%		
Canadian Corporations:				
Commercial Paper	365 days	10%	R-I Mid	Limit any single holding to 10% of portfolio

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Policy: Investments

Number: CP-Investments-130

Date: 15/06/2007

PROCEDURE

INVESTMENT REVIEW PROCEDURES

Responsibility for managing the CRTO's investment portfolio is vested in Council and delegated to the Executive Committee. The Committee works closely with the CRTO's staff to monitor the performance of the portfolio. The specific investment review procedures are as follows:

1. Review quarterly investment reports at Executive Committee meetings.
2. Review of investment performance by the Portfolio Manager with (i) the Registrar and Finance and Office Manager on a quarterly basis (ii) the Executive Committee on a semi-annual basis and (iii) the Council as required.
3. Review investment objectives annually and seek approval of the Council for any necessary revisions.
4. Report to Council annually on investment performance, policy, etc.
5. Review contract with the Portfolio Managers on a regular basis.

OPERATING FUND INVESTMENT PROCEDURE

In order to maximize the rate of return on available cash flow, accessible funds of the CRTO will be invested in low-risk, money market instruments that guarantee security of the principal investment and which yield a greater return than interest earnings on the bank account. Invested funds should be in high liquidity instruments in order to provide operating cash as required.

Council Briefing Note

AGENDA ITEM # 8.2 **December 3, 2021**

From:	*Carole Hamp, Acting Registrar*
Topic:	*DRAFT Vaccination Policy*
Purpose:	*For Decision*
Strategic Focus:	*That the CRTO meets and fulfills its mandate of public protection by remaining current with legislation and in response to the COVID-19 pandemic.*
Attachment(s):	Appendix A – DRAFT Policy

PUBLIC INTEREST RATIONALE:
In the interest of remaining accessible to the public, maintaining business continuity, and in complying with and strengthening systemic collaboration with the Ontario Government, such as Public Health Ontario, and in an effort to slow and stop the spread of infectious diseases, such as COVID-19, the College of Respiratory Therapists of Ontario (CRTO) has developed a vaccination policy.

ISSUE:
The CRTO is a public facing organization and under the *Occupational Health and Safety Act, 1990,* the CRTO has an obligation to take every precaution reasonable in the circumstances for the protection of CRTO personnel[1].

The CRTO is committed to accommodating persons as required under the *Human Rights Code*, including with respect to vaccination, up to the point of undue hardship. This document was reviewed by external legal counsel, to ensure that all legislative and regulatory requirements have been met.

[1] Such as CRTO staff, Council and Committee Members, assessors, and anyone who conducts business on behalf of the CRTO.

BACKGROUND:
On March 17, 2020, the Ontario Government enacted a declaration of emergency under the *Emergency Management and Civil Protection Act*, in order to use every power possible to continue to protect the health and safety of all individuals and families[2].

As of September 22, 2021, Ontarians are required to be fully vaccinated (two doses plus 14 days) with proof of vaccination along with photo ID to access certain public settings and facilities[3].

As of November 17, 2021, orders under the *Emergency Management and Civil Protection Act* have been extended until December 1. Orders under the *Reopening Ontario Act* have been extended until December 16[4].

ANALYSIS:
This policy fulfills the CRTO's obligation to serve and to protect all persons seeking in-person access to the CRTO office, or CRTO worksites, or CRTO events, from infectious diseases such as COVID-19, by establishing vaccination criteria, expectations, and consequences for non-compliance.

This policy is consistent with current policies and positions of the CRTO and strengthens the CRTOs mandate of protecting the public, including its own personnel. This also strengthens the CRTOs commitment to transparency by stating its expectations of persons and CRTO personnel wishing to attend in-person at the CRTO office, or CRTO worksites, or CRTO events.

RECOMMENDATION:
It is recommended that the CRTO Council approve the Vaccination Policy as per the attached Motion.

NEXT STEPS:
If the motion is approved the policy will be posted on the CRTO website and communicated to members in the next bulletin.

[2] Ontario Newsroom, NEWS RELEASE, March 17, 2020.
[3] Ontario Newsroom, NEWS RELEASE, September 01, 2021.
[4] Ontario Newsroom, NEWS RELEASE, November 17, 2021.

Council Motion

AGENDA ITEM # 8.2

Motion Title:	*DRAFT Vaccination Policy*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council approve the *Vaccination Policy*. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Vaccination Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Vaccination

Type: Policy

Origin Date: Month Day, Year

Section: AD

Approved By Council on: Month Day, Year

Document Number: AD-207

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

In light of the COVID-19 pandemic, the College of Respiratory Therapists of Ontario (CRTO) has established a vaccination policy.

The CRTO recognizes the importance of being flexible and nimble. This policy is intended to be a "living document" and it may be amended as necessary. The intent of this policy is to comply, support, and strengthen directives set out by the Ontario Government with respect to public health guidance in addition to keeping CRTO personnel[1] safe to the greatest extent possible, consistent with its obligations under the *Occupational Health and Safety Act*.

2.0 POLICY STATEMENT

To protect and maintain the health and safety of CRTO personnel and the public, the CRTO requires that any personnel who attend in-person at the CRTO office, or CRTO worksites, or CRTO events be fully vaccinated[2].

The CRTO will verify vaccination status by reviewing government issued vaccination documents with accompanying government issued photo identification[3] prior to any in-person attendances. This information will be kept confidential to the greatest extent possible and all information regarding vaccination status will be held securely.

[1] Such as CRTO staff, Council and Committee Members, assessors, and anyone who conducts business on behalf of CRTO.

[2] "Fully vaccinated" means that the personnel have received a full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines at least 14 days before the in-person attendance.

[3] Such as a driver's license or passport.

3.0 PURPOSE

The purpose of this policy is to outline the CRTO's position regarding vaccinations and the expectations that the CRTO has of personnel attending in-person meetings at the CRTO, or CRTO worksites, or CRTO events.

4.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to CRTO staff, Council and Committee Members, assessors, anyone who conducts business on behalf of CRTO, and any member of the public attending in-person meetings at the CRTO office, or CRTO worksites, or CRTO events.

Despite being fully vaccinated, personnel may not attend the CRTO office, worksites, or events in-person if any of the following apply:

- They have tested positive for COVID-19 and are not yet considered negative and have shown proof of a negative COVID-19 test by the designated local public health unit.
- They are feeling sick or displaying any symptoms of COVID-19 (e.g., fever, chills, cough, shortness of breath). The provincial government has created a self-assessment tool[4] that the CRTO requires be used by all personnel to assess whether they are experiencing COVID-19 symptoms.
- If they have recently (within the last 14 days) been in close physical contact with someone who tested positive for COVID-19 or with someone who is currently sick with a new cough, fever or has difficulty breathing.

If any of the above apply, please contact the Registrar to discuss further. If any personnel tests positive for COVID-19, the personnel must inform the Registrar at their earliest opportunity, and this information may be disclosed to others who may have interacted in-person with the person who tested positive in order to facilitate contact tracing.

5.0 PROTECTIVE MEASURES

In an effort to reduce the spread of infectious diseases, where personnel attend the CRTO office, or CRTO worksites, or CRTO event in-person, they must observe and participate in the following practices:

- Practise physical distancing by staying at least two metres or six feet away from others whenever possible.
- Masks should be worn at all times when with or around others.
- Hand washing should be done often, particularly upon arrival.
- Use Lysol wipes to wipe down commonly touched surfaces in the office after use (e.g., filing cabinet drawers, printers, counters, fridge handle and doorknobs).

[4] The tool can be accessed here.

- Cough or sneeze into your elbow or into a tissue (which should then be immediately discarded).
- Follow any additional guidance and rules in the location where the in-person visit is occurring. For example, additional personal protective equipment may be required for assessors who attend assessments on-site in hospital settings.

6.0 ACCOMODATION

In the event any personnel are unable to be vaccinated, they should contact the Registrar so that accommodations can be considered to facilitate participation in CRTO activities (other than in-person accommodation). The CRTO is committed to accommodating personnel as required under the *Human Rights Code*, including with respect to vaccination, up to the point of undue hardship.

7.0 AUTHORITY & RESPONSIBILITIES

The Registrar and CEO of the CRTO is responsible for administering this policy in compliance with the *Occupational Health and Safety Act* and in conjunction with public health measures set out by the Ontario Government.

8.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO reserves the right to deny or revoke access to any personnel wishing to attend in-person meetings at the CRTO office, or CRTO worksites, or CRTO events should any personnel fail to comply with this policy.

9.0 RELATED DOCUMENTS

- Occupational Health and Safety Act
- The Ontario Human Rights Code

10.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

11.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 8.3 **December 3, 2021**

From:	*Executive Committee*
Topic:	*Proposed amendments to the CRTO by-laws*
Purpose:	*For Decision*
Strategic Focus:	*Ensuring the CRTO continues to provide strong governance, accountability, and public protection.*
Attachment(s):	Appendix A: *Summary of By-Law Changes* Appendix B: *Proposed By-Law, showing amendments*

PUBLIC INTEREST RATIONALE:
In its duty to serve and protect the public interest, the by-laws provide a mechanism to direct the administrative and internal affairs of the CRTO and its Council, regulate the practice of the profession, and to govern its members. It is in the public interest that these by-laws are informed by principles of good governance, based on best practice, and developed with the public interest in mind.

ISSUE:
The CRTO's by-laws were last reviewed in December 2019. Since then, the CRTO has established a policy framework, the Ministry of Health has established a College Performance Measurement Framework (CPMF), and several changes are required of the by-laws. A set of amendments have been drafted, and approval from Council is being sought to post these amendments for public consultation.

BACKGROUND:
Guiding principles
A set of guiding principles has been proposed to guide the by-law review process. These principles consider the CRTO's current work underway and the ministry's evolving expectations for regulatory oversight, while balancing the need for stability in advance of the CRTO's future strategic planning:

1. **Continue to implement the Policy Framework, following "right touch regulation":** Through the development and implementation of its Policy Framework, several of the CRTO's existing policies have been identified as more appropriately positioned in the by-laws, and changes to the by-laws should reflect this. In addition, the by-laws have been

revised so that wherever possible, they are long-standing and not require frequent updates. This is consistent with the CRTO's recent change to moving Member fees from the by-law to a schedule of fees in 2019.

2. **Strengthen alignment with CPMF expectations,** and enable operational processes that are public-focused, transparent, objective, and adaptive: With the recent publication of the ministry's review of all 26 Colleges' self-reported results of the CPMF, there are several expectations related to good governance that the current by-law review provides an opportunity to improve on.
3. **Support standardization of approaches by building on best practice examples from other health regulators**: As part of the process of reviewing the by-laws, environmental scans were conducted to confirm that changes are aligned and consistent with other health regulatory colleges.
4. **Minimize impact on Council and Members:** Note that the proposed amendments do not include any changes to member fees. In addition to the decision to maintain status quo on member fees, the by-law changes will not include any major changes that will affect members or the existing processes and composition of Council. In addition, changes that might be affected by future strategic planning were not considered.

ANALYSIS:

The guiding principles outlined above informed several proposed changes to the by-laws. Note the overview below is not an exhaustive list but highlights the most important and impactful changes. A summary of these changes and the corresponding rationale is provided in Appendix A. The draft amended by-laws, showing all proposed changes made to the current version, are provided in Appendix B.

<u>Overview of proposed changes</u>

1. **Establishing three separate by-laws:** Most prominent, the existing by-law has been regrouped into three separate by-laws. This will support better organization, and a more streamlined process for updating content. The three by-laws are:
    1. By-Law #1: General CRTO Administration
    2. By-Law #2: Council and Committees
    3. By-Law #3: Membership
2. **General organizational changes have been made throughout**, to reflect:
    - Right touch regulation principles (related to implementation of the CRTO's policy framework)
        i. Redundant details have been removed (for instance, where the by-law repeats detail already in the *Code*)

ii. In some cases, detail has been added into the by-laws, to consolidate existing policy and by-law. For example, detail from the *In Camera,* the *Executive Committee Elections Process,* and *Role of Chairs* Policies have been inserted into By-Law #2: Council and Committees, to avoid having multiple documents with the same purpose.

- References to his/her have been replaced with gender neutral terms throughout the by-laws.
- Changes have been made to reflect digitization and modernization of communication. For example, references to "in-person" meetings and "mail-in" ballots have been replaced to allow for current operations.

3. **Changes related to Council and Committees:** Although minor, the following amendments are being proposed that are related to Council and Committees
   - The term **"Non Council Committee Member" has been re-labeled as "Professional Committee Appointee."** This term is consistently used by other Colleges and provides a clearer description of "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."
   - **The Code of Conduct and Rules of Order** that had previously been included as separate policies for Council/Committees have been standardized and included as a Schedule to the by-law. Similarly, expectations regarding **Conflict of Interest** have been made clearer (as a Schedule to the By-law), including building conflict of interest into the nomination process to enforce a "cooling off period" for Council members. This is an expectation through the CPMF, and states,

     > *A minimum of one (1) year must have elapsed before an individual can be elected to Council after holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.*

   - **The requirement that Minutes of all Committee Meetings remain confidential has been removed**. The CPMF expects that all Committee minutes, agendas, Terms of Reference, and other related documents be publicly available. Although the amendments to the by-laws do not currently reflect this, the removal of confidentiality expectations will allow for the CRTO to transition towards this goal of transparency.
4. **Changes related to Membership**: Although minor, the following amendments are being proposed that are related to CRTO Members
   - **Amendments to the Register** section of the by-law have been made, including:
     i. Removal of the duplicative information that repeats what is required to be included in the Contents of the Register according to the *Code*.
     ii. Amendments to the publicly available information that must be available on the register, to support the public interest and enable the CRTO to do

its due diligence when considering a member for Registration. Specifically, the register must contain,

Information regarding registration with any other body that governs a profession, including the name of governing body, location and jurisdiction of governing body, and findings of professional misconduct, incompetence, incapacity or disciplinary findings, whether inside or outside of Ontario made after January 1, 2016

iii. Details regarding removal of information from the Register (such as when a Member has completed the requirements of a panel) have been removed, as this is not in keeping with the CRTO's public protection mandate.

- 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 addressed to be posted as their business address; for the purposes of the CRTO's public register.

- References to **Honourary Certificates and Lifetime Memberships** have been removed from the by-laws. Council confirmed in June 2018 that the CRTO would no longer accept these applications and rescind the appropriate policies as they are more fitting with an association and not within the mandate of the CRTO.

- **Professional Liability Insurance** requirements have been transferred from the existing Policy into the by-law, to ensure the expectations are clear. This includes a requirement for a maximum $1,000 deductible. In addition, a new requirement has been added to accommodate **sexual abuse therapy and counselling**. More specifically,

  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 Registrant.

  These expectations are consistent with several other Colleges, and with the CRTO's public protection mandate. It should be noted that if approved, these changes will not take effect until after the next renewal cycle (January 2023), which will provide time for Members to ensure they are appropriately covered.

RECOMMENDATION:

It is recommended that:

1. Council endorse the guiding principles outlined above to inform the review and amendments to the existing by-laws; and
2. Council provide approval to begin public consultation on the draft amendments to the CRTO by-laws.

NEXT STEPS:

The draft amendments to the by-laws will be posted for public consultation for 60 days, as required through the Code. After this, the results of the consultation and finalized by-laws will be brought to Council for consideration and approval at the March 2022 Council meeting.

Committee Motion

AGENDA ITEM # 8.3

Motion Title:	*Proposed Amendments to the CRTO By-Laws*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The Council approves the By-Law Amendments outlined to go to Council for approval to circulate for feedback for a period of 60 days, which include in their entirety:

- By-Law 1: General CRTO Administration
- By-Law 2: Council and Committees
- By-Law 3: Membership

Appendix A: Summary of Proposed Amendments to the CRTO By-Laws

Summary of Proposed Amendments to CRTO's By-Laws

General organizational changes

- The existing by-law has been regrouped into three separate by-laws:
    1. By-Law #1: General CRTO Administration
    2. By-Law #2: Council and Committees
    3. By-Law #3: Membership
- References to "his/her" have been replaced with gender neutral terms throughout the by-laws.
- Changes have been made to reflect digitization and modernization of communication. For example, references to "in-person" meetings and "mail-in" ballots have been replaced to allow for current operations.
- The proposed by-laws, showing all proposed amendments (including minor editorial changes not mentioned below), are provided in Appendix B.

By-Law #1: General CRTO Administration

Section (new layout)	**Topic**	**Proposed change**	**Rationale**
Definitions	Annual General Meeting (AGM)	References to AGM have been removed from the by-laws.	An AGM is not required for *RHPA* colleges. The CRTO stopped officially presenting previously defined AGM items (i.e. financial audit report approval, annual report approval, selection of Auditor, etc.) under the banner of an AGM in 2018. Approval of these items now part of the May/June Council.
2	Seal	A reference to the logo and name mark depicted on the CRTO website has been included in the by-laws.	Added to confirm that the CRTO asserts all intellectual property rights over the logo and name mark
4	Registrar	Minor changes to the duties of the Registrar have been made to reflect current practice.	Changed to reflect current practice
9	Investment	Removed specific details that are in the investment policy. High level information remains in By-Laws reducing duplication.	Update to reflect moving to policy

Section (new layout)	Topic	Proposed change	Rationale
15	Appointment of Inspectors	Moved up in the by-laws to remain part of By-Law 1.	Part of reorganizing and grouping By-Laws.

By-Law #2: Council and Committees

Section (new layout)	Topic	Proposed change	Rationale
Definitions	Non-Council Committee Members	The term "Non-Council Committee Member" has been re-labeled as "Professional Committee Appointee."	This term is consistently used by other Colleges and provides a clearer description of "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."
2.09	Eligibility for elections	Enhancement of requirements for eligibility for election within the 12-month cooling off period. Added clarification with respect to conflict of interest.	This has been added for clarity to confirm that any conflict of interest, beyond those already listed in the existing by-laws, would make a member ineligible for election.
2.29	Council Member employment with the CRTO	The by-law has been amended to ensure that a Council Member or Professional 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.	The purpose of this amendment is to avoid conflict of interest.
4.04	Council meetings – posting of materials	The by-laws have been amended to state the expectation that Council meeting materials be posted publicly 2 weeks prior to the meeting date. Once approved, the existing Committee and Council Postings Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws. In addition, public posting of Council materials is an expectation of the CPMF.
4.14	In-Camera	A definition of In-Camera has been included, and references to the existing In-Camera protocols have been added.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.

		Once approved, the existing In Camera Policy will be rescinded.	
5	Executive Committee	Detail from the Election Process – Executive Committee Policy has been added into the by-laws, to consolidate existing policy and by-law. Once approved, the existing Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.
5.08	Appointment of Committee members	In selecting the members for each Statutory Committee, the by-law has been amended to include consideration of the skills and competencies of the members	In addition to supporting good governance, moving towards skills-based committees is an expectation of the CPMF
7	Committees – Appointment and role of Chairs	Detail from the existing Chairs Policy has been added into the by-laws, to consolidate existing policy and by-law. Once approved, the existing Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.
13	Patient Relations Committee	The detail regarding sexual abuse therapy and counselling has been removed from the by-law, as it already exists elsewhere.	Removed for clarity and to reduce duplication.
14	Professional Practice Committee	Remove from by-laws.	Committee had been dissolved previously and is not a statutory committee.
15	Committee Meetings Materials Minutes	The by-laws have been amended to require that Committee meeting materials be posted 1 week prior to the meeting date. The requirement that Minutes of all Committee Meetings remain confidential has been removed.	This does not imply that all committee materials be posted publicly. However, the CPMF expects certain Committee material to be public. The CPMF expects that all Committee minutes, agendas, Terms of Reference, and other related documents be publicly available. Although the amendments to the by-laws do not currently reflect this, the removal of confidentiality expectations will allow for the CRTO to transition towards this goal of transparency.

Schedule A (Article 1)	Conduct and Duties of Council Members and Non-Council Committee Members	**The Code of Conduct and Rules of Order** that had previously been included as separate policies for Council/Committees have been standardized and included as a Schedule to the by-law. Once approved, this will require rescinding the existing Policy, Code of Conduct for Council Members and Non-Council Members of Committees	This is an expectation of the CPMF, and ensures and enforces standard expectations through Council and all Committees
Schedule A (Article 2)	Conflict of Interest (Council and non-Council committees)	Expectations regarding **Conflict of Interest** have been made clearer (as a Schedule to the By-law)	This is an expectation of the CPMF, and ensures and enforces standard expectations through Council and all Committees
Schedule B	Rules of order of Council and Committees	See above (Code of Conduct).	

By-Law #3: Membership

Section (new layout)	**Topic**	**Proposed change**	**Rationale**
2	Contents of the Register	Removal of the duplicative information that repeats what is required according to the Code to be included in the Contents of the Register.	The requirements for the Public register were introduced to the Code in 2009, and the by-laws had not be adjusted to reflect the redundancy.
2.02	Publicly available information that must be available on the register	Amendments to the publicly available information that must be available on the register, to remove duplication with existing code requirements.	The requirements for the Public register were introduced to the Code in 2009, and the by-laws had not be adjusted to reflect the redundancy.
2.14	Register – Considerations	Changes have been made to allow for the following considerations (changes underlined): *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*	This change has been made for the purpose of transparency, to ensure the place of business is clear.

		want their residential addressed to be posted as their business address	
2.17 & 2.18	Removal of information from the Register	Details regarding removal of information from the Register (such as when a Member has completed the requirements of a panel) have been removed. Once approved, the corresponding Removal of Information from the Register Policy will be rescinded.	Existing by-law is not in keeping with the CRTO's public protection mandate.
3	Duty to Provide Information	Changed title from Duty to Report to Duty to Provide Information. Minor changes have been made to the process required when a name change is requested.	Better reflect section and less likely to cause confusion with the other reporting obligations To align with the CRTO's Name Change Form and Name Change Policy.
4.15	Other Fees	NSF fees	Added to allow ability to rescind NSF policy and have all fee info in one location.
6, 7	Honorary and lifetime memberships	References to **Honourary Certificates and Lifetime Memberships** have been removed from the by-laws.	Council confirmed in June 2018 that the CRTO would no longer accept these applications and rescind the appropriate policies as they are more fitting with an association and not within the mandate of the CRTO.
8	Professional liability insurance	**Professional Liability Insurance** requirements have been transferred from the existing Professional Liability Insurance Policy into the by-law, to ensure the expectations are clear. This includes a requirement for a maximum $1,000 deductible. In addition, a new requirement has been added to accommodate **sexual abuse therapy and counselling**.	These expectations are consistent with several other Colleges, and with the College's public protection mandate. It should be noted that if approved, these changes will not take effect until after the next renewal cycle (January 2023), which will provide time for Members to ensure they are appropriately covered.

Appendix B: Proposed By-Laws

Proposed By-Law 1: General CRTO Administration, By-Law 2: Council and Committees, and By-Law 3: Membership showing amendments.

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

By-Law 1:
General CRTO Administration
~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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

TABLE OF CONTENTS

1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, 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

~~**annual general meeting** means the annual meeting of the CRTO required by Article 19.01 (b), usually held in conjunction with a regular meeting (see "regular meeting")~~

Appointed Officer
An employee of the CRTO 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 CRTO'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 CRTO

Chair
The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CRTO; 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 ~~statutory and/or non-statutory~~ Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a C~~c~~ommittee and any other ~~c~~Committees established by the Council under these By-Laws

Council
The board of directors of the CRTO, 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

CRTO
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 CRTO committees by virtue of ~~his/her~~their office as Registrar and Chief Executive Officer. In ~~his/her~~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, ~~he/she is~~they are not entitled to make a motion or vote, and ~~is~~ are not counted when determining if a quorum is present

~~**faculty member** means an instructor employed by one of the approved educational Respiratory Therapy programs in Ontario and/or an administrator employed by one of the approved educational Respiratory Therapy programs in Ontario (such as program coordinator, curriculum developer)~~

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 CRTO to act as an inspector~~fulfill obligations set out under Ss. 94(1)(l) and/or Ss. 95(1)(h) of the *Regulated Health Professions Act*, regulations or Policies and Procedures~~; 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 CRTO

~~**Non-Council Committee Member**~~
~~A Member of the CRTO who is elected or appointed to sit on a statutory or non-statutory Committee of the CRTO; not a Council Member~~

Officer of the CRTO
Includes the President, the Vice-President, the Registrar or an appointed officer

Panel
A sub-group of a Committee of the CRTO

Policies and Procedures
The documented processes or courses of action undertaken by the CRTO 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., ~~TCLs~~ 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"

~~**Registrant**~~
~~An individual who holds a certificate of registration with the CRTO; referred to as "Member"~~

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 ~~19~~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
~~Formerly Respiratory Care Practitioner; a~~ 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.~~A member of Council who currently holds a Council position.~~

Special Meeting
A meeting of the Council to which By-Law 2: Council and Committees, Article ~~19~~3.01(~~c~~b) refers

~~**TCL** Acronym for term, condition or limitation of a Member's certificate of registration~~

~~COLLEGE ADMINISTRATION~~

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 CRTO will maintain an official seal.~~

~~2.03 Any person authorized to sign any document on behalf of the CRTO may affix the seal thereto.~~

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.

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

3. HEAD OFFICE

3.01 The Head Office of the CRTO shall be located within~~in the City of Toronto, in the Province of Ontario~~ the city in which the Provincial Legislature sits.~~,~~ The physical premises occupied by the CRTO shall be determined by Council.~~and at such place therein as the Council of the CRTO may, from time to time, determine.~~

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~~ of all books, papers, records, contracts and other documents belonging to 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 CRTO;

f) keep the register in the form required by the *RHPA*, the regulations, the By-Law and the Policies and Procedures of the CRTO;

g) be responsible for and direct the administration of the affairs and operations of the CRTO;

h) prepare the CRTO's annual operating budget for review by Executive Committee;

i) supervise the nomination and election of Council Members and ~~Non-Council~~ Professional Committee Appointees~~Committee Members~~;

j) implement such forms as ~~he/she~~ they consider~~s~~ necessary or advisable to enable the CRTO to fulfil its obligations under the *RHPA*, the regulations and the By-Law and to enable the CRTO 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 CRTO;

l) carry out such duties as authorized or required by the *Code;*

m) represent the CRTO 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 ~~his/her~~their duties.

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

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 CRTO 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 ~~19~~4.01.

6.03 Every By-Law and every amendment and revocation thereof shall be dated and maintained in the CRTO's records. ~~Every By-Law and every amendment thereof shall be numbered according to the order in which it was passed, certified by the President or Vice-President and by the Registrar, sealed and maintained in a book in its numerical order.~~

6.04 In accordance with Ss. 94(2) of the *Code*, such proposed changes to the By-Laws ~~shall~~ 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 ~~Registrar and the President shall sign~~ certificates of registration given to Members for display shall contain the signatures of the Registrar and President.

7.05 ~~No person shall sign or seal a document on behalf of the CRTO unless authorized by the *RHPA*, the *Act*, the regulations or this By-Law.~~ 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 ~~account of~~ 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.~~and the CRTO's stamp may be used for such endorsement.~~

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.

~~a) bonds, debentures or other evidences of indebtedness of, or guaranteed by, the government of a Canadian province or the Government of Canada;~~

~~b) deposit receipts, deposit notes, certificates of deposit, acceptances and other similar instruments issued or endorsed by a bank chartered under the *Bank Act Canada*; or~~

~~c) savings accounts and other investments that are fully secured by the Canada Deposit Insurance Corporation.~~

~~9.03 Funds of the CRTO in excess of funds required for operation during the fiscal year, as identified in the annual budget, may only be invested in:~~

~~a) bonds, debentures or other evidences of indebtedness of, or guaranteed by, the government of a Canadian province or the Government of Canada; or~~

~~b) deposit receipts, deposit notes, certificates of deposit, acceptances and other similar instruments issued or endorsed by a bank chartered under the *Bank Act Canada*; or~~

~~c) savings accounts or other investments that are fully secured by the Canada Deposit Insurance Corporation.~~

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 obligation does not exceed $10,000.00;

b) the Registrar and one other signing officer if the resulting obligation does not exceed $20,000.00; or

c) Council if the resulting obligation exceeds $20,000.00.

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 including all payroll cheques and source deduction remittances;

b) one (1) internal and one external signing officer for amounts $10,000 or more except for payroll cheques and source deduction remittances as described in (a).

12. FINANCIAL AUDIT

12.01 The Council shall at each ~~annual general~~ 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 ~~annual general~~spring Council meeting, at which the financial statements of the CRTO are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the CRTO 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 CRTO and are entitled to require from the Council Members, officers, employees, and Members of the CRTO 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 CRTO property.

13.02 Property and other assets carried on the inventory of the CRTO will be insured against loss or damage.

14. MEMBERSHIP IN OTHER ORGANIZATIONS

14.01 The CRTO 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 CRTO, and shall pay the annual or other fees required.

14.02 The CRTO may maintain membership with ~~in~~ the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) and shall pay the annual fee required for the membership.

14.03 The CRTO may maintain membership ~~in~~ with the ~~Federation of Health Regulatory College~~ 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 CRTO 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~~s~~ or Professional Committee Appointee~~s~~, to act as an inspector for and on behalf of the CRTO. Inspectors so appointed shall have such authority and shall perform such duties as set in the *Act*, regulations or CRTO Policies and Procedures.

16. DISSOLUTION

16.01 In the event the CRTO 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 Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

By-Law 2:
Council and Committees
~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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

CONTENTS

1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, 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 CRTO 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 CRTO; 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 ~~statutory and/or non-statutory~~ Committee of the CRTO 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 CRTO, 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

CRTO
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 CRTO committees by virtue of ~~his/her~~their office as Registrar and Chief Executive Officer. In ~~his/her~~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, ~~he/she is~~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 CRTO

~~**Non-Council Committee Member**~~
~~A Member of the CRTO who is elected or appointed to sit on a statutory or non-statutory Committee of the CRTO; not a Council Member~~

Officer of the CRTO
Includes the President, the Vice-President, the Registrar or an appointed officer

Panel
A sub-group of a Committee of the CRTO

Policies and Procedures
The documented processes or courses of action undertaken by the CRTO 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) ~~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

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

Registrar
Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO 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 ~~19~~4.01(a) of this By-Law refers

Respiratory Therapist
~~Formerly Respiratory Care Practitioner; a~~ 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*

Sitting Council Member
An appointed or elected member of the CRTO Council. ~~A member of Council who currently holds a Council position.~~

Special Meeting
A meeting of the Council to which Article ~~19~~4.01(~~c~~b) of this By-Law refers

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

Election Process

2.01 The election process, including nominations, candidate requirements, balloting and reporting is set out in CRTO Policies and Procedures, amended and approved by Council as needed.

Election Districts

2.02 For the purpose of the election of Council Members and the election or appointment of ~~Non-Council~~ Professional Committee ~~Members~~ Appointees to the pool of Members available to serve on committees, 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.

2.04 ~~Subject to the Council's policy from time to time a maximum of three (3) Members shall be Council may allow u~~Up to three (3) Professional Committee Appointees may~~to~~ be elected or appointed as ~~Non-Council~~ Professional Committee ~~Members~~ Appointees in electoral districts 1, 2, 3, 4, 5 and 6. There are no Professional Committee Appointees for electoral district 7.

~~b) There shall be no Non-Council Committee members elected or appointed in district 7.~~

Years of Elections

2.05 An election of Council Members and ~~Non-Council~~ Professional Committee ~~Members~~ Appointees

shall be held on a day fixed by the Registrar:

a) in October ~~2017~~ 2023 and in October in every third (3rd) year after that for each of electoral districts 3, 4 and 6; and

b) in October ~~2018~~ 2024 and in October in every third (3rd) year after that for each of electoral districts 1, 2, 5 and 7.

2.06 The nomination or election deadlines may be extended if the Registrar determines that~~ems~~ there ~~to be~~are exceptional circumstances to warrant an extension. ~~Where there is an interruption of mail service during a nomination or election, the Registrar shall extend the holding of the nomination or election for such a period of time as the Registrar considers necessary to compensate for the interruption.~~

Eligibility for Elections

2.07 A Member is eligible to vote in an electoral district if:

a) on the ~~sixtieth (60th) day before the~~ day the voting opens ~~for election~~, the Member principally practises the profession in that district; or

b) the Member is not practising the profession on the ~~sixtieth (60th) day before the~~ day the voting opens ~~for election~~, the Member principally resides in that district.~~; or~~

~~c) on the sixtieth (60th) day before the election, the Member holds a Certificate of Life Membership.~~

2.08 A Member is eligible for election as a Council Member or a ~~Non-Council Committee Member~~Professional Committee Appointee, in electoral districts 1, 2, 3, 4, 5 and 6 or for appointment under Articles 2.09, 2.23, 2.24 or 2.25 of this By-Law if,

a) on the date of the nomination or application through to the date of election or appointment, the member:

i. subject to Article 2.27 of this 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;

vi. 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;

vii. is not an employee, director, officer, or elected member of a professional association or special interest group related to the profession; and

viii. if running for election, is nominated by three (3) eligible voters who practise or

reside in the same electoral district as the nominated member.

b) within the twelve (12) months before the date of the nomination or application, the member has not been:

i. an employee of the CRTO; 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.

c) within the three (3) years before the date of the nomination or application, the member has not been disqualified from sitting as a Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee.

d) within the six (6) years before the date of the nomination or application, the member has not:

i. had ~~his or her~~their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;

ii. had ~~his or her~~ 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 ~~his or her~~their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

2.09 A Member is eligible for election as a Council Member in electoral district 7 or for appointment under Article 2.23 of this By-Law if,

a) on the date of the nomination through to the date of election the member:

i. is a faculty member employed by one of the approved Respiratory Therapy educational programs in Ontario;

ii. is not running for election in another electoral district;

iii. holds a General or Limited certificate of registration;

iv. is nominated by three (3) eligible voters as defined under Article 2.07 of this By-Law;

v. is not in default of the payment of any fees;

vi. is not the subject of any current disciplinary or incapacity proceeding;

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; and

viii. is not an employee, director, officer, or elected member of a professional association or special interest group related to the profession.

b) within the twelve (12) months before the date of the nomination, the member has not been:

i. an employee of the CRTO; 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

~~ii.~~iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.

c) within the three (3) years before the date of the nomination, the member has not been disqualified from sitting as a Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee.

d) within the six (6) years before the date of the nomination, the member has not:

i. had ~~his or her~~their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;

ii. had ~~his or her~~their certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; or

iii. been reinstated~~received a new certificate of registration~~ following revocation of ~~his or her~~their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

Terms of Office

2.10 The term of office of an elected Council Member or a ~~Non-Council Committee Member~~ Professional Committee Appointee is three (3) years. The maximum length of service of a Council or a ~~Non-Council Committee Member~~ Professional Committee Appointee is three (3) terms or nine (9) consecutive years.

2.11 The term of office begins with the first regular Council meeting following the election and the Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee shall continue to serve until ~~his or her~~their successor takes office in accordance with this By-Law unless the member is disqualified under Article 2.20 of this By-Law, or as set out in the *RHPA*.

Nominations

2.12 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.

2.13 If the number of Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee candidates nominated for an electoral district is fewer than the number of Council Members or ~~Non-Council Committee Members~~ Professional Committee Appointees to be elected in the electoral district, the Council may do any one of the following, subject to the provisions of the *Act*,

a) in the case of Council Member candidates:

i. direct the Registrar to hold an election for Council Members; or

ii. 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

iii. declare the candidates for Council members to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions

b) in the case of ~~Non-Council Committee Member~~ Professional Committee Appointee candidates:

i. direct the Registrar to hold an election for ~~Non-Council Committee Members~~ Professional Committee Appointee;

ii. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and direct the Registrar to hold an election for the remaining ~~Non-Council Committee Member~~ Professional Committee Appointee positions;

iii. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve~~. in accordance with CRTO policy~~; or

iv. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and leave the remaining positions vacant.

Voting Process

2.15 If the Council sets a new date for an election the Registrar shall conduct the election in accordance with this By-Law.

2.16 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.

2.17 A Member shall not cast more than one vote for any one candidate.

2.18 If there is a tie, the Registrar shall break the tie, by lot.

2.19 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.

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

Exceptional Circumstances

2.21 An elected Council Member is disqualified from sitting on the Council ~~Member~~ or a ~~Non-Council~~

~~Committee Member~~ Professional Committee Appointee is disqualified if the Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee:

a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;

b) is found to be incapacitated by a panel of the Fitness to Practise Committee;

c) becomes the subject of a discipline or incapacity proceeding;

d) fails, without reasonable justification, to attend two (2) meetings of the Council or of a Committee of which ~~he or she is~~they are a member during their term;

e) fails, without reasonable justification, to attend a panel for which ~~he or she has~~they have been selected;

f) fails to fulfil the duties of Council Member and ~~Non-Council Committee Members~~ Professional 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 ~~he or she was~~they were elected;

i) in the case of district 7, ceases to be a faculty member for more than ninety (90) days;

j) ceases to hold a current General or Limited certificate of registration;

k) becomes or has 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

~~iii.~~iv. holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.

l) has been found by the Council to have been ineligible for election in accordance with the By-Laws; or

m) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~they have been elected or appointed.

2.22 a) A Council Member who is disqualified from sitting on the Council ceases to be a Council Member.

b) A ~~Non-Council Committee Member~~ Professional Committee Appointee who is disqualified ceases to be a ~~Non-Council Committee Member~~Professional Committee Appointee.

2.23 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.

2.24 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.

2.25 If the seat of a ~~Non-Council Committee Member~~ Professional Committee Appointee ~~-~~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 as soon as possible;

b) direct the Executive Committee to appoint a ~~Non-Council Committee Member~~ Professional Committee Appointee in accordance with CRTO policy; or

c) leave the seat vacant.

2.26 If the seat of an elected ~~Non-Council Committee Member~~ Professional Committee Appointee becomes vacant twelve (12) months or more before the expiry of the term of office, the Council may:

a) direct the Registrar to hold an election as soon as possible; or

b) direct the Executive Committee to appoint a ~~Non-Council Committee Member~~ Professional Committee Appointee in accordance with CRTO policy.

2.27 The term of a Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee appointed or elected to fill a vacancy shall continue until the time the former Council Member's or ~~Non-Council Committee Member's~~ Professional Committee Appointee's term would have expired.

2.28 ~~By-Law 2: Council and Committees,~~ Article 2.08 a) i. of this By-Law will not apply where there are no ~~Non-Council~~ Professional Committee Appointee nominees or ~~Non-Council~~ Professional Committee Appointee applicants for appointment in a particular electoral district.

2.29 A Council Member or Professional 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.

~~17. APPOINTMENT OF INSPECTORS~~

~~17.01 The Registrar may appoint any person, other than a Council or Non-Council Committee member, to act as an inspector for and on behalf of the CRTO. Inspectors so appointed shall have such authority and shall perform such duties as set in the *Act*, regulations or CRTO Policies and Procedures.~~

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 CRTO'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 CRTO 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.

~~**3.01** Council members and Non-Council Committee members shall act in the best interests of the CRTO and of the public of Ontario.~~

~~**3.02** Council and Non-Council Committee members shall perform their duties in accordance with the *RHPA*, Regulations, By-Laws and the Policies and Procedures of the CRTO.~~

~~**3.03** A Council member or Non-Council Committee member who wishes to apply for employment with the CRTO must resign from the Council or Committee position before applying to the CRTO for employment.~~

~~**3.04** Council members and Non-Council Committee members, related persons and related companies who wish to enter into contracts with the CRTO 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.~~

~~**3.05** Council members and Non-Council Committee members shall not carry out their duties when they are in a conflict of interest.~~

~~**3.06** A conflict of interest may be a real (actual) or apparent (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 Non-Council Committee member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing his or her duties as a Council member or Non-Council Committee member.~~

~~b) A real (actual) conflict of interest exists when a Council member or Non-Council Committee member has a private or personal interest of which he or she is aware, that is connected with the Council member's or Non-Council Committee member's responsibilities and could influence carrying out his or her duties. A real conflict exists~~

whether or not the Council member or Non-Council Committee member is actually influenced by the private interest and regardless of whether the Council member or Non-Council Committee member obtains personal benefit.

c) An apparent (or perceived) conflict exists when there is an apprehension that a conflict of interest exists. A potential conflict of interest exists as soon as a reasonable person can foresee that the Council member or Non-Council Committee member has a private or personal interest that may influence how the Council member or Non-Council Committee member carries out his or her duties or responsibilities.

3.07 It is not a conflict of interest for a Council member or a Non-Council Committee member to:

a) participate in a matter that affects all or most CRTO Members similarly unless the Member has an interest over and above that of all or most CRTO 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.

3.08 A Council member or Non-Council Committee member who has, or believes she/he has, 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.

3.09 Any Council member or Non-Council Committee member who believes another Council member or Non-Council 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 Non-Council Committee member. If the matter is not resolved to the satisfaction of the Council member or Non-Council Committee member who perceives the conflict, that Council member or Non-Council 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.

3.10 Council member or Non-Council Committee member who acts in a conflict of interest is subject to disqualification under Article 10.18.

3.11 All declared conflicts and their resolution shall be recorded.

3.12 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:~~

~~a) where a relationship exists between a Council member or Non-Council Committee member and a participant in the proceeding;~~

~~b) by the conduct of a Council member or Non-Council Committee member during the proceedings;~~

~~c) through prior involvement or prejudgment by the a Council member or Non-Council Committee member;~~

~~d) where a Council member or Non-Council Committee member has a conflict of interest.~~

~~**3.13** A close relationship, either personal or business, between a Council member or Non-Council 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.~~

~~**3.14** Council members or Non-Council Committee members dealing with a member-specific matter must be impartial and appear to those present to be impartial.~~

~~**3.15** Notwithstanding a Council member or Non-Council Committee member's right to openly discuss and debate an issue during the course of a Council or Committee meeting, once a decision has been made by the Council or a Committee, Council member and Non-Council Committee members will respect and support that decision.~~

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) an annual general meeting of the CRTO which shall be called by the President, and held no later than eight months after the end of the previous fiscal year;~~

~~c)~~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 ~~in writing~~ of the place, date and time of a Council meeting at least fourteen (14) days before a meeting.

4.04 Council meeting materials ~~are~~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 ~~him/her~~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~~; and~~,

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 ~~his/her~~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 ~~his/her~~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 ~~and signed by the presiding officer~~ 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 ~~he or she is~~they are not

elected to the Executive Committee, ~~he or she~~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, ~~elect~~ a President, Vice-President, and three (3) other Council Members to the Executive Committee to hold office for a one (1) year term~~and if an election is not so held, to continue in office until their successors are elected~~.

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 ~~at least~~ by November 1 each year. ~~or within five (5) business days of the close of a general election, whichever is furthest from the date of the executive committee election~~.

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.

~~a)~~e) ~~As required, t~~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.~~in accordance with CRTO Policies and Procedures.~~

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, ~~and~~ a Chair and Vice-Chair for each ~~other~~ remaining Committee;

b) oversees the financial management of the CRTO; and

c) reviews the CRTO's annual operating budget for approval at the last Council meeting of the fiscal year.

5.08 In selecting the members for each Statutory Committee, the Executive Committee shall:

a) provide each Council Member and ~~Non-Council Committee Member~~ Professional Committee Appointee the opportunity to express ~~his or her~~ their preferences with respect to committees ~~and to specify the reasons for those preferences~~;

b) appoint Council Members and ~~Non-Council Committee Members~~ 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; ~~and~~

iv. the skills and competencies of the members; and

~~iv.~~v. any other relevant factors.

c) for ~~Non-Council Committee Members~~Professional Committee Appointees, appoint only from the pool of ~~Non-Council Committee Members~~ Professional Committee Appointees elected or appointed under Article 2.24, 2.25 and 2.27 of this By-Law.

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 ~~he/she~~they deem~~s~~ appropriate~~, other than some aspects of hearings,~~ 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 ~~must be appointed to the Council by Lieutenant Governor in Council~~ 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. ~~When required,~~ Non-Statutory Committees may be supported by legal and/or technical consultants as required.

7.02 In appointing members to any Committee, Council Members or ~~Non-Council Committee Members~~ Professional Committee Appointees may be appointed unless the By-Law or policies of the CRTO 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 ~~selected~~ 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 ~~A~~all Chair and Vice-Chair positions is ~~are term limited for a period of~~ one (1) year with the opportunity for reappointments.

~~a)~~b) Appointments to Chair and Vice Chair positions shall be made utilizing the CRTO's appointment guidelines. ~~.~~

7.05 Committee Chairs shall:

a) preside over meetings of the Committee;
b) ensure minutes are recorded and review~~ing~~ minutes prior to distribution to the Committee;
c) approve per diem and expense payment for Committee Members;
~~a)~~d) identify attendance or other problems with Committee Members.

7.06 Committee Vice-Chairs shall:

a) assist the Committee ~~c~~Chair;
b) exercise the duties of the ~~c~~Chair during the C~~c~~hair's absence or inability to act; and
c) perform other may be assigned by the C~~c~~hair.

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 ~~who is a Member of the CRTO~~;
b) at least one (1) public Council Member;
c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees; and
d) an academic member of Council.

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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, 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; and
c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, 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 ~~who is a Member of the CRTO~~;

b) at least two (2) public Council Members; and

c) at least one (1) ~~Non-Council Committee Member~~ Professional Committee 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 ~~who is a Member of the CRTO~~;

b) at least two (2) public Council Members; and

c) at least one (1) ~~Non-Council Committee Member~~ Professional Committee 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 ~~who is a Member of the CRTO~~;

b) at least one (1) public Council Member; and

c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

12.02 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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, and at least one of whom must be a public Council Member.

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 ~~who is a Member of the CRTO~~;

b) at least one (1) public Council Member; and

c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

~~**13.02** The Patient Relations Committee shall require that therapists and counsellors who are providing therapy or counselling that is funded through the program required under section 85.7 of the *Code* and persons who are receiving such therapy or counselling to provide written statements~~

~~that:~~

~~a) contain details of the therapist's or counsellor's training and experience;~~

~~b) confirm that therapy or counselling is being provided;~~

~~c) confirm that the funds received are being devoted only for the therapy or counselling that is being provided; and~~

~~d) are signed by the therapists or counsellors and by the person who is receiving such therapy or counselling.~~

~~14. PROFESSIONAL PRACTICE COMMITTEE~~

~~**14.01** Professional Practice Committee is a non-statutory Committee, convened at the discretion of Council, for the purpose of providing advice on a specific topic or issue relevant to the practice of the profession.~~

~~**14.02** The Professional Practice Committee shall consist of at least six (6) voting members with:~~

~~a) at least one (1) member of the Council who is a Member of the CRTO;~~

~~b) at least one (1) Public Council member;~~

~~c) at least one (1) Non-Council Committee member;~~

~~d) at least one representative of an approved RT program; and~~

~~e) at least two CRTO Members in accordance with the terms of reference of the Committee.~~

~~In addition, and to provide specific expertise in certain areas, other individuals may be invited to join the core members of the Committee on an ad hoc basis and as non-voting members according to the subject matter being considered.~~

15. COMMITTEE MEETINGS

15.01 Each Committee shall meet at the call of its Chair, at a place in Ontario, subject to Article 15.09 of this By-Law, on a date and time designated by the Chair.

15.02 Committees shall operate in accordance with the Policies and Procedures of the CRTO.

15.03 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.

15.04 Committee meeting materials are posted at least one (1) week prior to the scheduled Committee meeting date.

15.05 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.

15.06 The Chair, or ~~his/her~~their appointee for the purpose, shall preside over meetings of the Committee.

15.07 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.

15.08 The presiding officer shall cause minutes to be taken of the proceedings of the Committee meeting.

~~**15.09** Minutes of all Committee meetings and all other CRTO activities are, and shall remain, confidential and therefore not available for public or Members' viewing.~~

15.09 Meetings of any Committee or of panels ~~that are held for a purpose other than conducting a hearing~~, 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.

16. RENUMERATION

16.01 The fees payable for honoraria and expenses of Council, Committees and Working Group members who are Members of the CRTO shall be as set in Policy.

16.02 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.

17. INDEMNIFICATION AND DIRECTORS' INSURANCE

17.01 Every Council Member, Professional Committee Appointee, officer, employee or appointee of the CRTO, 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 CRTO from and against:~~Every Council member, Non-Council Committee member, Staff member or officer and his or her heirs, executors, administrators, and other personal representatives shall at all times be indemnified and saved harmless out of the funds of the CRTO 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 CRTO and the Government of Ontario, all costs, charges or expenses that such person sustains or incurs in respect of the affairs of the CRTO, except any liability or costs, charges or expenses occasioned by such person's

wilful neglect or default.

17.02 The CRTO shall at all times maintain "Errors and Omissions Insurance" covering the Council Members and Committees, staff members, independent contractors or officers of the CRTO.

~~18. RULES OF ORDER OF THE COUNCIL AND COMMITTEES~~

~~**18.01** 18.01 When any Council/Committee member wishes to speak, he/she shall so indicate by raising his/her hand, and shall address the presiding officer and confine himself/herself to the question under discussion.~~

~~18.02 When two (2) or more Council/Committee members raise their hand to speak, the presiding officer shall call upon one member to speak first.~~

~~18.03 No Council/Committee member, shall interrupt another Council/Committee member except to raise a point of order. The interrupting Council/Committee member shall confine himself/herself strictly to the point of order.~~

~~18.04 Any Council/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/Committee member, shall immediately cease speaking while the point is being stated, after which he/she may explain and shall then obey the decision of the presiding officer.~~

~~18.05 A Council/Committee member may speak only once upon any question, except:~~

~~a) in explanation of a material point of his/her speech which may have been misquoted or misunderstood, but then he/she is 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.~~

~~18.06 No Council/Committee member may speak longer than seven (7) minutes upon any question except with the permission of the presiding officer.~~

~~18.07 When the question under discussion contains distinct propositions, any Council/Committee member may require the vote upon each proposition to be taken separately.~~

~~18.08 When the presiding officer puts the question, no Council/Committee member shall enter or leave the chamber, and no further debate is permitted.~~

~~18.09 Any question when once decided by the Council/Committee members shall not be reintroduced within 6 months except by a two-thirds' (2/3) majority vote of the members in attendance.~~

~~18.10 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 his or her designate. When the question under discussion has not been printed and distributed, any Council/Committee member may require it~~

~~to be at any time during the debate, but not so as to interrupt a member while speaking.~~

~~18.11 A Council/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 9 does not prevent another Council/Committee member from making the same motion.~~

~~18.12 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, he/she shall state the rule or authority applicable to the case.~~

~~18.13 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.~~

~~18.14 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.~~

~~18.15 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, he/she shall apprise the Council or Committee thereof immediately, rule the motion out of order, and quote the rule or authority applicable to the case.~~

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.

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 CRTO, the Confidentiality Policy and Procedure of the CRTO, 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 CRTO 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 CRTO'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 CRTO Council.

1.15 Refrain from speaking, or appearing to speak, on behalf of the CRTO, 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:

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 CRTO Members similarly unless the Member has an interest over and above that of all or most CRTO 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 CRTO 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;

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 themself 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 themself 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.

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

~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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

TABLE OF CONTENTS

1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, 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*

CRTO
The acronym for the College of Respiratory Therapists of Ontario

Fees
The fees payable to the CRTO by a member or applicant ~~for registration of a certificate of registration of any class.~~

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

Panel
A sub-group of a Committee of the CRTO

Policies and Procedures
The documented processes or courses of action undertaken by the CRTO 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) ~~TCLs~~ or suspension of a certificate of registration) of a Member's practice

Profession
The profession of Respiratory Care or Respiratory Therapy

~~**Registrant**~~
~~An individual who holds a certificate of registration with the CRTO; referred to as "Member"~~

Registrar
Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO 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
~~Formerly Respiratory Care Practitioner; a~~ 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*

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*.

~~**Contents of the Register**~~

~~23(2) The register shall contain the following:~~

1. ~~Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.~~
2. ~~The name, business address and business telephone number of every health profession corporation.~~
3. ~~The names of the shareholders of each health profession corporation who are members of the CRTO.~~
4. ~~Each member's class of registration and specialist status.~~
5. ~~The terms, conditions and limitations that are in effect on each certificate of registration.~~
6. ~~A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and has not been finally resolved, until the matter has been resolved.~~
7. ~~The result, including a synopsis of the decision, of every disciplinary and incapacity~~

~~proceeding, unless a panel of the relevant Committee makes no finding with regard to the proceeding.~~

8. ~~A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.~~
9. ~~A notation of every revocation or suspension of a certificate of registration.~~
10. ~~A notation of every revocation or suspension of a certificate of authorization.~~
11. ~~Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.~~
12. ~~Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.~~
13. ~~Where, during or as a result of a proceeding under section 25 of the *Code*, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.~~
14. ~~Information that is required to be kept in the register in accordance with the By-Law.~~

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 ~~class of certificate of registration held by the Member and the~~ date on which the Member's current certificate was issued and cessation or expiration date;

~~**2.09** Where the Member's certificate of registration is subject to a suspension for failure to pay a fee or failure to complete his or her registration renewal, the reason for the suspension and the date of the suspension in addition to the fact of the suspension for every occurrence after January 1, 2016;~~

~~**2.10** Where the Member's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;~~

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. ~~the fact and death of the Member if known after January 1, 2016~~;

~~**2.12** Information regarding registration with any other body that governs a profession, including disciplinary findings, whether inside or outside of Ontario made after January 1, 2016;~~

2.10 Where a Member has been charged with an offence ~~on or after January 1, 2016~~ under the *Criminal Code of Canada,* ~~or under the~~ *Health Insurance Act*, ~~or under the~~ *Controlled Drugs and Substances Act (Canada),* or any other ~~offence~~ charge that relates to the Member's suitability to practice, the fact and content of the charge, the date and place of the charge, ~~and,~~ where applicable bail conditions, and, where known the date and outcome of the charge(s);

2.11 Information about a finding by a court ~~made after January 1, 2016~~ that the Member has been found guilty of an offence ~~under the *Criminal Code of Canada*, or~~ under the *Health Insurance Act*, ~~or under the *Controlled Drugs and Substances Act (Canada),*~~ 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;

~~2.15 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to appear before a panel to be orally/verbally cautioned:~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. a summary of the caution,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the caution was delivered by a panel;~~

~~2.16 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to complete a Specified Continuing Education or Remediation Program (SCERP),~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. the elements of the SCERP,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the SCERP was completed;~~

~~2.17 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to undertake certain actions as specified in an Undertaking, with the exception of matters related to incapacity,~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. a summary of the Undertaking,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the Undertaking was completed or concluded.~~

~~2.18 For every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved,~~

~~i. the date of the referral,~~
~~ii. the notice of hearing, exclusive of the Member's residential address,~~
~~iii. any hearing dates, times and location(s), including dates, times and location for the continuation of a hearing;~~

2.12 Any information jointly agreed to be placed on the register by the CRTO and the Member;

~~2.20 Information designated in S.23(2) of the *Code* and Article 33 of this By-Law related to health profession corporations;~~

2.13 The name and location of practice**,** if known, of individuals reported to the CRTO 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

~~34.22 Subject to Articles 34.01 and 34.02, a Member's name in the register shall be the full name indicated on the documents used to support the Member's initial registration with the CRTO.~~

~~34.23 The Registrar may enter a name other than the name referred to in Articles 34.01 and 34.02, in the register if the Registrar:~~

~~a) has received a written request from the Member;~~

~~b) is satisfied that the Member has legally changed his or her name; and~~

~~c) is satisfied that the name change is not for any improper purpose.~~

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 addressed to be posted as their business address~~;~~ for the purposes of the CRTO's public register. ~~In the event that the Member's business address is the same as the~~

~~Member's residential address the Registrar shall enter as the Member's business address contact information as designated by the Member.~~

2.16 Information that is subject to a publication ban shall not be placed in the register.

~~**Removal of Information from the Register**~~

~~34.27 Except as otherwise required by the *Code*, information may be removed from the register in respect of the requirements of Inquiries, Complaints and Reports Committee set out in Articles 34.12-34.18, six (6) years following the Member's completion of the panel's requirements if no other concerns of a similar nature have been reported to the CRTO within that time, the information does not relate to disciplinary proceedings concerning sexual abuse, and a written request is made by the Member;~~

~~34.28 Information contained in the register that has been removed in accordance with Articles 34.27 or CRTO policies may, upon written request be disclosed.~~

3. DUTY TO ~~REPORT~~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 CRTO:

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; and
    v. a description of respiratory therapy activities.
    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 ~~in which~~ the member's ~~was~~ impair~~ed~~ment or intoxication~~ed~~; 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 ~~Registrar~~ must provide~~receive~~ information satisfactory to the Registrar ~~to~~ confirming that the Member has legally changed their name; and

ii. The Registrar ~~is~~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.

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 ~~his or her~~their General, Graduate or Limited certificate between March 1 and November 30;
b) who changes ~~his or her~~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 ~~Each~~ fiscal year, the ~~each~~ 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 CRTO 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 ~~By-Law 3: Membership,~~ 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. HONORARY CERTIFICATES OF REGISTRATION~~

~~6.01 The Council may designate a person who is not and never has been a member, to be an Honorary Member and may issue an Honorary Certificate of Registration to the person.~~

~~6.02 An Honorary Member is entitled to use the title "Honorary Member of the College of Respiratory Therapists of Ontario" and to display the Honorary Certificate of Registration issued by the CRTO.~~

~~6.03 An Honorary Member cannot, by virtue of his or her Honorary Member status, vote or run for election to Council, or perform a controlled act or use a title other than that set out in subsection 38.02.~~

~~6.04 The Council can withdraw the designation of an Honorary Member or an Honorary Certificate of Registration.~~

~~7. LIFE MEMBERSHIP~~

~~7.01 The Council may designate a person who is or was a member and who is permanently retired from the practice of respiratory therapy, to be a Life Member, and may issue a Certificate of Life Membership in the CRTO to the person.~~

~~7.02 A Life Member is entitled to use the title "Life Member of the College of Respiratory Therapists of Ontario" or "membres à vie", and to display the Certificate of Life Membership issued by the CRTO.~~

~~7.03 A Life Member may vote in an election of Council Members, may be invited to attend all meetings of members and receive regular mailings to Members, but cannot, by virtue of his or her Life Member status, run for election to Council, or perform a controlled act, hold himself or herself out as a as a person who is qualified to practise in Ontario as a respiratory therapist or use a title other than that set out in subsection 39.02.~~

~~7.04 The Council can withdraw the designation of Life Member and the Certificate of Life Membership.~~

8. PROFESSIONAL LIABILITY INSURANCE

8.01 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

8.02 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 Registrant.

Council Briefing Note

AGENDA ITEM # 8.4 **December 3, 2021**

From:	*Carole Hamp, RRT – Acting Registrar*
Topic:	*CRTO Employee Handbook*
Purpose:	*For Discussion*
Strategic Focus:	*Core Business Practice*
Attachment(s):	Appendix A - Revised CRTO Employee Handbook

PUBLIC INTEREST RATIONALE:
To ensure the CRTO has the optimal human resources to meet its statutory objectives and regulatory mandate, now and in the future.

ISSUE:
This Employee Handbook is presented to Council for information-only as it replaces the CRTO Employment Policies and Procedures (AD -AD-Employment-001) being rescinded in Item 8.5. As it is an internal administrative policy, the revised CRTO Employee Handbook does not require Council approval.

BACKGROUND:
The CRTO Employment Policies and Procedures was last revised in 2014. In 2018, the CRTO Employee Handbook was created and had been revised twice since that time. This document was created to provide a fulsome overview regarding employment matters that apply to all CRTO staff (except in some cases with the Registrar & CEO). If differences exist between an individual's employment contract and the Employee Handbook, their employment contract will prevail.

ANALYSIS:
Many of the most recent additions to this document are related to working remotely. Clarifications provided since the most recent revision (July 2020) are as follows:

- Claiming of expenses (e.g., transportation, cell phone, health spending, etc.)

- Remote work locations, workspaces & home office safety
- Hours of work, overtime, and lieu time
- Remote use of CRTO property
- Performance Appraisal process
- Internal complaint procedure
- Cellular and smartphone Use
- Notifications on the shared office calendar & other forms of remote communication

RECOMMENDATION:
That Council rescinds the CRTO Employment Policies and Procedures (AD -AD-Employment-001) in Agenda Item 8.5, as it is no longer necessary.

NEXT STEPS:
The CRTO Employee Handbook will be available internally for all CRTO staff and presented to each new hire for review as part of their on-boarding orientation.

Appendix A: Employee Handbook

Revised Employee Handbook attached here.

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

College of Respiratory Therapists of Ontario

EMPLOYEE HANDBOOK

Revised November 2021

180 Dundas Street West, Suite 2103, Toronto, ON M5G 1Z8
Tel: 416.591-7800 | Toll Free: 1.800.261.0528 | Fax: 416.591.7890 | questions@crto.on.ca | www.crto.on.ca

Welcome Letter

Welcome to the College of Respiratory Therapists of Ontario.

We are pleased that you're part of the team.

Our commitment to serving the public interest is reflected in all that we do; however, we couldn't do it without you.

We value our employees, and we realize that we need to create an environment where you can succeed in your own goals to help us succeed in ours. At the CRTO we believe that all employees have an important contribution to make, both individually and to the team.

We have written this Handbook to answer some of the questions you may have concerning the CRTO and our human resources policies and benefits. Please read our Employee Handbook thoroughly and retain it for future reference.

We wish you great success in your position, and we hope that your employment relationship with the CRTO will be rewarding.

Introductory Statement

This Employee Handbook is intended to provide you with information concerning the CRTO's employee benefits, responsibilities, and some of the policies that will affect your employment at the CRTO. You should read, understand, acknowledge, and comply with all provisions of the Handbook.

The Employee Handbook also contains procedures that represent best practices as determined by the CRTO and are largely designed to provide guidance to designated CRTO representatives. It is understood that CRTO representatives may, where appropriate, adopt modified procedures in response to any given circumstance.

The CRTO reserves the right to alter the policies set out in this Employee Handbook upon providing employees with appropriate notice as determined in the CRTO's sole discretion.

Please note that this Employee Handbook supersedes all previous policies and procedures, the subject matter for which is contained herein. To the extent an employee's written employment contract conflicts with anything set out in the Handbook, the terms of the employment contract prevail. Similarly, where the provisions of any applicable legislation are more generous than these policies, then the legislation shall prevail to the extent of any such difference.

Who We Are

The CRTO of Respiratory Therapists of Ontario is authorized by the *Regulated Health Professions Act*, *1991* (the "*RHPA*"). The role of the CRTO is to regulate the practice of respiratory therapy and govern the members of the CRTO in the public interest.

The CRTO regulates the profession by setting out requirements for entry to practice. In addition, the CRTO develops standards of practice, programs to facilitate members' continuing competence and mechanisms to promote inter-professional collaboration and relations between the CRTO and its stakeholders. The CRTO also has processes to address concerns about its members.

Ensuring that only individuals who meet specific criteria enter the profession, and that those already in the profession maintain their competence, helps assure that anyone using the title "Registered Respiratory Therapist" or "RT" meets certain standards and is a competent, ethical and safe practitioner.

The CRTO Council (Board of Directors) is ultimately responsible for ensuring that RTs are governed in accordance with the legislation. Since the majority of Council members are Respiratory Therapists, the profession is referred to as "self-regulated". The Council also has a number of public members who are appointed by the government. There are seven statutory Committees authorized to perform specific duties and make certain that decisions are made within the legislative framework and in accordance with CRTO policies. Council and Committees are supported by CRTO employees who also carry out the day-to-day operations of the CRTO.

Our Mandate

The CRTO of Respiratory Therapists of Ontario, through its administration of the *Regulated Health Professions Act, 1991* and the *Respiratory Therapy Act, 1991* is dedicated to ensuring that respiratory care services provided to the public by CRTO members are delivered in a safe and ethical manner.

Diversity Statement

The CRTO believes that ensuring diversity is fundamental to its growth and progress and an integral part of all its activities.

We believe that success happens in an environment that is rich in diversity and a place where people from various backgrounds can work together.

Our diversity mission is to continue to be an organization with the following characteristics:

- A workforce that reflects the requisite skills available in the employment market;
- A preferred employer for all cultural groups by virtue of our reputation;
- An environment where every employee understands and values diversity; and,
- An environment where all employees have the opportunity to reach their highest potential.

Recognizing and encouraging the uniqueness of individual contribution within a team environment is fundamental to the CRTO and its employment policies. This philosophy is reflected in all aspects of

employment, including recruitment, compensation, training, promotion, and benefits. Any form of discrimination or harassment based upon factors such as race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, or family status is neither permitted nor condoned, and, above all, will not be tolerated under any circumstances. This statement should be read in conjunction with the CRTO's AODA policy, which is appended to this Handbook.

Human Resources Policies

The following are the CRTO's human resources policies listed in alphabetical order for your ease of reference.

Advancement

The CRTO believes in an environment where all employees are given the opportunity to contribute, learn and grow. We encourage personal and professional growth within the CRTO, which ultimately depends on your desire to succeed.

We aim to promote from within whenever possible. It is important that you discuss your career goals and aspirations with the Registrar so that the CRTO can do everything possible to help you achieve them.

We encourage all employees to apply for jobs within the CRTO should they become available.

Alcohol and Substance Abuse

We aim to provide all employees with a drug-free and safe workplace. To this end, employees are required to report to work in appropriate mental and physical conditions to perform their jobs satisfactorily.

While conducting CRTO business, no employee may use, possess, distribute, sell, or be under the influence of alcohol or any recreational drugs unless participating in a CRTO social activity, in which case only responsible legal substance consumption is permitted.

The legal use of prescription drugs at work is permitted only if it does not impair an employee's ability to perform the job's essential functions effectively and in a safe manner that does not endanger the employee or other individuals in the workplace.

Any employee reporting for work and found to be under the influence of alcohol, cannabis, illegal drugs, controlled substances, or prescription drugs (subject to the qualification above) will be asked to leave the premises and will be provided with transportation to ensure that they arrive home safely.

Business Conduct

By working with us, you are responsible to the CRTO, your colleagues, members of the profession, and the public to adhere to certain rules of behaviour and conduct. Given that our organization governs the conduct of CRTO members, we must act in an ethical, professional, and business-like manner.

Generally speaking, the CRTO expects you to use common sense and good judgment and to act maturely and responsibly at all times. Any dishonest, illegal, or unauthorized conduct will not be tolerated and may be grounds for disciplinary action up to and including immediate termination of employment for cause.

Some examples of obviously unacceptable conduct include the following:

- Any behavior that could injure or adversely affect the CRTO's operations;

- Failure or refusal to properly and competently perform assigned work despite the CRTO's efforts to assist the employee;
- Repeated unexcused absences or tardiness;
- Unauthorized absence from work on one or more days (i.e., no call/no show);
- Negligence or any careless action which endangers the life or safety of the employee or another person;
- Unauthorized use or disclosure of confidential information contrary to section 36 of the *RHPA*;
- Putting yourself in a situation that constitutes a conflict of interest or a potential conflict of interest;
- Malicious gossip and/or spreading rumours; engaging in behaviour designed to create discord and lack of harmony; interfering with another employee on the job; willfully restricting work output or encouraging others to do the same;
- Violation of any of the CRTO's policies or procedures;
- Misuse, destruction, damage, or theft of CRTO property;
- Unauthorized personal use of CRTO property;
- Soliciting or accepting tips or other gratuities from members, vendors, suppliers, or others;
- Bribing or accepting any bribes;
- Falsification or misuse of any records including time records, expense records, and employment applications; and,
- Gambling on CRTO premises.

CRTO Events

We ask that all employees exercise common sense and good judgment during CRTO events. We remind employees that while we encourage a collegial atmosphere, these are professional events, and all CRTO policies regarding employee behaviour are still applicable.

The CRTO strongly recommends that employees who anticipate using alcohol or cannabis at CRTO events pre-arrange for their transportation home. This may be done through family or friends, through public transportation, or other forms of pre-arranged transportation (e.g., car service), or it may be done by ensuring that there is a designated driver at the event.

CRTO Property

Preserving and safeguarding CRTO property is the responsibility of each employee. Equipment, materials, and supplies are the property of the CRTO and must be used for CRTO business on CRTO premises or when conducting CRTO-related activities offsite. All such equipment, materials, and supplies must be protected from theft, misuse, or damage. If it is determined that the loss or damage of CRTO property is due to the employee's negligence, this negligence may result in disciplinary action up to and including termination of employment for cause. No CRTO property may be borrowed for personal use without the authorization of management.

Theft of CRTO property or a coworker's property will result in termination of employment for cause and possible criminal charges.

All CRTO-owned property kept offsite must be returned upon notification of termination or resignation.

Compensation and Salaries

The CRTO is committed to ensuring that staff positions are compensated at competitive rates regarding the position and our industry. Further, the CRTO is committed to the principle of equal pay for equal work.

Staff salaries and our compensation package will be reviewed every three to five years using an external agency to provide industry benchmarking.

Annual Increases

Annual increases are considered every year at the start of the fiscal year (March 1st), at the CRTO's discretion. Step increases may be applied annually until the upper end of the established range is reached. At that point, an annual adjustment guided by the Cost-of-Living Allowance (COLA) may be applied.

Any increases are subject to:

- The staff member maintaining a satisfactory or greater performance rating on their most recent performance appraisal (please see the Performance Evaluations policy in the Handbook for more information); and,
- The CRTO's budgetary conditions.

Please note that a salary increase paid in one year does not constitute a precedent for any future years.

Confidentiality

Confidential information about the CRTO, the CRTO's members, stakeholders, suppliers, or employees should not be divulged to anyone other than persons authorized to receive such information. No disclosure under any circumstances other than in the normal course of business should be made without first asking appropriate management personnel. This basic policy of caution and discretion in handling confidential information extends to both external and internal disclosure.

As described in our Confidentiality Policy, employees of the CRTO are bound by section 36(1) of the *RHPA*, which requires that all CRTO employees maintain confidentiality concerning information they gain during their employment, with very few and limited exceptions.

Section 40 of the *RHPA* states that every person who contravenes section 36(1) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and up to $40,000 for any subsequent offences. Breach of confidentiality may also result in termination of employment for cause.

Conflict of Interest

A conflict of interest is defined as a situation where an employee's personal or business interests or involvements actually conflict or may potentially or reasonably be seen to conflict with the interests of the CRTO. Potential conflicts of interest include any other work for which employees are paid or not, including agency work, contracts, self-employment, volunteer work, and memberships in service organizations or associations. Employees must also declare whether they have any personal or financial interest in matters affecting the CRTO, including any interest in any company which provides services to the CRTO.

Of course, it is impossible to list rules to cover every situation, and the CRTO expects its employees to use common sense and good judgment. However, to avoid confusion, some examples of unacceptable conduct are noted below:

- Accepting gifts, payments, services, favours, or other inducements that are offered in gratitude for services rendered or anticipated from persons having dealings with the CRTO;
- Engaging in any business or transaction or having a financial or other personal interest which is incompatible with the discharge of the employee's duties;
- Placing themselves in a position to derive any direct or indirect benefit or interest from any CRTO contracts where the employee can influence decisions;
- Engaging in any outside employment, work, or business undertaking that conflicts with the performance of duties as a CRTO employee, including at any member associations and educational institutions;
- Demanding, accepting, offering, or agreeing to accept from a person who has dealings with the CRTO, a direct or indirect commission, reward, advantage, or benefit of any kind, whether to be received by the employee, by a member of the employee's family, or by a third party whom the employee wishes to benefit;
- Benefitting or causing friends or relatives to benefit from the use of information acquired during the course of the employee's official duties and which is not public information; or,
- Using or permitting the use of the CRTO's property for any kind of personal convenience or profit or any activities not associated with the discharge of official duties.

If you have any questions concerning any of the unacceptable activities listed above or are in doubt about any particular situation, we expect you to speak to the Registrar and provide sufficient details to enable a full understanding of the circumstances.

Dress Code

All employees need to project a professional image. Although the CRTO is supportive of a business casual dress code, all employees are expected to wear attire that is in the spirit of a professional environment. When meetings are scheduled, usual business attire is required. If in doubt as to what is considered appropriate, please discuss with the Registrar.

Employees are also expected to maintain acceptable standards of personal grooming and hygiene while performing their duties.

Employee Benefits

The CRTO is pleased to be able to offer its permanent full-time employees a comprehensive benefits program following the prescribed waiting period and subject to the terms of the plans.

Where an outside third-party insurance carrier underwrites such plans, any dispute regarding entitlement to benefits constitutes a dispute exclusively between the insurance carrier and the employee.

Employees absent from work for more than 18 consecutive months will no longer be eligible for benefits. That is unless alternative arrangements are made by the employee to pay for the applicable premiums to maintain such coverage, and provided such an arrangement is permitted by the benefit plan terms and the minimum employment standards legislation.

Please refer to our benefits booklet for detailed information on our benefits program.

RRSP

Following the completion of the probationary period, full-time employees are eligible to participate in the CRTO's RRSP program. If an employee chooses to participate, they must contribute a minimum of 3% of their base salary, and the CRTO will match the employee contribution up to a maximum of 3%.

Generally, the amount an employee may contribute in a given tax year without tax implication is determined by the RRSP deduction limit, which can be found on the individual's Notice of Assessment issued after the income tax return is processed.

Employee Files

The CRTO maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of the CRTO, and access to the information they contain is restricted. Generally, only management personnel of the CRTO who have a legitimate reason to review information in a file are allowed to do so.

It is the responsibility of each employee to promptly notify the CRTO of any changes to personnel data. Personal mailing addresses, telephone numbers, number and names of dependants, individuals to be contacted in an emergency, and other such information should be accurate and current at all times. If any personnel data has changed, the employee must notify the Registrar as soon as possible.

Expenses

The CRTO's policy is to pay for all reasonable expenses incurred by employees while completing work for the CRTO. The CRTO does not pay for an employee's personal expenses.

Employees are expected to exercise good judgment concerning all expenses and check the accuracy of bills before paying or accepting them. All expenses must be pre-authorized by the Registrar and may be pre-paid by the CRTO.

Reimbursement

For most additional routine expenses, staff members will pay their own expenses and submit those for reimbursement. Reimbursement claims should be made using the CRTO's expense form. Receipts are required to support reimbursement claims. Expenses are requested to be submitted shortly after being incurred and will be processed as soon as possible.

Driving

Staff members who use their own vehicle to travel to and from an event will be reimbursed at the Canada Revenue Agency rate (i.e., the same rate as for Council and Committee members). Any associated parking expenses will be reimbursed.

Transportation Expenses

All staff travel on flights, train, etc., should be booked at the economy rate. Coverage can include the baggage cost for one checked bag and seat selection. Any travel by taxi will be reimbursed and, while tipping is permitted, it should not exceed 15%.

Conference Registration

Any conference registration should be at the early-bird rate, wherever possible.

Hotel Expenses

When attending a conference, accommodation should be arranged at the conference hotel. If unavailable, nearby accommodation can be booked and should not exceed 25% of the rate for the conference host facility. Any rates above that limit will require pre-approval from the Registrar. When traveling to other events, hotel rates should not exceed $250 per night.

With hotel accommodation, internet can be included in the expenses. In-house video (e.g., movies, etc.), mini-bar, and extra amenities such as snacks are not covered by the CRTO.

Meals and Food

Each staff member traveling on CRTO business may be reimbursed for meal and food expenses up to $75 per day. Receipts must be submitted to support any reimbursement claims.

Phone Use

Each full-time CRTO employee is entitled to be reimbursed for $100 per month to compensate for any work-related use of their personal cell or land-line phone use. This expense can be claimed on the standard CRTO expense form and submitted to the Office Coordinator.

Health Spending

Each full-time CRTO employee is entitled to be reimbursed for up to $500 per fiscal year (March – Feb.) for any health and/or wellness retated activity (e.g., fitness membership/subcriptions, workout clothing, etc.). This expense can be claimed on the standard CRTO expense form and submitted to the Office Coordinator.

Health and Safety

The health and safety of all employees is of the utmost concern to the CRTO. The CRTO is committed to protecting employees from injury and illness by establishing safe work practices in compliance with occupational health and safety legislation.

It is our policy to provide safe and healthy working conditions, as well as appropriate first aid. It is not only the CRTO's responsibility to ensure workplace health and safety but also the responsibility of all employees.

The CRTO's health and safety policy are built on the following guidelines:

- Accident prevention shall be an integral part of all job procedures;
- Employees must report all injuries, regardless of their extent, to the Registrar immediately after the injury occurs;
- All accidents shall be investigated and reported to the Registrar;
- The CRTO will comply with the applicable provincial health and safety legislation; and,
- Employees who fail to observe safety rules, use safety equipment provided, and practice safety at all times will be subject to discipline, up to and including termination of employment for cause.

Employees are encouraged to take the initiative to improve existing programs and/or develop and recommend additional methods or programs. Equally important is management and employee commitment and involvement in the organization's total health and safety efforts. Any accident or hazard that results in or may result in injury to an employee or damage to equipment should be reported and thoroughly investigated. Regardless of how minor the injury or damage, the events that contributed to the injury should be recorded. Determination can then be made as to the cause and will serve to prevent a recurrence.

General Safety Rules

Most accidents in the office result from slips, trips, and falls, lifting objects, punctures or cuts, and being caught between objects.

Slips are often caused by slippery floors, uncleaned spillage, or gripless shoes. Trips often occur over objects lying on the ground or jutting out into the aisles or because of poorly maintained floor surfaces. Falls can be from ladders or from standing on chairs to reach an object.

Many of these accidents can be avoided by simple planning and housekeeping. For example:

- Traffic ways and aisles should be kept clear of materials, equipment, and electric leads;
- Spilled liquids and anything else dropped on the floor should be immediately picked up or cleaned away;
- Freestanding fittings should be completely stable or secured to the wall or floor. Filing cabinets should be placed so they do not open into aisles and should never be left with cabinet drawers open. For stability, load cabinets starting from bottom to top and do not open more than one drawer at a time;
- Office machines and equipment should be kept in good working order. Equipment using hand-fed processes, such as electric staplers and paper guillotines, should be guarded and staff trained in their proper use; and,
- Many pieces of equipment using electricity can mean trailing cables, overloaded circuits, broken plugs, and sockets. Employees should report such instances to the Registrar.

The CRTO has also taken several measures to ensure its employees are safe if they work in the CRTO office alone, including setting up a security camera and installing a card access lock on the main office door. Should the occasion arise when only one staff member is working in the office at any time, the front door to the CRTO suite shall remain closed and locked. Members seeking to access the CRTO when that period falls during regular business hours may still contact the CRTO via telephone or email.

Home Office Safety

The CRTO relies on its employees to ensure that their home offices are safe when they work from home. Employees must report any known hazards to the CRTO immediately so that they can be addressed.

Hours of Work

The CRTO working hours for full-time employees, including one half-hour lunch break, are 7.5 hours per day or 37.5 hours per week. Full-time employees are generally required to work between 8:30 a.m. to 4:00 p.m., Monday through Friday, subject to any individual personal arrangements made between employees and the CRTO.

Each employee who works a full day is entitled to one unpaid half-hour lunch break. The time at which the lunch break is taken is set at the discretion of the Registrar and is flexible as long as office and telephone coverage is arranged. In accordance with the Ontario *Employment Standards Act, 2000*, no employee shall work more than five hours without taking their lunch break.

Overtime

The CRTO makes every effort to place reasonable expectations on employees regarding work hours, and it recognizes the importance of work-life balance. However, CRTO employees may be required to work outside regularly scheduled hours to meet operational requirements from time to time.

Employees asked or required to work overtime (more than 37.5 hours per week and up to 44 hours per week) shall be compensated with equal time off in lieu. Employees' lieu time balance may not become a negative number, and no lieu time may be accumulated in excess of 40 hours. All lieu time should be used by the end of the calendar year, although up to 20 hours can be carried over to the following year. Any excess will be paid out to the staff member at their regular pay rate for that amount of time and will be subject to any required taxes or deductions.

The CRTO will comply with the requirements of the *Employment Standards Act, 2000* for any overtime worked above 44 hours on a weekly basis.

Please note that all overtime above 44 hours should be approved in advance by the Registrar. In the unlikely event that unanticipated and urgent overtime is worked without the employee having obtained prior approval, the employee must notify the Registrar immediately after working such overtime hours.

Timesheets

All employees must record hours worked, vacation taken, sick days taken, and lieu time earned/taken on the CRTO Attendance Record. The Attendance Record must be submitted to the Finance & Office Manager at the end of each month.

Work Hours Outside of the Office

On occasion, staff members may be conducting the work of the CRTO outside of the office (e.g., outreach activities, conference attendance, etc.).

Should the event occur during a regular workday, any hours above the scheduled 7.5 for that day can be accumulated as lieu time, up to a maximum of 12 hours/day.

For events occurring on weekends, all hours will be accumulated as lieu time, up to a maximum of 12 hours/day.

Housekeeping

The CRTO relies on each employee's contribution to help maintain a well-organized and professional work environment. Each employee's personal work area should be kept tidy and orderly. All employees are collectively responsible for maintaining common areas in the CRTO's office (kitchen, supplies room, etc.).

Information Technology

The CRTO maintains information technology systems for the use of employees and for the benefit of the CRTO. The CRTO information technology systems include but are not limited to CRTO computer equipment, software, and operating systems, CRTO email, the internet, and the CRTO website.

CRTO Property

The information technology systems are the property of the CRTO. As such, they are to be used for business purposes in serving the interests of the CRTO during normal operations.

Personal communications on the information technology systems is discouraged. Incidental personal use of the information technology systems is permitted as long as it does not interfere with productivity and consumes more than a trivial amount of time or resources.

Please note that no assumption of privacy may be made in connection with the use of the information technology systems. Information on employee usage activity may be collected and periodically reviewed, focusing on possible misuse, unauthorized access, and growth trends for capacity planning.

Prohibited Use

It is expected that the information technology systems will be used in a professional manner. Email correspondence must at all times be professional in tone and comply with the CRTO's communication policies.

No one may use the information technology systems for any of the following purposes:

- In any manner that could be construed by others as harassing or discriminatory based on any factor that is legislatively protected in Ontario;
- To visit any pornographic website;
- To express sexual jokes or other written references to sexual conduct;
- To display sexually suggestive or other offensive objects, pictures, or cartoons;
- To solicit for commercial, social, religious, political, or other causes, outside organizations, or other personal matters unrelated to the CRTO's operations;
- To knowingly or recklessly engage in activities that could cause congestion or disruption of the local network or the internet;
- To misrepresent oneself or the CRTO, in particular through exposing the CRTO to the false attribution of a personal opinion as that of the CRTO;
- Unauthorized lobbying of government or elected officials to advocate for personal or other issues;
- Sending or responding to chain letters or spam;
- Any activity that infringes upon the intellectual property of others;
- Transmitting any confidential information that has not been appropriately redacted or encrypted; and,
- Any use that violates federal, provincial, or local law or regulation or that may give rise to civil liability.

Copyright

All employees should be aware that any information, software, or graphics on the internet may be protected by federal copyright laws, regardless of whether a copyright notice appears on the work.

Social Media

Generally, CRTO employees should be aware that, regardless of privacy settings and other security precautions, information posted on social networking sites can be accessed by people other than "friends" or "followers" or others who were intended to view the information. Examples of the people who might

come across personal social media sites are CRTO members, volunteers, and individuals from government and law enforcement agencies. There is no guarantee that a member of one social media network will not widely share content posted on an employee's site, page, or profile.

Therefore, when employees participate in social media, it is expected that they will follow the following guidelines:

- Employees must not represent the CRTO on their personal social media sites or other social media and must make every reasonable effort to make it clear that they are contributing to social media sites as private individuals;
- It is expected that employees will not make any inflammatory comments or unprofessional or disparaging remarks about the CRTO, its employees, or its members;
- Employees must adhere to their strict duties of confidentiality at all times;
- Employees must not post inappropriate pictures or comments on social media sites that are open to the public (such as on open Instagram or Facebook pages); and,
- Personal use of social media must never interfere with work duties.

Open Door

The CRTO is committed to creating the best work environment it can. We strive to ensure that every employee feels respected and heard, and we aim to foster an environment where each employee believes that they can raise genuine issues that will be promptly resolved.

This style of openness is not only intended to deal with matters of conflict. Having an open-door environment allows us to hear from you with respect to member concerns, your suggestions for improvement, recognize any issues as they arise, and address the changing needs of our workforce.

Our open-door policy aims to accomplish the following:

- Open, honest communication between Registrars and employees as a day-to-day practice;
- Ensures that employees may seek counsel, provide or solicit feedback, or raise concerns within the CRTO; and,
- Seeks to solicit feedback and suggestions from employees as it relates to ways to improve our operations.

While we believe that any concerns you have should first be raised with the Registrar, we understand this is not always possible. If for any reason you are not comfortable approaching the Registrar, or if you approached the Registrar and no action was taken, please contact the Manager of Professional Conduct.

Outside Employment

If you plan to accept employment outside of the CRTO, you are encouraged to discuss the opportunity with the Registrar.

Outside employment must not conflict in any way with your responsibilities within the CRTO, or approval will be withdrawn. The CRTO's conflict of interest policy applies at all times.

Employees may not conduct outside work during CRTO time or use CRTO property, equipment, or facilities in connection with outside work unless authorized to do so by the Registrar.

Please note that for the purposes of this policy, outside employment includes self-employment and consulting work.

Payroll

Employees are paid on a bi-monthly basis, generally on the 15th and last day of each month. If a payday falls on a weekend or statutory holiday, the pay will be deposited into the employee's bank account on the Friday before the weekend or the working day immediately prior to the statutory holiday.

All employees are paid via direct deposit, less statutory deductions. Statutory deductions for federal and provincial taxes, Canada Pension Plan, and Employment Insurance are all required by law. Please note that these deductions may change from time to time as they are impacted by changes in the amount earned and by legislation.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, or if you suspect an error in your pay, please contact the Registrar immediately.

Performance Evaluations

The CRTO recognizes that constructive and consistent communication of performance standards is essential to developing a high-quality team.

The purpose of a performance appraisal is to permit the CRTO and the employee to develop a method of appraisal and feedback that:

- Measures and evaluates the employee's job-related attributes, behaviours, and results;
- Ensures that the employee and the CRTO are both clearly aware of the goals, performance measures, and results;
- Ensures the goals are realistic and attainable;
- Determines what training and development is required to encourage employees to achieve their full potential within the CRTO; and,
- Provides the employee with the opportunity to discuss with CRTO management how the CRTO can best assist the employee in achieving their goals.

Every permanent full-time employee will receive a performance evaluation, conducted by the Registrar (or designate), following the three-month probationary period and on an annual basis thereafter.

The annual employee performance evaluation will consist of a review of the employee's goals and achievements and a 360 evaluation that incorporates feedback from peers and other individuals in a position to offer valuable feedback.

Appraisal Process

The performance appraisal of all employees will follow the process below:

1. A mutually agreed-upon time will be set for the appraisal interview. A copy of the *CRTO Employee Performance Appraisal Form* will be given to the employee in advance.
2. The employee will complete the employee's section of the *CRTO Employee Appraisal Form* at least one week before the scheduled performance appraisal meeting.
3. Input from the employee's immediate co-workers and others (e.g., Chair of a committee) will be obtained by the appraiser where appropriate.
4. The appraiser will complete the appraiser's section of the *CRTO Employee Performance Appraisal Form.*
5. The appraiser and the employee will meet at the scheduled time to review the appraisal. Both the employee's strengths and areas that require development/improvement will be discussed. Goals, accomplishments, suggested areas for development/improvement, and resources for the employee's professional and personal development for the following year will be identified and documented.
6. The performance appraisal will be signed by the appraiser and the employee, who will have the opportunity to reflect on the appraisal and add comments before signing. The employee signs only to acknowledge that the form has been reviewed with the appraiser and that they have received a copy of it, not necessarily to indicate agreement.
7. The original *CRTO Performance Appraisal Form* will be kept on the employee's file, and a copy will be given to the employee.

Probationary Period

The first three months of employment are considered a probationary period for all new employees. During this period, both employees and the CRTO will have an opportunity to get to know one another. It will allow new employees to evaluate their new positions and enable the CRTO to evaluate whether new employees are best suited to their work assignments.

The CRTO may extend the probationary period if, in its view, additional time is needed to assess the performance of the new employee and the feasibility of continued employment at the CRTO. If the probationary period is extended, the CRTO will provide the reasons for the extension to the employee.

Professional Development

Staff members are encouraged to attend workshops, conferences, seminars, and other events in support of their work at the CRTO. To this end, the CRTO will provide assistance to staff to facilitate continuous professional development, subject to budgetary approval and proof that the course/program is relevant to the employee's work at the CRTO or otherwise supports the employee's role within the organization.

All requests to attend a workshop, conference, seminar, or other event must be made to the Registrar in writing in advance.

Progressive Discipline

The CRTO strives to treat all employees fairly, justly, and equally. Sometimes mistakes and problems occur, and when they do, we will act immediately to resolve them. Generally speaking:

- Any discussions will be in private, where possible;
- The employee will be informed of the problem and will then be able to respond to it; and,
- The employee will then be informed of the appropriate discipline, if any, that will be instituted.

Progressive Discipline Process:

Step 1 Verbal Warning
Step 2 Written Warning
Step 3 Final Warning/Suspension without pay
Step 4 Termination

Please note that, where appropriate, any step in the foregoing progressive disciplinary process may be repeated prior to moving to a more severe penalty. Alternatively, any step may be skipped in favour of a more severe penalty.

The procedure is as follows:

Step 1 - Verbal Warning: This warning will be issued on the first instance of unsatisfactory performance and/or misconduct. A disciplinary memorandum will be completed and added to the employee's personnel file.

Step 2 - Written Warning: This warning serves to firmly call the employee's attention to continued unsatisfactory performance and/or misconduct. Relevant documentation will be completed and added to the employee's personnel file. The form will include the cause for warning, the employee's explanation, and the recommended corrective action.

Step 3 - Final Warning/Suspension without pay: The final warning serves to notify the employee that their unsatisfactory performance and/or misconduct is unacceptable. Failure to immediately correct the problem may cause more serious disciplinary action, including termination of employment for cause. A disciplinary letter explaining the serious nature of the incident, the duration of the unpaid suspension (generally one to three days) and the corrective action necessary for improvement accompany the final warning. A copy of the final warning letter will be added to the employee's personnel file.

Step 4 - Termination/Dismissal: Reflects the employee's continued failure to correct unsatisfactory performance and/or misconduct despite prior corrective actions or reflects a serious infraction of the standards of employee conduct that warrants termination for cause.

Respect in the Workplace

The CRTO recognizes the dignity and worth of every employee, and to that end, believes in providing and maintaining a work environment in which all employees are free from workplace violence, harassment, and discrimination. This policy applies to all employees and covers all forms of violence, harassment, and discrimination prohibited under human rights legislation.

Definitions

"**Workplace**" means any place where work-related activities are conducted. It includes, but is not limited to, the physical work premises, work-related social functions (social events, golf games, etc.), work assignments outside the CRTO's office, work-related travel, and work-related conferences or training sessions.

"**Violence**" means the threatened, attempted, or actual conduct of a person that causes or is likely to cause physical injury, whether at the CRTO or a work-related location.

"**Discrimination**" means the differential treatment of an individual on the basis of race, colour, ancestry, place of origin, religious beliefs, gender, age, physical disability, mental disability, marital status, family status, and sexual orientation, or any other factor that is legislatively protected ("Prohibited Grounds").

"**Harassment**" means engaging in a course of vexatious comments or conduct that is known, or ought reasonably be known, to be unwelcome. It may include unwelcome, unwanted, offensive, or objectionable conduct that may have the effect of creating an intimidating, hostile, or offensive work environment; interfering with an individual's work performance; adversely affecting an individual's employment relationship; and/or denying an individual's dignity and respect. Harassment may result from one incident or a series of incidents. It may be directed at specific individuals or groups.

Examples of harassment and discriminatory conduct include but are not limited to the following:

- Humiliating an employee in front of co-workers;
- Subjecting an individual to unwelcome remarks or jokes;
- Consistent subjection of an individual to practical jokes or ridicule;
- Making any work-related decision (including matters of hiring, promotion, compensation, work assignments, evaluations, training, or job security) not on the basis of merit, but on the basis of any of the Prohibited Grounds;
- Comments which are intended, or that ought reasonably be known, to promote stereotyping on the basis of any of the Prohibited Grounds;
- Jokes or comments which draw attention to, for example, a person's disability, age, ethnic, racial, or religious background or affiliation, or which draw attention to a person's gender or sexual orientation with the effect of undermining such person's role in a professional environment or that by their nature are known or ought reasonably known to be embarrassing or offensive; and,
- Derogatory remarks, verbal abuse, or threats directed toward members of one gender or regarding one's sexual orientation or with respect to a person's or group's ethnic, racial, or religious background or affiliation.

Harassment encompasses sexual harassment, which is defined as engaging in a course of vexatious comment or conduct in a workplace because of sex, sexual orientation, gender identity, or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. Examples include but are not limited to:

- Any unwelcome sexual advance (oral, written, or physical);

- Bragging about sexual prowess;
- Inquiries or comments about a person's sex life or sexual behaviour;
- Leering or inappropriate staring;
- Requests for sexual favours;
- Unwelcome sexual or gender-related comments, innuendoes, remarks, jokes, or taunts;
- Unnecessary physical contact such as patting, touching, pinching, or hitting;
- Displays of sexually degrading, offensive, or derogatory material such as graffiti or pictures; and,
- Physical or sexual assault.

It is also considered workplace sexual harassment to make a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant, or deny a benefit or advancement to an individual at work and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Please note that reasonable job-related criticism is not considered harassment for the purposes of this policy.

Policy Statement

All employees in the workplace have a right to work in an environment free from violence, harassment, and discrimination. To accomplish the CRTO's goal of promoting a violence, harassment, and discrimination-free environment, the CRTO will not tolerate violent, harassing, or discriminatory behaviour from employees, non-employees (i.e., contractors, consultants, interns, and volunteers), members, Council members, visitors, guests, or any other individuals who attend at the CRTO workplace. In addition, the CRTO will make every attempt to communicate its commitment to violence, harassment, and a discrimination-free workplace.

Retaliation or reprisals are prohibited against any individual who has complained under this policy in good faith or provided information regarding a complaint. Any retaliation or reprisal will be subject to immediate action, up to and including termination for cause. Alleged retaliation or reprisals are subject to the same complaint procedures and penalties as complaints of violence, discrimination, and harassment.

The CRTO recognizes that individuals may find it difficult to come forward with a complaint under this policy because of confidentiality concerns. As such, all complaints concerning workplace violence, harassment, or discrimination, as well as the names of parties involved, shall be treated as confidential to the furthest extent possible. The CRTO's obligation to investigate the alleged complaint may require limited disclosure. As it pertains to violence, where the CRTO believes there to be imminent danger to an employee, it may divulge confidential information as is reasonably necessary to protect its employees and others in the workplace. No record of the complaint will be maintained in the personnel file of the complainant. At the conclusion of each complaint process, all related documentation will be maintained for safekeeping in a confidential manner in a related "Respect in The Workplace" file.

Responsibilities

Each and every employee is responsible for creating and maintaining a violence-, harassment-, and discrimination-free workplace. All employees are asked to report promptly when they become aware of alleged actions or complaints of violence, discrimination, or harassment. Registrars, in particular, have a responsibility to promote a positive work environment actively and to intervene when problems occur.

Complaint Procedure

Step 1 - Self Help: Employees are encouraged to attempt to resolve their concerns by direct communication with the person(s) engaging in unwelcome conduct. Where employees feel comfortable doing so, communicate disapproval in clear terms to the person(s) whose conduct or comments are offensive. Note that for incidents of violence, employees should proceed directly to Step 2 or 3 and should immediately remove themselves from the situation. In all cases, keep a written record of the date, time, details of the conduct, and witnesses, if any.

Step 2 - Management Support and Intervention: Employees who are not comfortable with direct communication and who believe they are victims of violence, discrimination, or harassment, or who become aware of situations where such conduct may be occurring, are encouraged to seek advice from and report these matters to the Registrar. In the event the complaint relates to the Registrar, the employee should report the complaint to the Manager of Professional Conduct.

Step 3 - Formal Complaint: If more informal attempts at resolving the issue are not appropriate or are proving to be ineffective, a formal complaint may be filed with the Registrar or with the Manager of Professional Conduct (if the Registrar is the one engaging in the problematic conduct). To file a formal complaint:

i. Provide a letter of complaint that contains a brief account of the offensive incident (i.e., when it occurred, the persons involved, names of witnesses, if any). The letter should also include the remedy sought and should be signed and dated by the person complaining;

ii. File the complaint with the Registrar or Manager of Professional Conduct; and,

iii. Cooperate with those responsible for investigating the complaint.

Formal complaints will be investigated. The investigation process will involve interviews of the complainant, the respondent, and any witnesses named by either. Generally, within 15 business days of the incident or notice thereof, the individual charged with the investigation shall investigate the incident and may subsequently prepare a written report of the investigation findings. The report, if prepared, shall be provided along with recommendations, if any, to the designated Registrar for action.

Disciplinary action for violations of this policy will consider the nature and impact of the violations and may include a verbal or written reprimand, a suspension, or termination of employment for cause. Similarly, deliberate false accusations are equally serious and will also result in disciplinary action up to and including termination of employment for cause. Note, however, that an unproven allegation does not mean that the conduct did not occur or that there was a deliberate false allegation. It may simply mean that there was an insufficient evidentiary basis to proceed.

Any respondent(s), regardless of their position within the CRTO, will be excluded from administering and managing the investigation and resolution process (save and except for their involvement as a respondent).

Complaints against Third Parties

The CRTO recognizes that an employee may be subject to violence, harassment, or discrimination by non-employees who interact with the CRTO. An employee who believes that they have been subjected to such conduct by a person who does not work for the CRTO may seek the advice of the Registrar or the Manager of Professional Conduct, who will take whatever action is appropriate in the circumstances.

Scent-Free Workplace

The CRTO recognizes that some people are sensitive to scented products. Perfumes, colognes, and other strong odors can precipitate severe reactions such as headaches or asthma attacks. For this reason, the CRTO office is a scent-free work environment. The CRTO asks that staff refrain from using perfumes, scented hair spray, cologne, aftershave, and any other highly-scented products or items.

If an employee is sensitive to a scent being used by another staff member, they should politely ask them to refrain from using it. If that individual does not comply with the request, or if the employee is not comfortable asking them to do so in the first place, the problem should be reported to the Registrar or the Manager of Professional Conduct.

Smoking

In keeping with the CRTO's intent to provide a safe and healthy work environment, smoking is allowed only outside the office building in designated smoking areas and is prohibited throughout the workplace. Please note that smoking includes vaping and the use of electronic cigarettes.

Telephone Usage

Cellular and Smartphone Use

All employees who use personal smartphones or cellular phones are asked to refrain from using these devices during regular business hours and meetings and to set these devices to silent mode when in a meeting. Responses to emails, texts, or calls on these devices should be avoided during meetings. Employees are asked to be mindful of any distractions or disturbances these devices may create for co-workers.

Staff that are required to regularly conduct CRTO business over the phone when outside the office are asked to do so via the Voice over Internet Protocol (VoIP) phone application provided by the CRTO.

All employees who use smartphones or cellular phones are advised that the CRTO strictly prohibits handheld smartphones or cellular phones while driving and does not require employees to make or receive calls when driving for safety reasons.

Personal Telephone Calls

Staff are encouraged to conduct personal business over the phone during their breaks or before and after work. Personal use of telephones (including smartphones) must not be excessive during work hours, as

determined in the CRTO's sole discretion. In addition, personal long-distance calls made on CRTO phones should be avoided; where such calls are made, employees are responsible for any associated costs.

Time Away from Work

Absenteeism and Tardiness

Whether you are working in the office or working remotely, good attendance and punctuality are expected from all employees and are important factors for your continued success at the CRTO. Absenteeism and tardiness place a burden on other employees and the CRTO generally.

However, we realize that it may be necessary for you to be late or absent from work from time to time. We know that emergencies, illnesses, or pressing personal business that cannot be scheduled outside your work hours may arise. If you know in advance that you will need to be absent, you are required to request this time off directly from the Registrar. **If you are unavailable during regular work hours (8:30 a.m. to 4 p.m.), it must be noted on the CRTO shared calendar.**

In the instances when you cannot avoid being late for work or are unable to work as scheduled, you should notify the Registrar as soon as possible in advance of the anticipated late arrival or absence or with any staff who the absence may impact. Please note that in certain circumstances and subject to the minimum provincial employment standards legislation, the CRTO may request a doctor's note. In addition, the CRTO may require that you attend a third-party medical examination to be arranged by the CRTO.

Please note that attendance and absenteeism records will be considered as part of an employee's performance review. An excessive number of days absent without reasonable justification may lead to disciplinary action.

Whether an employee will be compensated for the period of their absence depends upon the nature of and reason for the absence. Such determinations will generally be at the sole discretion of the Registrar.

Employees displaying an inability to adhere to this policy will be subject to disciplinary action, up to and including termination of employment for cause.

Bereavement Leave

We extend our sincere condolences to those experiencing a death in their family. As a gesture of sympathy, we grant all permanent full-time employees up to five paid days to attend the funeral of a spouse/partner, child, parent, or sibling. Three paid days will be granted upon the death of a grandparent, grandchild, step-parent, step-child, parent-in-law, or sibling-in-law.

There may be occasions when you may wish to attend the funeral of other relatives or friends, and we suggest that you discuss this directly with the Registrar. Exceptional circumstances may be given special consideration.

Please note that bereavement pay will not be paid in addition to another type of allowable pay for the same day(s), such as holiday pay, vacation pay, or other days that you would not normally have performed work for the CRTO without prior approval. Please note that this bereavement leave is to be set off against any applicable leave entitlement provided under minimum employment standards legislation.

Health Care Appointments

Where possible, employees should arrange health care appointments for times outside regular work hours. When this is not possible, employees are asked to arrange their appointments near the beginning or end of the workday. When an employee has an appointment during office hours, they must notify the Registrar as far in advance of the appointment as possible. If the planned absence lasts less than two hours, employees will usually be expected to make up the lost time by working the hours taken. If more than two hours are required to attend an appointment, employees will be required to use a sick/family day, or they may elect to use a vacation day or lieu time. **If the appointment is during regular work hours, t**he time the employee will be unavailable must be noted on the CRTO shared calendar.

Jury and Witness Duty

The CRTO encourages employees to fulfill their civic responsibilities by serving jury and witness duty when required. To this end, the CRTO provides up to ten paid days to attend court for these reasons.

Employees must show the jury or witness duty summons to the Registrar so that the CRTO can make arrangements to accommodate the absence. Employees are expected to report to work whenever the court schedule permits. Either the CRTO or the employee may request an excuse from jury duty if, in the CRTO's opinion, the employee's absence would create serious operational difficulties.

Please note that if an employee has been subpoenaed or is otherwise requested to testify as a witness on behalf of the CRTO, the employee will be paid for the entire period of witness duty.

Medical Leave of Absence

The CRTO recognizes that employees may experience illness or injury that prevents them from attending work for a significant period.

When an employee becomes aware that they will be absent from work due to illness or injury for a period of time, the employee is required to contact the Registrar regarding the absence as soon as possible. Please note that employees are not required to divulge a diagnosis.

Depending on the circumstances, the CRTO may require that the employee supply written medical evidence of an inability to attend at work. It is important to note that any absences that are not approved may be subject to disciplinary action, including termination of employment for cause.

In addition, and during the currency of extended medical leave, an employee may be required to provide medical documentation or other evidence to the CRTO on an ongoing basis as requested. Requests for medical documentation or other evidence will be sent to the employee by the CRTO. They will usually include the requirement to have a treating physician or other medical specialist fill out certain forms. In all instances, it is the employee's responsibility to ensure that these forms are filled out in a fulsome manner and within the timeframes laid out by the CRTO. The purpose of the medical documentation is to (i) ensure the employee's medical leave is authorized; (ii) obtain an anticipated return to work date; and (iii) ensure that the CRTO can evaluate the appropriate accommodation, if any, to facilitate the employee's safe return to work.

As part of this process and in certain circumstances, the CRTO may also require the employee to attend independent assessments and/or independent medical examinations. Employees are expected to comply with such requests.

Regular communication during medical leaves is essential to work collaboratively in the return to work process. If required, the CRTO will seek to modify the workplace and/or work schedule to accommodate employees who are disabled. If an employee is unable to perform the essential duties of their pre-injury/illness job, the CRTO will work with the employee to find ways to modify the job to permit the employee to perform the essential duties of the pre-injury/illness job up to the point of undue hardship to the CRTO.

While the CRTO is confident that its employees will comply with all of the requirements outlined above, employees should be aware that failure to comply with these requirements can result in disciplinary action up to and including termination of employment for cause.

Financial Assistance Available to Employees on Leave: Since medical leaves usually begin with one or two sick days, employees may be eligible to avail themselves of the CRTO's Sick/Family Day policy. In addition, employees may elect to use any vacation time that they have accrued but not yet used. The CRTO also encourages employees to contact the CRTO's third-party insurer to access any benefits available through the benefits package. Benefits may be available through the federal Employment Insurance program as well.

Paid Holidays

The following days are paid holidays observed by the CRTO:

HOLIDAY
New Year's Day
Family Day
Good Friday
Victoria Day
Canada Day
1st Monday in August (Simcoe Day)
Labour Day
Thanksgiving
Remembrance Day
Christmas Day
Boxing Day

To qualify for payment on the above days, an employee must meet the eligibility requirements of the minimum employment standards legislation as highlighted below.

Qualifying Period for Eligibility
There are two situations whereby an eligible employee can lose their right to the benefits of the statutory holiday provisions: • When an employee does not work on a statutory holiday when required or scheduled to do so; or • When an employee is absent from employment without the approval of the CRTO on the employee's last regular working day preceding or first regular working day following the statutory holiday.

When a statutory holiday falls on a Saturday or Sunday, the CRTO will designate an alternate day when the holiday will be observed. Employees will be informed of the exact days on which the holiday days will be observed.

If a holiday falls within an employee's vacation period, the employee shall be entitled to an extra day of vacation with pay.

In addition, at the discretion of the Registrar, the CRTO offices will close at noon on the last working day prior to any weekend containing a statutory holiday. All employees regularly scheduled to work on that day will be paid for the full day.

When the office of the CRTO is closed for statutory or other holidays, an appropriate message will be recorded in the CRTO's telephone system to inform callers of the closure and the date when the office will reopen.

Period between Christmas Day and New Year's Day: The CRTO office is closed during any normal working days between Christmas Day and New Year's Day, and full-time employees will be granted such working days off with pay, without requiring the use of vacation. Part-time employees will be paid during this period based on their regular wages and schedule.

Religious Holidays: In addition to the statutory holidays identified above**,** employees may wish to observe other religious holidays or days of significance. To facilitate this, each employee is entitled to take up to three days of personal observance, to be paid at the normal rate. The employee should submit their request as far in advance as possible to the Registrar.

Pregnancy Leave/Parental Leave

Employees are encouraged to review the provisions of the minimum employment standards legislation with respect to pregnancy and parental leaves of absence. Employees will be required to advise the Registrar of the expected start and return dates for all leaves of absence. The Registrar may also request official confirmation of pregnancy or adoption. The CRTO does not pay employees during pregnancy/parental leaves.

Please refer to the chart below that outlines the amount of time to which eligible employees are entitled in Ontario. This chart also outlines the amount of notice employees are required to give the CRTO prior to commencing the leave.

Leave	**Length**	**Qualifying Period for Eligibility**	**Notice Prior to Leave**
Pregnancy	Up to 17 weeks	Employee must have worked at the CRTO for 13 weeks prior to the due date of the child	At least two weeks; written notice is required along with a medical certificate
Parental	Up to 61 weeks for birth mothers who have taken pregnancy leave Up to 63 weeks for all other parents	Employee must have worked at the CRTO for 13 weeks before commencing the parental leave Employee must begin their leave no later than 52 weeks after the child is born or comes into the employee's custody	At least two weeks; written notice is required

Employees are not required to take the full pregnancy or parental leave available to them. If an employee chooses to return from leave early, they must notify the Registrar in accordance with the notice requirements under the minimum employment standards legislation.

Federal Government Benefits: Both pregnancy and parental leave are taken without pay. However, federal Employment Insurance benefits may be available to employees. Please refer to www.esdc.gc.ca for more information regarding the federal Employment Insurance program.

Benefits Continuation during Pregnancy/Parental Leave: The CRTO will continue to make its contributions to the benefit program on behalf of an employee who is eligible pursuant to the minimum employment standards legislation for the duration of the pregnancy or parental leave unless it receives written notice from an employee that they do not intend to pay their portion of the premium cost, where applicable.

To continue participation in the CRTO benefit program, employees on pregnancy or parental leave must make appropriate arrangements to ensure payment of their portion of the benefit program premium cost for the duration of the leave, where applicable. Employees may provide post-dated cheques or make another type of payment arrangement that is satisfactory to the CRTO. Employees should contact the Registrar to make the necessary arrangements.

In the event that the employee does not intend to pay their portion of the premium cost, the applicable benefits will be suspended, and the insurance carrier may require further evidence of insurability prior to reinstating the employee's benefits coverage upon the expiry of the leave.

Sick/Family Days

Regular full-time employees who have successfully completed their probationary periods are eligible to receive up to 15 paid sick/family days each calendar year, which accrue at a rate of 1.25 days per month. Sick leave entitlement is pro-rated for part-time employees. These days must be taken in either full- or half-day increments.

The days are intended to be used for illness suffered by you or to enable you to meet responsibilities related to the care or health of a child in your care or another member of your immediate family. Sick/family days are also not to be used as "additional" vacation days.

Generally, a doctor's note is not required to substantiate the taking of isolated sick days. However, the CRTO, at its discretion, retains the right to ask the employee for a note from a health care professional confirming that the employee is too ill to report to work.

It is the employee's responsibility to provide reasonable notice to the Registrar where possible in advance of taking a sick/family day. In the event that reasonable notification has not been provided, which is to be determined in the sole discretion of the CRTO, the CRTO may require the employee to take the day unpaid.

Sick/family days may not be carried over to the following calendar year, and the CRTO will not pay employees for unused time. Employees will not be paid for unused sick/family days upon the cessation of employment.

This entitlement shall be set off against any leave entitlements under the minimum employment standards legislation.

Staff are expected to refrain from entering the shared office space or attending any in-person meetings if they suspect they may have contracted a contagious infection. The CRTO reserves the right to request that the employee provide evidence that any infection is no longer contagious prior to resuming any in-person work-related interactions.

Vacation

The CRTO recognizes the importance of vacation time and encourages its employees to take vacation at regular intervals. Vacation entitlements increase according to an employee's years of service and are set out as follows:

Years 1 to 3	Years 4 to 9	Years 10+
3 weeks	3 weeks	4 weeks

Vacation entitlements are calculated based on the calendar year and will accrue on a monthly basis. For permanent full-time and permanent part-time employees, vacation time is earned each month at the rate of 1/12 of the employee's annual entitlement. Vacation is prorated during the first year of employment and may not be taken until employees have completed the probationary period.

General Vacation Provisions: Vacation that is earned and taken will be recorded on the CRTO's Attendance Record. Vacation requests must be approved by the Registrar. An employee may carry over a maximum of 15 vacation days to the following calendar year. Any additional days will be paid out to the staff member at their regular pay rate for that amount of time and will be subject to any required taxes or deductions, subject to the requirements of the *Employment Standards Act, 2000*.

Unpaid vacation entitlement will continue to accrue where legislatively required and subject to minimum statutory requirements.

Other Leaves of Absence

The CRTO recognizes that there are events and circumstances in employees' lives where they may require or wish to have unpaid time away from work. The CRTO will consider all reasonable requests for unpaid leaves on a case-by-case basis. Requests for other leaves of absence, except in emergencies, should be submitted to the Registrar in writing as far ahead of the intended start date of the leave as possible and not less than two weeks, if feasible. Requests must state the period for the leave and the reasons for the request so the Registrar can consider it. Consideration will also be given to the overall functioning, staffing, and service requirements of the CRTO. Unpaid leaves may be reasonably denied if they are not operationally feasible or if the reason for the leave is deemed to be unreasonable by the CRTO.

Notification on Calendar and Timesheets

Once approved, all approved vacation days and any other scheduled time away from work must be entered by the employee on the CRTO shared office calendar. Employees must also keep a record of all absences on the CRTO Attendance Record, which must be submitted to the Office Coordinator at the end of each month.

Termination and Resignation

Termination

Subject to any provision in an employee's contract, employees are entitled to the following notice of termination or pay in lieu of notice of termination in the event of termination without cause:

Period of Employment	Entitlement to Notice
0 – 3 months	No notice
3 – 12 months	1 week
1 – 3 years	2 weeks
More than 3 years	1 week for each completed year of employment up to a maximum of 8 weeks

The CRTO will also provide employees with statutory severance (if applicable) and minimum benefits continuance during the statutory notice period (as required), together with any other applicable entitlement owed to the employee pursuant to the terms of the minimum employment standards legislation. In no case will the employee receive less than their entitlement under Ontario's *Employment Standards Act, 2000*, as amended.

Employment may be terminated at any time for just cause as defined at common law, by providing employees with notification in writing, in which case they shall not be entitled to any notice or compensation in lieu of notice unless required by the *Employment Standards Act, 2000*, as amended, in which case the CRTO will comply with all of its minimum statutory obligations. Where it is determined by a court of competent jurisdiction that the CRTO did not have just cause to terminate employment, the CRTO's obligation on termination of employment, inclusive of termination pay, benefits continuance, and severance pay, shall be limited to the minimum requirements, amounts, and benefits required under the *Employment Standards Act, 2000*.

Resignation

If you decide to leave your employment with us, we ask that, subject to any provision in your employment agreement; you provide the Registrar with at least two weeks of advance written notice.

General

Upon cessation of employment, the CRTO requires the return of all CRTO property. This would include all property, materials, or written information issued to an employee or in possession or control of an employee (i.e., computer products, keys, security cards, credit cards, etc.). Employees must also cooperate with the CRTO to ensure the handover of all passwords and other digital materials.

In all cases, employees are reminded of their continuing obligation of confidentiality with respect to any confidential information acquired while employed at the CRTO.

Working Location

CRTO employees have the option of either working from home or working in the office. Please note that the Registrar has the authority to revoke that privilege should any attendance and/or performance issues arise. **When a staff member plans to be working in the office, this must be noted on the CRTO shared calendar.**

Professionalism

Any employees who work from home will be expected to demonstrate the same levels of professionalism and work output as if they were working in the CRTO office. The employee remains obligated to comply with all CRTO rules, practices, and policies while working from home to the greatest extent applicable.

Equipment/Tools

The CRTO will provide each staff member with a designated laptop computer to be used exclusively for conducting CRTO business. In addition, the CRTO may provide other specific tools/equipment for the exclusive use of the employee to perform their current duties from home. This may include a printer, computer peripherals and software, connectivity to host applications, and other equipment as deemed necessary.

Workspace

The employee shall maintain any home workspace in a safe condition, free from hazards and other dangers to the employee and equipment. All confidential CRTO information in the employee's home workspace must be safeguarded.

Any CRTO materials taken home should be secured and kept in the designated work area at the employee's home and should not be made accessible to others. All phone calls conducted in the workspace should be done in a manner that protects the confidentiality of CRTO information.

Communication

Employees must be available by phone, videoconferencing, and email when required. If the employee will be unavailable for a period during regular work hours, this must be noted on the CRTO shared calendar. Employees who work from home must also be available for staff meetings and other meetings at the CRTO offices, as deemed necessary by the CRTO.

Any calls made by the employee to individuals other than those at the CRTO office should be made in a manner that protects the personal contact information of the employee themselves. Examples include using call forwarding, VoIP phone applications, caller ID masking, etc.

Each CRTO staff member will have a voice mailbox to receive messages. All external inquiries and messages will be responded to within 24 hours during weekdays and on the next working day if the message is received on a weekend or holiday.

CRTO OF RESPIRATORY THERAPISTS OF ONTARIO

Accessibility Standards Policy

Type: Policy

Origin Date: April 30, 2012

Section: AD

Approved By Council on: May 28, 2021

Document Number: AD-205

Next Revision Date: May 2026

1.0 PURPOSE

The purpose of this policy is to identify access barriers, improve opportunities and provide accessibility for people with disabilities.

2.0 POLICY

The CRTO of Respiratory Therapists of Ontario (CRTO) is committed to serving all its stakeholders with a professionally recognized disability (including special needs, disorders, conditions or impairments) and to meeting accessibility requirements in CRTO dealings under the *Accessibility for Ontarians with Disabilities Act* (AODA).

3.0 APPLICABILITY

This policy applies to all ***employees*** of the CRTO, as well as its agents, volunteers and contracted service staff.

4.0 SCOPE

4.1 GENERAL REQUIREMENTS - TRAINING

- The CRTO is committed to providing training on Ontario's accessibility laws and on accessibility related obligations under the *Ontario Human Rights Code* (the Code).
- Training will be provided in a way that best suits the duties of employees, volunteers and other staff members.

4.2 ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE

- The CRTO is committed to providing services in a manner that respects the dignity and independence of all customers.
- The provision of services to persons with disabilities will be integrated in an accessible way wherever possible and to the best of the CRTO's abilities.
- The CRTO will endeavour to ensure that all of our customers are given equal opportunity to obtain, use or benefit from the services provided by and on behalf of the CRTO.

- The CRTO is committed to encouraging public engagement to help us meet the AODA customer service standards. Please see Appendix A for Accessible Customer Service Plan details.

4.3 ACCESSIBILITY STANDARD FOR EMPLOYMENT

- The CRTO will notify the public and staff that, when requested, we will accommodate disabilities during recruitment, assessment processes and when hired.
- If needed, the CRTO will provide customized workplace emergency information to employees who have a disability.
- If using performance management, career development and redeployment processes, we will take into account the accessibility needs of employees with disabilities.

4.4 INFORMATION AND COMMUNICATIONS STANDARD

- The CRTO is committed to meeting the communication needs of people with disabilities.
- When requested, we will provide information and communications materials in accessible formats or with communication supports.
- This includes publicly available information about our services and facilities, as well as publicly available emergency information.

5.0 EVALUATION

This policy is reviewed every five years and will be revised as needed. Any changes made to this policy will consider the impact on persons with disabilities. Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

6.0 RELATED DOCUMENTS

Accessibility for *Ontarians with Disabilities Act, 2001 (AODA)*
CRTO Communications Policy
Human Rights Code R.S.O. 1990, Chapter H. 19
Human Rights Commission. The Duty to Accommodate
O. Reg. 191/11: Integrated Accessibility Standards Regulation

7.0 CONTACT INFORMATION

For clarification on this policy or related appendices please contact the Registrar of Communications at 416-591-7800 ext. 27 or by email at communications@crto.on.ca.

8.0 DEFINITIONS

ASSISTIVE DEVICE: Any piece of equipment a person with a disability uses to help them with daily living. Some examples include: a wheelchair, screen reader, listening device or cane.

CUSTOMER: Any individual, such as an applicant, Member, member of the public or other person who may communicate or seek to communicate with the CRTO.

DISABILITY:

a) Any degree of physical infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal, or on a wheelchair or other remedial appliance or device,

b) A condition of mental impairment or a developmental disability,

c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

d) A mental disorder,

e) An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act*, 1997.

EMPLOYEE: Refers to paid employees but does not include volunteers or any other unpaid individuals.

GUIDE DOG: A dog trained as a guide for a blind person and having the qualifications prescribed by the *Blind Persons' Rights Act R.S.O. 1990, c. B.7, s. 1 (1).*

SERVICE ANIMAL: An animal that provides assistance for a person with a disability. It may be readily apparent that the animal is used by the person for reasons relating to their disability; or a person may be asked to provide a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

SUPPORT PERSON: A person who helps someone with a disability perform daily tasks. Often people who have a support person are not able to do things by themselves, such as eat meals, use the washroom or change their clothes. Without support that person may be unable to access goods and or services provided by the CRTO.

APPENDIX A

Accessible Customer Service Plan

The CRTO is committed to making all services accessible to people with disabilities.

Assistive Devices

The CRTO is committed to train staff to be familiar with various assistive devices that may be used by customers with disabilities while accessing our services. The CRTO will endeavour to accommodate people with assistive devices to the best of our abilities by making our premises as accessible as possible. In the case where peoples with disabilities may not access the services of the CRTO from our location, the CRTO will investigate and suggest alternative solutions to meeting with our customers, in person.

Service Animals

If a person with a disability is accompanied by a guide dog or other service animal, the CRTO will permit the person to enter any area of the office where public or members are ordinarily allowed.

Support Persons

A person with a disability who is accompanied by a support person, will be welcomed and permitted to have that person accompany them on our premises. A person with disabilities will not be prevented from having access to their support person(s). Where a support person is present and confidential information will be discussed, consent will be obtained prior to discussions in the presence of support persons.

Communication

The CRTO will communicate using alternative methods to provide services to people with disabilities or communication challenges. Upon request the CRTO will communicate with the most appropriate method such as in-person, by telephone, email or video call.

Notice of Service Disruption

In the event of a planned or unexpected disruption to CRTO services or facilities, the CRTO will notify the public of the disruption promptly. The notice will include information about the reason for the disruption, its anticipated length of time and a description of alternative facilities or services if available. The notice
will be posted at the main entrance to the CRTO office, a notice on the telephone system and on the CRTO's website.

Feedback

Questions and feedback regarding how the CRTO provides services to people with disabilities or about this policy can be made by contacting the Registrar of Communications at 416-591-7800 / 800-261-0528 ext. 27 or by email at communications@crto.on.ca.

Modifications to This or Other Policies

Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

Education and Training

The CRTO will provide education and training to all employees, volunteers and others who deal with the public or other third parties on behalf of the CRTO. Training and educations will include:

- The purpose of the Accessibility for *Ontarians with Disabilities Act, (2005)* and the requirements of the customer service standard.
- Completion of the Ministry of Community and Social Services approved training program, such as the:
  - AccessForward: Customer Service Standard e-learning module.
  - AccessForward: Training for an Accessible Ontario
    - General Requirements Training
    - Information and Communication Standards Training
    - Employment Standard Training
- Guidance on what to do if a person with a disability is having difficulty in accessing the CRTO's goods and services including.
- How to interact and communicate with people with various types of disabilities.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person.

CRTO OF RESPIRATORY THERAPISTS OF ONTARIO		
	**AD-Accessibility Standards**	
	Type: Procedure	**Origin Date:** May 28, 2021
	Section: AD	**Approved On:** May 28, 2021
	Document Number: AD-205P	**Next Revision Date:** May 2026

OBJECTIVE
The objective of this procedure is to outline specific details for staff as it relates to the CRTO's Accessibility Standards policy.

KEY CONCEPTS
The Accessibility Standards policy applies to all employees of the CRTO, as well as Council / Non-Council Members, its agents, volunteers and contracted service staff.

PREREQUISITES
None

STEPS

1.0 TRAINING

1. Training related to accessibility legislation will be provided to all:
    a. Employees, Council, Non-Council and volunteers;
    b. persons who participate in developing the organization's policies; and
    c. other persons who provide services on behalf of the organization.

2. The Registrar of Communications for the CRTO will maintain a record of the training provided and date completed.

2.0 ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE

- All groups (noted above) are required to complete the AccessForward: Customer Service Standard e-learning module as soon as possible after hiring, or start of term, and provide proof of completion to the Registrar of Communications at the CRTO.
- A copy of the Accessibility Standards policy needs to be place on an AODA page of the CRTO website and be updated as the policy changes.
- The following message will be placed on the CRTO website, in staff email signatures and all relevant communiques to CRTO stakeholders it serves:

"The CRTO of Respiratory Therapists of Ontario is committed to accommodating the people we serve to the best of our abilities. If there are any accessibility services that you may require, please let us know in advance."

3.0 ACCESSIBILITY STANDARD FOR EMPLOYMENT

1. The CRTO will let job applicants know that it will accommodate disabilities during the selection process. If a job applicant requests accommodation, the CRTO will consult with them and make adjustments that best suit their needs.
2. The CRTO will notify successful applicants of its policies for accommodating employees with disabilities.
3. If the CRTO hires an employee with a known disability who might need help in an emergency, the CRTO will:
    - develop individualized emergency response information;
    - obtain the employee's consent and then share this information with anyone designated to help them in an emergency; and
    - review the emergency response information if and when:
        - the employee changes work locations;
        - the CRTO staff reviews the employee's overall accommodation needs;
        - the CRTO staff reviews its emergency response policies.
4. The CRTO will let its staff know about its policies for supporting employees with disabilities.
5. The CRTO will have performance management mechanisms in place to assess and improve an employee's performance, productivity, effectiveness and overall success.

In addition, all accessible employment practices will be integrated into the CRTO's existing Employment policy, as required.

4.0 INFORMATION AND COMMUNICATIONS STANDARD

- The CRTO will ensure that it has mechanisms in place to receive and respond to feedback from its members, employees and members of the public who have a disability.
- The CRTO will let the public know that it will make information accessible upon request. The CRTO will consult with people with disabilities to determine their information and communication needs.
- Any surveys that go out to the public/members should allow for an alternative method of communication (e.g., allow survey to be completed verbally if individual has low vision) upon request.

Format for information we provide to the public will be integrated into the CRTO's existing *General Communication* policy.

APPROVALS/AUTHORITY
Final procedure review/approval by the CRTO Registrar.

CONTACT INFORMATION
For clarification this procedure or related policy please contact the Registrar of Communications at 416-591-7800 ext. 27 or by email at carson@crto.on.ca.

RELATED DOCUMENTS
CRTO Accessibility Standard Policy (AD-205)

Council Briefing Note

AGENDA ITEM # 8.5 **December 3, 2021**

From:	*Carole Hamp, RRT, Acting Registrar*
Topic:	*Policies Being Rescinded & Archived*
Purpose:	*For Decision*
Strategic Focus:	*That the CRTO meets and fulfills its Mission Statement and remains current with legislation, Member's obligations, and the publics expectations*
Attachment(s):	*Appendix A: PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy* *Appendix B: PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Fact Sheet* *Appendix C: Members Duty to Self-Report Policy* *Appendix D: Mandatory Reporting by Members Fact Sheet* *Appendix E: Inactive Certificate of Registration Policy* *Appendix F: Inactive Certificate of Registration Fact Sheet* *Appendix G: Access to Records – Application Files Policy* *Appendix H: Access to Records – Application Files Fact Sheet and Request for Records Application Form* *Appendix I: Proceedings Outside the CRTO Policy* *Appendix J: Public Register Notice re Discipline Referral Policy* *Appendix K: Public Reprimands by Discipline Panels Policy* *Appendix L: Removal of Information from the Register Policy* *Appendix M: Employment Policies and Procedures*

PUBLIC INTEREST RATIONALE:
Through 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 reference other authorizing documents such as the CRTO By-Law or legislation. For these reasons it is recommended that the attached policies (in Appendix A, C, E, G, I, J, K, L, M) be rescinded and archived to increase clarity and avoid potential discrepancies between guiding documents

BACKGROUND:
Below is a brief rationale on each policy recommended to be rescinded & archived:

- **PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy**
  This policy provides information for people who want to become a PDP Peer Assessor, Mentor, practice assessor, or working group member. It was decided that this document is more appropriate as a Fact Sheet. A Fact Sheet has been created to specify the roles of each mentor (see *Appendix B* for reference).
- **Members Duty to Self-Report Policy**
  The authority of this policy is stated in the *Health Professions Procedural Code (*the *Code)* being Schedule 2 of the *Regulated Health Professions Act, 1991, (RHPA)*, under sections 85.6.1, 85.6.2, 85.6.3, and 85.6.4, therefore the policy is not needed. In addition, the *Mandatory Reporting by Members Fact Sheet* was recently revised and the contents from this policy are covered in this Fact Sheet (see *Appendix D* for reference).
- **Inactive Certificate of Registration Policy**
  The authority of this policy is stated in the Registration Regulation under Ontario Regulation 596/94 Part VIII (Registration). It was decided that this document is more appropriate as a Fact Sheet, and its contents were merged with the existing *Inactive Certificate of Registration Fact Sheet (*see *Appendix F* for reference).
- **Access to Records – Application Files Policy**
  The authority of this policy is stated in the Health Professions Procedural Code (the Code) being Schedule 2 of the Regulated Health Professions Act, 1991, (RHPA), under sections 16(1) and (2). It was decided this document is more appropriate as a Fact Sheet, and the content of this policy is covered in the *Access to Records – Application Files Fact Sheet* (see *Appendix H* for reference). A *Request for Records Application Form* is also created to assist applicants in submitting a request to their records.
- **Proceedings Outside the CRTO Policy**
  The authority of this policy is stated in the *Respiratory Therapy Act, 1991 (RTA)* O. Reg. 596/94 General, under section 53(1)4, therefore this document is not needed and some of its contents already exist in the application guide *Registration Information for Internationally Trained Applicants* and *Registration Requirements* and on the CRTO website under *Registration Requirements and How to Meet Them – CRTO*.

- **Public Register Notice re Discipline Referral Policy**
  The authority of this policy is stated in the *Health Professions Procedural Code (*the *Code)* being Schedule 2 of the *Regulated Health Professions Act, 1991, (RHPA)*, under section 23(2)9, therefore it was decided that this policy is not needed.
- **Public Reprimands by Discipline Panels Policy**
  The authority of this policy is stated in the *Health Professions Procedural Code (*the *Code)* being Schedule 2 of the *Regulated Health Professions Act, 1991, (RHPA)*, under section 51(2)4, therefore it was decided that this policy not needed. Some of the policies contents have been transferred to the Discipline section of the CRTO website for the information to remain accessible.
- **Removal of Information from the Register Policy**
  The authority of this policy is stated in the *Health Professions Procedural Code (*the *Code)* being Schedule 2 of the *Regulated Health Professions Act, 1991, (RHPA)*, under section 23(11)b, therefore it was decided that this policy is not needed. A Fact Sheet was not created as in the interest of the public this information is not to be broadcasted publicly.
- **Employment Policies and Procedures**
  The *Employment Handbook* (see *Agenda Item 8.4* for reference) has been recently updated to incorporate the *Employment Policies and Procedures* items so as to only have one reference document related to employment with the CRTO, therefore the *Employment Policies and Procedures* document is no longer needed.

RECOMMENDATION:
It is recommended that the CRTO Council approve the policies, as outlined above, to be rescinded and archived as per the attached Motion.

NEXT STEPS:
If the motion is approved the policies will be removed from the CRTO website and archived internally.

Council Motion

AGENDA ITEM # 8.5

Motion Title:	*Consent Agenda Items for Policies Being Rescinded & Archived*
Date of Meeting:	*December 3, 2021*

It is moved by _____ and seconded by _____ that:

The CRTO Council approves the items outlined in the policies being rescinded & archived consent agenda (item 8.5), which include in their entirety:

- PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy (Appendix A)
- Members Duty to Self-Report Policy (Appendix C)
- Inactive Certificate of Registration Policy (Appendix E)
- Access to Records – Application Files Policy (Appendix G)
- Proceedings Outside the CRTO Policy (Appendix I)
- Public Register Notice re Discipline Referral Policy (Appendix J)
- Public Reprimands by Discipline Panels Policy (Appendix K)
- Removal of Information from the Register Policy (Appendix L)
- Employment Policies and Procedures (Appendix M)

Appendix A: PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members**

Number: **QA- PDP Assessors - 103**

Date originally approved: **June 11, 2004**

Date(s) revision approved: **December 2, 2016**

POLICY

The *Quality Assurance Regulation* (O. Reg. 596/94 – Part IV) stipulates that the College of Respiratory Therapists of Ontario's (CRTO) Quality Assurance program must consist of a "peer assessment" component. Therefore, the CRTO endeavours to involve practicing Respiratory Therapists (RT) in its Professional Development Program (PDP) wherever possible.

The following roles within the PDP are fulfilled by RTs who may or may not be an employee of the CRTO:

- PORTfolio Peer Assessors
- Specified Continuing Education or Remediation Program (SCERP) Mentors
- Practice Assessors
- PDP Working Group Members

This policy outlines the roles and responsibilities within the PDP. In addition, the policy contains a section on Other Issues Relevant to PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members, which includes eligibility criteria, confidentiality and conflict of interest.

PORTfolio Peer Assessors

Role

PORTfolio Peer Assessors are responsible for evaluating Members' submitted PORTfolios and providing mentoring, when necessary, to Members who need help in their PORTfolio development. The Peer Assessors evaluate the submitted PORTfolios against a standardized set of criteria. Those PORTfolios that meet all of the requisite criteria will receive feedback from the Peer Assessor in the form of a final report. Members whose PORTfolios do not meet all of the requisite criteria will be required to meet with a Peer Assessor in order to attempt to bring their PORTfolio up to standard.

Recruitment & Retention

Peer Assessors are appointed by the Quality Assurance Committee (QAC) under section 81

of the *Health Professions Procedural Code*. A panel of the QAC will annually review the roster of Peer Assessors and appoint new Peer Assessors as necessary. The term of the appointment will be determined by the Committee based on needs; however, the total length of appointment shall not exceed nine consecutive years. Each Peer Assessor will have their term reviewed after their first year, and then every three years after that.

Training

RTs who volunteer to act as PORTfolio Peer Assessors are required to complete annual and ongoing training sessions delivered by the CRTO. The training sessions are designed to enable Peer Assessors to conduct fair and consistent assessments and to support their mentoring role. At the end of each PORTfolio submission cycle, each Peer Assessor will undergo a performance review conducted by CRTO staff.

SCERP Mentors

Role

During the implementation of the PDP, the CRTO may occasionally require an RT to act in the capacity of a SCERP Mentor. These Mentors provide guidance to Members whose previous assessment(s) were found to be unsatisfactory and who have been directed by the QAC to undergo a SCERP. More information on CRTO SCERP process is available in the **Professional Development Program Policy**.

Recruitment & Retention

When required, the CRTO will retain the service of a SCERP Mentor based on their relevant professional experience and availability. The CRTO will endeavour to maintain a core group of experienced SCERP Mentors.

Training

Training will be provided for SCERP Mentors on an as-need basis, and will vary depending on the required outcomes of the SCERP.

Practice Assessors

Role

During the implementation of the PDP, the CRTO may occasionally require an RT to act in the capacity of a Practice Assessor. Members whose previous assessment(s) were found to be unsatisfactory, have completed a SCERP, been reassessed and whose assessment is still found to be unsatisfactory may be directed by the QAC to undergo a Practice Assessment. At this point, an RT Practice Assessor will conduct an on-site assessment of the Member's practice. More information on the CRTO Practice Assessments is available in the **Professional Development Program Policy**.

Recruitment & Retention

When required, the CRTO will retain the services of a Practice Assessor based on their relevant

professional experience and availability. The CRTO will endeavour to maintain a core group of experienced Practice Assessors.

Training
Training will be provided for Practice Assessors on an as-need basis, and will vary depending on the required outcomes of the Practice Assessment.

PDP Working Group Members

Role
On a regular basis. the CRTO will assemble a group of practicing RTs to review the data generated from the Launch RT Jurisprudence Assessment (e.g., item performance, Members' item-specific and general comments, etc.) More information on the Launch RT Jurisprudence Assessment is available in the **Professional Development Program Policy**.

Recruitment & Retention
When required, the CRTO will retain the services of PDP Working Group Members based on their relevant professional experience and availability. The CRTO will endeavour to maintain a core group of experienced PDP Working Group Members.

Training
Training will be provided to PDP Working Group Members during each Launch RT Jurisprudence Assessment review.

Other Issues Relevant to PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members

Eligibility
To be eligible to act in the capacity of a CRTO PDP Peer Assessor, Mentor, Practice Assessor and /or Working Group Member, a Member must:

- hold a General Certificate of Registration with no terms, conditions or limitations;
- be a Member in good standing;
- preferably have a minimum of 3 years practice experience;
- complete the PORTfolio as part of their training (pertains to Peer Assessors only);
- have a secure internet access; and
- have declared in his/her annual registration renewal that he/she is "…engaging in the CRTO Quality Assurance Program by participating in professional development activities as outlined in the Quality Assurance Regulation and by regularly recording these activities in their Professional Portfolio Online for Respiratory Therapists (PORTfolio^{OM})".

Confidentiality

In keeping with the duty for confidentiality outlined in s.36(1) of the *RHPA*, all activities related to the PDP are considered strictly confidential and the information that arises must not be shared with others. Therefore, each PDP Peer Assessor, Mentor, Practice Assessor & Working Group Member is required to sign a confidentiality agreement on an annual basis.

Conflict of Interest

It is the responsibility of the CRTO to ensure that RTs who assist with the implementation of the PDP do so free of any conflict of interest and that the PDP process is neutral and fair. Therefore, Peer Assessors, Mentors and Practice Assessors are provided in advance with the name(s) of any Member they may be required to evaluate or mentor. Each Peer Assessor/Mentor/Practice Assessor is required to review the names and declare a conflict of interest in advance so that CRTO staff can ensure that the RT does not evaluate that particular Member. The information provided to Working Group Members is de-identified to avoid any potential for a conflict of interest.

A conflict of interest exists when a reasonable person may conclude that the RT's personal interests could improperly influence their judgments while performing their duties for the CRTO.When determining whether a conflict of interest exists, the PDP Peer Assessor/Mentor/Practice Assessor must consider if there is anything that could potentially influence/be perceived to influence their assessment, such as:

- do they have a personal relationship with the Member being assessed;
- have they acquired information outside the course of performing his or her duties at the CRTO, about the Member or the Member's professional development activities; or
- are they involved in an employer/employee/business relationship with the Member being assessed.

Appendix B: Professional Development Program Peer Assessors and Mentors Fact Sheet

New fact sheet created to specify the roles of each mentor and replace the current PDP Peer Assessor, Mentor, Practice Assessor, or Working Group Members Policy (Appendix A).

Professional Development Program Peer Assessors and Mentors

Fact Sheet

Overview

Under the *Respiratory Therapy Act, 1991*, it is stated that the Quality Assurance Committee of the College of Respiratory Therapists of Ontario (CRTO) shall administer the quality assurance program. This program includes professional development, self-assessment, and peer and practice assessments.

As part of the quality assurance program, the CRTO has established a Professional Development Program (PDP). The PDP consists of various components that are administered by Respiratory Therapists (RTs) who may or may not be an employee of the CRTO. The following roles that an RT may assume within the PDP program are:

- PORTfolio Peer Assessors
- Specified Continuing Education or Remediation Program (SCERP) Mentors
- Practice Assessors
- PDP Working Group Member

The purpose of this fact sheet is to explain the various roles that an RT may undertake when carrying out a component of the CRTO's Professional Development Program, and establish the criteria required to fulfill these roles.

PORTfolio Peer Assessors

Role

PORTfolio Peer Assessors are responsible for evaluating members' submitted PORTfolios and providing mentoring, when necessary, to members who need help in their PORTfolio development. Peer Assessors evaluate the submitted PORTfolios against a standardized set of criteria established by the CRTO. PORTfolios that meet all of the requisite criteria will receive feedback from the Peer Assessor in the form of a final report. Members whose PORTfolios do not meet all of the requisite criteria will be required to meet with a Peer Assessor selected by the CRTO in order to attempt to bring their PORTfolio up to standard.

Recruitment and Retention

The term of the Peer Assessor appointment will be determined by the Quality Assurance Committee based on needs; however, the total length of appointment shall not exceed nine consecutive years. Each Peer Assessor will have their term reviewed after their first year, and then every three years after that.

Training

RTs who volunteer to act as PORTfolio Peer Assessors are required to complete annual and ongoing training sessions held by the CRTO, to enable Peer Assessors to conduct fair and consistent assessments and to support their mentoring role. At the end of each PORTfolio submission cycle, each Peer Assessor will undergo a performance review conducted by CRTO staff.

SCERP Mentors

Role

These Mentors provide feedback and guidance to members whose previous assessment(s) were found to be unsatisfactory and who have been directed by the QAC to undergo a SCERP.

Recruitment and Retention

When required, the CRTO will retain the service of a SCERP Mentor based on their relevant professional experience and availability. The CRTO will endeavor to maintain a core group of experienced SCERP Mentors.

Training

Training will be provided for SCERP Mentors on an as-need basis and will vary depending on the required outcomes of the SCERP.

Practice Assessors

Role

Members whose previous assessment(s) were found to be unsatisfactory, have completed a SCERP, been reassessed and whose assessment is still found to be unsatisfactory may be directed by the QAC to undergo a Practice Assessment. At this point, an RT Practice Assessor will conduct an on-site assessment of the member's practice.

Recruitment and Retention

When required, the CRTO will retain the services of a Practice Assessor based on their relevant professional experience and availability. The CRTO will endeavor to maintain a core group of experienced Practice Assessors.

Training

Training will be provided for Practice Assessors on an as-need basis and will vary depending on the required outcomes of the Practice Assessment.

Working Group Members

Role

On a regular basis. the CRTO will assemble a group of practicing RTs to review the data generated from the Launch RT Jurisprudence Assessment (e.g., item performance, members' item-specific and general comments, etc.)

Recruitment and Retention

When required, the CRTO will retain the services of PDP Working Group Members based on their relevant professional experience and availability. The CRTO will endeavor to maintain a core group of experienced PDP Working Group Members.

Training

Training will be provided to PDP Working Group Members during each Launch RT Jurisprudence Assessment review.

Eligibility

To be eligible to act in the capacity of a CRTO PDP Peer Assessor, Mentor, Practice Assessor and /or Working Group Member, a member must:

- hold a General Certificate of Registration with no terms, conditions or limitations;
- be a member in good standing;
- preferably have a minimum of 3 years practice experience;
- complete the PORTfolio as part of their training (pertains to Peer Assessors only);
- have a secure internet access; and
- have declared in their annual registration renewal that they are "…engaging in the CRTO Quality Assurance Program by participating in professional development activities as outlined in the Quality Assurance Regulation and by regularly recording these activities in their Professional Portfolio Online for Respiratory Therapists (PORTfolio^{OM})".

Confidentiality

In keeping with the duty for confidentiality outlined in s.36(1) of the *RHPA*, all activities related to the PDP are considered strictly confidential and the information that arises must not be shared with others. Therefore, each PDP Peer Assessor, Mentor, Practice Assessor & Working Group Member is required to sign a confidentiality agreement on an annual basis.

Conflict of Interest

It is the responsibility of the CRTO to ensure that RTs who assist with the implementation of the PDP do so free of any conflict of interest and that the PDP process is neutral and fair. Therefore, Peer Assessors, Mentors and Practice Assessors are provided in advance with the name(s) of any member they may be required to evaluate or mentor. Each Peer Assessor/Mentor/Practice Assessor is required to review the names and declare a conflict of interest in advance so that CRTO staff can ensure that the RT does not evaluate that particular member. The information provided to Working Group Members is de-identified to avoid any potential for a conflict of interest.

A conflict of interest exists when a reasonable person may conclude that the RT's personal interests could improperly influence their judgments while performing their duties for the CRTO. When determining whether a conflict of interest exists, the PDP Peer Assessor/Mentor/Practice Assessor must consider if there is anything that could potentially influence/be perceived to influence their assessment, such as:

- do they have a personal relationship with the member being assessed;
- have they acquired information outside the course of performing his or her duties at the CRTO, about the member or the member's professional development activities; or
- are they involved in an employer/employee/business relationship with the member being assessed.

Resources

- CRTO Professional Development Policy

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
General Email: questions@crto.on.ca

Appendix C: Duty to Self Report Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Members Duty to Self-Report Information**

Number: **REG-Self-Report-413**

Date originally approved:
May 21, 2009

Date(s) revision approved:
September 25, 2015

BACKGROUND

Under the CRTO By-laws, and consistent with the *Health Professions Procedural Code*, ("the Code"), CRTO Members are required to self-report certain information about themselves to the CRTO. As outlined in section 23 of the *Code* and Articles 31.02 to 31.21 of the CRTO By-Laws, some of this information may be available to the public on the Register[i].

This policy outlines the CRTO's expectations of Members with respect to self-reporting information concerning **charges and/or findings of guilt related to offences**, **findings of professional negligence or malpractice**, and **information regarding professional registration and conduct**, including **information from another regulatory body**.

Offences
Offences created by statute are called "an offence" and are determined by the courts - not administrative tribunals (such as the CRTO's Discipline Committee). Intentionally breaching the *Personal Health Information Protection Act, 2004* is an example of a reportable offence that could occur while a Member is practising. Members are not required to report municipal by-law infractions such as parking and zoning violations, or offences under the *Highway Traffic Act* such as speeding or rules-of-the-road violations.

All offences involving the Member's consumption of alcohol or drugs must be reported. Any offence that involves dishonesty, breach-of-trust or disregard for the welfare of individuals are examples of offences relevant to the suitability of a Member to practise, and must be reported (e.g., a failure to report a child in need of protection under the *Child and Family Services Act*).

When in doubt Members should err on the side of caution and report an offence to the CRTO. The Registrar, along with appropriate staff and the relevant committee (where appropriate), will review the report and determine if the offence is relevant to the Member's suitability to practise. If the CRTO determines that further investigation is required, the Member may be

asked to provide additional information (e.g., contact information of the police officer or Crown attorney involved with the matter). In general, the CRTO will only take action if, after inquiring into the matter, it appears that the conduct reflects on a Member's ability to practise respiratory therapy ethically, safely and competently.

Findings of professional negligence or malpractice

CRTO Members are required to file written reports to the CRTO if there have been findings of professional negligence or malpractice made against them by a court. Administrative tribunals do not make findings of professional negligence or malpractice. Professional negligence generally involves making a mistake that harms a patient. These findings occur in civil proceedings or lawsuits.

POLICY

Offences

1. A Member is required to file a written report with the CRTO if the Member is **charged with any of the following on or after January 1, 2016**:
    i. an offence under the *Criminal Code of Canada*;
    ii. an offence under the *Health Insurance Act*;
    iii. an offence related to prescribing, compounding, dispensing, selling or administering drugs under the *Controlled Drugs and Substances Act*;
    iv. an offence that occurred while the Member was practising 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. an offence in which the Member was impaired or intoxicated, or;
    vi. any other charge or offence relevant to the Member's suitability to practice[ii] the profession.

The report must be submitted in writing to the CRTO within 30 days, or as soon as reasonably practicable after receiving the charge. In accordance with Article 31.13 of the By-Laws, the report must contain:

i. the fact and content of the charge;
ii. bail conditions, where applicable, and;
iii. where known, the date and outcome of the charge(s).

If the status of a charge changes the Member must file an additional report with the CRTO. The report will not contain any information that violates a publication ban.

2. A Member is required to file a written report with the CRTO if the Member is **found guilty** of:
    i. an offence under the *Criminal Code of Canada;*
    ii. an offence under the *Health Insurance Act*;
    iii. an offence related to prescribing, compounding, dispensing, selling or administering drugs under the *Controlled Drugs and Substances Act*;
    iv. an offence that occurred while the Member was practising 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. an offence in which the Member was impaired or intoxicated; or
    vi. any other offence relevant to the Member's suitability to practice[iii] the profession.

    The report must be submitted in writing to the CRTO within 30 days or as soon as reasonably practicable after receiving notice of a guilty finding. In accordance with the Article 31.14 of the By-Law, the report must contain:
    i. the date and the sentence imposed, if any; and
    ii. where the finding is under appeal, a notation to that effect.
    iii. the date and a summary of the finding;

    If the status changes as a result of an appeal, the Member must file an additional report with the CRTO. The report will not contain any information that violates a publication ban.

The information related to charges listed above will be included on the Register, along with findings of guilt.

Findings of professional negligence or malpractice

A Member is required to file a written report with the CRTO if there has been a finding of professional negligence or malpractice made against them by a court. In accordance with the Ss. 85.6.2 of the *Code,* the report must contain:

i. the name of the Member filing the report;

ii. the nature of, and a description of, the finding including a copy of any written decision or reasons provided for the determination;

iii. the date that the finding was made against the Member;

iv. the name and location of the court that made the finding against the Member; and

v. the status of any appeal initiated respecting the finding made against the Member.

The report must be submitted in writing to the CRTO within 30 days, or as soon as reasonably practicable after receiving notice of the guilty finding. If the status changes as a result of an appeal then the Member must file an additional report with the CRTO. The report will not contain any information that violates a publication ban.

The CRTO will review the report and determine if any further investigation is required. The Member may be asked to provide additional information (e.g., copies of certain documents from the court files). In general, the CRTO will only take action if, after inquiring into the matter, it appears that the conduct reflects on a Member's ability to practise Respiratory Therapy safely and competently.

Information regarding professional registration or conduct

A Member must notify the CRTO, if:

i. disciplined, suspended, required to resign, terminated or subjected to similar action at their place of employment or in relation to a contract of service;

ii. the subject of any disciplinary, professional misconduct, incompetence, incapacity or similar proceedings, finding or investigation by any professional licensing or registration body other than the CRTO, whether inside or outside of Ontario.

Information related to disciplinary findings by other professional licensing or registration bodies, made after January 1, 2016, will be included on the Register.

The CRTO will review the report and determine if any further investigation is required. The Member may be asked to provide additional information (e.g., a copy of documents provided by the regulator in support of their proceedings). In general, the CRTO will only take action if, after inquiring into the matter, it appears that the conduct reflects on a Member's ability to practise Respiratory Therapy safely, ethically and competently[iv].

Consequences for failing to self-report

Failure to report any of the above may result in a referral of professional misconduct allegations to the Discipline Committee.

This policy applies to self-reporting obligation only. There are, however, some situations where separate mandatory reporting obligations require Members to report on a colleague, such as for sexual abuse or in instances where a Member operates a facility, for termination of an RT. For general mandatory reporting obligations and requirements for reporting other health professionals, see sections 85.1 to 85.6 of the Code and CRTO documents concerning mandatory reporting.

[i] In accordance with S.23 of the *Regulated Health Professions Act*, *Procedural Code*, the CRTO must have a "Register" on its website that provides specific information regarding Members. The information available to the public may be expanded beyond the legislated requirements by By-Law.

[ii] See CRTO Policy RG-427 (Assessing Suitability to Practice) for additional information.

[iii] Ibid.

[iv] Ibid.

Appendix D: Mandatory Reporting by Members Fact Sheet

Updated Mandatory Reporting by Members Fact Sheet has been recently revised and the contents from the Duty to Self Report policy (Appendix C) are covered in this fact sheet.

Mandatory Reporting by Members

Fact Sheet

Overview

As a regulated healthcare professional you are required to report a number of things to the College of Respiratory Therapists of Ontario (CRTO) or other legislated bodies in the interest of public safety and transparency. The purpose of this Fact Sheet is to clarify what needs to be reported, to whom, and under which jurisdiction these reports are required. Additional information can be obtained by speaking directly with a CRTO staff member.

Under what authority am I required to make a report?

Your reporting obligations come from a number of different legal sources including the *Regulated Health Professions Act, 1991,* the *Child and Family Services Act, 1990,* the *Retirement Homes Act, 2010,* and the *CRTO's Regulations*, *Standards of Practice*, *By-Laws* and *Commitment to Ethical Practice*.

What am I required to report to the CRTO?

Mandatory Self-Reporting Obligations

Your reporting obligations fall into three categories:

1. Offences
2. Findings/proceedings of professional negligence or malpractice; or
3. Information regarding professional registration and conduct

1. Offences

You are required to report **any** offence for which you have been charged (including bail conditions, restrictions imposed, or restrictions agreed upon) and/or any findings of guilt, including those:

i) under the *Criminal Code of Canada, 1985;*
ii) under the *Health Insurance Act, 1990;*
iii) related to prescribing, compounding, dispensing, selling or administering drugs;
iv) that occurred while you were practicing, or that was related to your practice;
v) in which you were impaired or intoxicated; or,
vi) not listed but relevant to your suitability to practice the profession.

An example of an offence that might occur while you are practising would be a breach of the *Personal Health Information Protection Act, 2004.*

You are not required to report municipal by-law infractions such as parking and zoning violations, or offences under the *Highway Traffic Act, 1990* such as speeding or rule of the road violations.

However, **all** offences involving the consumption of alcohol or drugs must be reported.

Any offence that involves dishonesty, breach of trust or disregard for the welfare of individuals are examples of offences relevant to your suitability to practice and must be reported (e.g., a failure to report a child in need of protection under the *Child and Family Services Act, 1990).*

When in doubt, you should err on the side of caution and report an offence to the CRTO. The CRTO staff and the relevant committee will review the report to determine if the offence is "relevant to a member's suitability to practice".

2. Findings/Proceedings of Professional Negligence or Malpractice

Professional negligence generally involves making a mistake that harms a patient. These findings occur in civil court proceedings or lawsuits. The CRTO must post court findings of professional negligence or malpractice on the public register.

3. Information regarding Professional Registration and Conduct

You must also notify the CRTO if:

a) you are a member of another body that governs a profession inside or outside of Ontario; and/or
b) you have a finding of professional misconduct, incompetence, incapacity, or similar proceedings made against you by another body that governs a profession inside or outside of Ontario; and/or
c) you have been disciplined, suspended, required to resign, terminated or subjected to similar action at our place of employment or in a relation to a contract of service; and/or
d) you have been the subject of any professional misconduct in relation to a contract of service.

4. Mandatory Reporting Obligations of other Health Care Professionals

Reporting Sexual Abuse of a Patient

Under section 85.1 you must file a report if you have reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient. You must make the report within **30 days**, unless you have reasonable grounds to believe the member will continue to sexually abuse patients, in which case, you must report the information immediately.

Notes:

1. The name of a patient who may have been sexually abused must not be included in a report unless the patient, or if the patient is incapable, the patient's representative, consents in writing to the inclusion of the patient's name.
2. You are not required to file a report if you don't know the name of the member who would be the subject of the report.
3. If a member is required to file a report because of reasonable grounds obtained from one of the member's patients, the member shall use his or her best efforts to advise the patient of the requirement to file the report before doing so.

Timing of Report

The report must be filed as soon as reasonably practicable after the member receives notice of the finding of guilt, charge, bail condition or restriction.

NOTE: for reporting of sexual abuse of a patient, you must make the report within **30 days**, unless you have reasonable grounds to believe the member will continue to sexually abuse patients, in which case, you must report the information immediately.

Contents of Report

The contents of the report must contain:

a. the name of the member filing the report;
b. the nature of, and a description of the finding/charge;
c. the date that the finding/charge was made/laid against the member;
d. the name and location of the court/body that made the finding against the member/the name and location of the court in which the charge was laid or in which the bail condition or restriction was imposed on or agreed to by the member;
e. every bail condition imposed on the member as a result of the charge;
f. any other restriction imposed on or agreed to by the member relating to the charge;
g. the status of any appeal initiated respecting the finding made against the member; and
h. the status of any proceedings with respect to the charge.

What happens after I report an offence or other finding?

The CRTO will review the report and determine if any further investigation is required. You may be asked to provide additional information (e.g., the contact information of the police officer or Crown attorney who knows most about the matter).

In general the CRTO will only take action, if, after inquiring into the matter, it appears that the conduct impacts your ability to practice respiratory therapy ethically, safely or competently.

If I work in a long-term care facility, what do I have to report?

If you have reasonable grounds to suspect that a child may have been or is at risk of being physically, emotionally or sexually abused, neglected or exploited you have a duty to report to one of the 53 Children's Aid Societies in Ontario. The requirement to file a report is outlined in the *Child and Family Services Act, 1990* as well as the *Regulated Health Professions Act, 1991*.

How do I maintain confidentiality?

If the report includes patient/client information then you should make your best effort to inform the patient/client prior to filing your report. If patient/client consent cannot be readily obtained, or is refused, your report should make this clear. Alternatively, you may choose to include the information with identifiers removed.

Failure to Submit a Report

Failure to submit a mandatory report of sexual abuse may result in a fine of up to $50,000 for an individual.

In instances where a mandatory report is not submitted, the failure to make the mandatory report may result in a referral of professional misconduct allegations to the Discipline Committee.

There are additional requirements for reporting other health care professionals if you operate a facility.

For additional information please refer to:

1. Mandatory Reporting by Employers/Facilities Fact Sheet
2. Sections 85.1-85.6 of the *Health Professions Procedural Code*

Resources

- *Regulated Health Professions Act, 1991*
- *Child and Family Services Act, 1990*
- *Retirement Homes Act, 2010*
- *Criminal Code of Canada, 1985*

- *Health Insurance Act, 1990*
- *Personal Health Information Protection Act, 2004*
- Retirement Homes Regulatory Authority
- Children's Aid Societies
- Children's Aid Societies
- Mandatory Reporting by Employers/Facilities Fact Sheet
- *Health Professions Procedural Code*

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
General Email: questions@crto.on.ca

Appendix E: Inactive Certificate of Registration Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Inactive Certificate of Registration Policy**

Number: **RG-Inactive-423**

Date originally approved:
May 25, 2012

Date(s) revision approved:
March 6, 2020

BACKGROUND

Under the Ontario Regulation 596/94, Part VIII (Registration) Members may maintain their CRTO membership with the Inactive Certificate of Registration provided they are not practising the profession in the broadest sense of that phrase. In the view of the CRTO, the purpose of the Inactive Certificate is to allow non-practising RTs (for example those RTs on parental, sick or educational leave or those practising in other jurisdictions) to maintain their membership with the CRTO so long as they do not:

1. engage in the practice of respiratory therapy in Ontario,
2. participate in activities related to their respiratory therapy credentials or experience, or otherwise use their professional status.

The purpose of this policy is to outline the Inactive Certificate of Registration application process, describe the conditions imposed on the Inactive Certificate of Registration and to establish a reinstatement process.

POLICY

1. **Inactive Certificate of Registration - Application Process**
   Under section 62 of the Registration Regulation, an applicant for an Inactive Certificate of Registration must meet the following requirements:
   1. The applicant must be a Member who holds a General or Limited Certificate of Registration.
   2. The applicant must notify the Registrar in writing of his or her intention to become an Inactive Member.
   3. The applicant must pay any outstanding fees, including any annual fee owing for the current membership, penalty or other amount owed to the College.

The Inactive Certificates of Registration do not apply to Graduate Members of the CRTO.

2. Conditions, Inactive Certificate of Registration

Under section 63 of the Registration Regulation, it is a condition of an inactive certificate or registration that the Member shall not,

(a) engage in providing direct patient care;
(b) use his or her professional title or designation;
(c) supervise the practice of the profession; or
(d) make any claim or representation to having any competence in the profession.

Members registered with the Inactive Certificates of Registration will be required to comply with all other requirements imposed on members, for example:

- Annual renewal of registration;
- Duty to report offences and findings and other information to the Registrar;
- Participation in the Quality Assurance Program.

3. Reinstatement

The CRTO is responsible for setting Respiratory Therapy entry-to-practice requirements in the province of Ontario in the public interest. In order to ensure that Members uphold the minimum level of current practice, the CRTO places specific requirements on those Inactive Members who are applying for reinstatement to a General or Limited Certificate of Registration.

According to the Registration Regulation (O. Reg. 596/94 s. 62 (2)), a Member who holds an Inactive Certificate of Registration may be reissued a General or Limited Certificate of Registration if the Member:

(a) applies in writing to the Registrar for reinstatement;
(b) pays the annual fee in respect of the class of certificate of registration which is the subject of the application for reinstatement together with any other outstanding fee, penalty or other amount owed to the College; and
(c) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a certificate of registration of the type which is the subject of the application for reinstatement.

To start the reinstatement process and prior to resuming practice, Inactive Members will be required to apply for reinstatement (Application for Reinstatement Form) and to submit all applicable fees as outlined in the Schedule of Fees (https://www.crto.on.ca/members/schedule-of-fees/).

Applications for reinstatement will be considered on a case-by-case basis. However, based on previous practices, and by way of analogy to the CRTO's currency requirement under section 55(5) or 58(3) of the Registration Regulation[1], the Registration Committee will refer to the *Currency Policy* as a guide when considering reinstatement applications.

Inactive Members who have practiced within two years immediately preceding their application for reinstatement will generally satisfy the requirement referred to in section 62(2)(c), unless the CRTO is aware of information that could reasonably indicate a concern with respect to the Member's knowledge, skill and/or judgement.

Inactive Members who have not practiced in the two years immediately preceding their application for reinstatement will be referred by the Registrar to a Panel of the Registration Committee for consideration.

An Inactive Member referred to a Panel of the Registration Committee will receive a notice of the referral and will have 30 days to provide additional information.

Panel Review - Possible Outcomes:

- The Panel may direct that a General or Limited Certificate of Registration be issued (e.g., the Member provided satisfactory proof of refresher/retraining);
- The Panel may direct that specific terms, conditions and limitations be imposed on the General or Limited Certificate of Registration;
- An Inactive Member may be required to complete a refresher/retraining program prior to reinstatement;
- Upon reinstatement, the Member may be directed to a Panel of the Quality Assurance Committee with a recommendation:
    - for an assessment of his/her knowledge, skills and judgement (utilizing the Professional Standard Assessment) within 3 months of reinstatement, and
    - to submit his/her records of continuous quality improvement activities (utilizing the PORTfolio) within 6 months of reinstatement.

The following criteria may be used by the Registration Committee to determine which outcome is most appropriate:

1. time since last practice,
2. nature and intensity of last practice,

[1] 55(5) An applicant (*for a General Certificate of Registration*) must have met the requirements of subsection *55*(2) within the two years immediately preceding the application for registration unless the applicant was practising respiratory therapy within that two-year period.

58(3) An applicant (*for a Graduate Certificate of Registration*) must have met the requirements of subsection 55(2) within the two years immediately preceding the application for registration unless the applicant was practising respiratory therapy in a jurisdiction outside Ontario within that two-year period.

3. quality and quantity of efforts to maintain currency while not practising,
4. the applicant's re-entry plan.
5. health information that suggests the possibility of impaired judgement.

Members are not authorized to resume practice until their reinstatement application to a General or Limited Certificate of Registration has been approved by the CRTO. In addition Members may be referred to the Inquiries, Complaints and Reports Committee (ICRC) for allegations of professional misconduct and may be prosecuted in court for unauthorized practise/holding out.

Appendix F: Inactive Certificate of Registration Fact Sheet

Updated Inactive Certificate of Registration Fact Sheet has been updated with appropriate information from the Inactive Certificate of Registration Policy (Appendix E).

Inactive Certificate of Registration

Fact Sheet

Overview

The purpose of this fact sheet is to provide information related to an Inactive certificate of registration for Respiratory Therapists (RTs) registered with the College of Respiratory Therapists of Ontario (CRTO) with a General or Limited Certificate of Registration. If you are considering changing your certificate of registration to inactive and have any questions about whether this registration class is suitable for you, please refer to Ontario Regulation 596/94: General, section 62 *Inactive Certificate of Registration* under the *Respiratory Therapy Act, 1991*, or contact the CRTO.

An Inactive Certificate of Registration permits General or Limited Certificate (RRTs and PRTs) holders who are not currently practicing in Ontario to maintain their registration with the CRTO while they are not practicing the profession. For example, RRTs on parental, sick or educational leave or those practicing outside of Ontario often choose to apply for an Inactive Certificate of Registration. It is important to note that an Inactive Certificate of Registration does not apply to Graduate Members of the CRTO.

Inactive Certificate Conditions and Registration Requirements

Under the *Registration Regulation (O. Reg. 596/94)*, a member with an Inactive Certificate of Registration shall not:

a. Engage in providing direct patient care;
b. Use their professional Respiratory Therapist title or designation;
c. Supervise the practice of the profession; or
d. Make any claim or representation of having any competence in the profession.

Members registered with the Inactive Certificates of Registration will be required to comply with all other requirements imposed on members, for example:

- Annual renewal of registration
- Duty to report offences, findings and other information to the Registrar
- Participate in the Quality Assurance Program

Inactive Registration Renewal

As an Inactive member, you are still required to renew your registration on an annual basis. For more information about the renewal fees, please see Schedule of Fees.

Reinstatement: How to Return to Active Registration

The CRTO is responsible for setting RT entry-to-practice requirements in the province of Ontario in the public interest. In order to ensure that members uphold the minimum level of current practice, the CRTO places specific requirements on those Inactive members who are applying for reinstatement to a General or Limited certificate of registration.

According to the *Registration Regulation (O. Reg. 596/94 s. 62 (2))*, a member who holds an Inactive certificate of registration may be reissued a General or Limited certificate of registration if the member:

(a) Applies in writing to the Registrar for reinstatement;
(b) Pays the annual fee in respect of the class of certificate of registration which is the subject of the application for reinstatement together with any other outstanding fee, penalty or amount owed to the CRTO; and
(c) Satisfies a panel of the Registration Committee that they possess the current knowledge, skills and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the type which is the subject of the application for reinstatement.

To start the reinstatement process, and prior to resuming practice, Inactive members will be required to apply for reinstatement and submit the Application for Reinstatement Form, together with the applicable registration fee. It is recommended that you submit your application at least eight (8) weeks before your employment start date. For reinstatement fees, please see the fee section in the Application for Reinstatement Form.

Currency Requirements

If you have practiced within two years of your application for reinstatement, you would meet the two-year currency requirement. However, if you remained Inactive for an extended period (i.e., greater than 2 years), you may be required to provide evidence to show that your knowledge and skills are current before your application for reinstatement will be approved. Some applicants may be required to take refresher courses or similar activities to regain that currency.

Referral to the Registration Committee

Inactive members who have not practiced within two (2) years preceding their application for reinstatement will be referred to a panel of the Registration Committee. Applications for reinstatement will be considered on a case-by-case basis. However, based on previous practices, and the CRTO's

currency requirement under the *Registration Regulation*[1], the Registration Committee will refer to the Currency Policy as a guide when considering a reinstatement application.

An Inactive Member referred to a Panel of the Registration Committee will receive a notice of the referral and will have thirty (30) days to provide additional information.

When reviewing an application for reinstatement, the Panel will consider several factors, which may include:

1. time since last practice;
2. nature and intensity of last practice;
3. quality and quantity of efforts to maintain currency while not practicing;
4. the applicant's re-entry plan; and
5. health information that suggests the possibility of impaired judgement.

Following the review, the Panel may, for example:

- direct that a General or Limited Certificate of Registration be issued (e.g., the member provided satisfactory proof of refresher/retraining);
- direct that specific terms, conditions and limitations be imposed on the General or Limited Certificate of Registration;
- Require an Inactive member to complete a refresher/retraining program prior to reinstatement;
- Upon reinstatement, the member may be directed to a panel of the Quality Assurance Committee with a recommendation:
    - For an assessment of their knowledge, skills and judgement (utilizing the Professional Standards Assessment) within three (3) months of reinstatement, and
    - To submit their records of continuous quality improvement activities (utilizing the PORTfolio℠) within six (6) months of reinstatement.

Unauthorized Practice

An Inactive member is not authorized to resume practice until their reinstatement application has been approved by the CRTO. If the Inactive member resumes practice before reinstatement, they may be referred to the Inquiries, Complaints and Reports Committee (ICRC) of the CRTO for allegations of professional misconduct and may be prosecuted in court for unauthorized practise/holding out as an RT.

[1] 1 55(5) An applicant (for a General Certificate of Registration) must have met the requirements of subsection 55(2) within the two years immediately preceding the application for registration unless the applicant was practising respiratory therapy within that two year period.

58(3) An applicant (for a Graduate Certificate of Registration) must have met the requirements of subsection 55(2) within the two years immediately preceding the application for registration unless the applicant was practising respiratory therapy in a jurisdiction outside Ontario within that two-year period.

Application Process: How to Become Inactive

Per section 62 of the *Registration Regulation*, an applicant for an Inactive Certificate of Registration must meet the following requirements:

1. The applicant must be a member who holds a General or Limited Certificate of Registration
2. The applicant must notify the Registrar in writing of their intention to become an Inactive member
3. The applicant must pay any outstanding fees, including any annual fee owing for the current membership, penalty or other amount owed to the CRTO

To assist you with the process of changing your registration status to Inactive, you will need to complete and submit the Application for an Inactive Certificate Form. Members who change to Inactive during the registration year may be eligible for a partial refund of their annual registration fee. For more information regarding the fee, please visit the Schedule of Fees.

Partial Refund of Annual Registration Fee

Members who change their registration to Inactive during the registration year may be eligible for a partial refund of their annual registration fee. For example, members who paid a $650.00 annual registration fee, and are changing to Inactive:

- between March 1 and May 31 may be eligible for a $487.50 refund
- between June 1 and August 31 may be eligible for a $325.00 refund
- between September 1 and November 30 may be eligible for a $162.50 refund
- between December 1 and February 28/9 are not eligible for a refund

Registration Fees: Inactive Member Resuming Active Membership

The fee to reinstate your membership from inactive is pro-rated quarterly. For example:

- $650.00: March 1 (Renewal Fee)
- $525.00: March - May
- $362.50: June - August
- $200.00: September - November
- $37.50: December - February

As a reminder, Members must wait for confirmation that their application for reinstatement has been processed before resuming active practice.

Resources

- Am I Practising?
- Schedule of Fees
- Application for Inactive Certificate of Registration
- Application for Reinstatement

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
General Email: questions@crto.on.ca

Q & As

Question: **What if I change careers and am practicing outside of Respiratory Therapy?**

Answer: Some members may consider an Inactive membership because of a career change. This tends to be a more complicated decision because the Respiratory Therapy scope of practise is so broad. When considering whether to apply for an Inactive Certificate, you should review the following:

- The conditions that will be imposed on your Inactive certificate;
- The length of time you are likely to be Inactive (see currency requirements section); and
- Does the new role require you to use the knowledge, skills, and judgement that you have acquired as an RT?

For example, many RTs move into management roles. If you become the manager of a Respiratory Therapy department, it would be difficult to argue that you are not using the knowledge acquired as an RT and so, you would be required to remain “Active”. If you become the manager of a logistics department, it is less likely that you will use your RT knowledge and so the Inactive registration would likely be appropriate.

It is even more difficult to make that call when the new role overlaps with the Respiratory Therapy scope of practice. For example, if you are working in a Pulmonary Function Test (PFT) Lab beside non-RTs, even if your role is the same, it would be difficult to argue that you will not be applying your RT knowledge. You have trained as an RT and as such have a broader degree of knowledge than a non-RT PFT technician. You cannot simply “turn off” that knowledge and, since PFT falls under the scope of Respiratory Therapy, you should remain registered in the General or Limited Class of Registration.

A similar argument applies to anyone working in an area that requires additional training and education. Infection Prevention and Control is a good example of this. It is likely that a Respiratory Therapist practicing in Infection Prevention and Control will continue to use their RT-specific knowledge and should remain registered in the General or Limited Class of Registration.

When considering whether to apply for an Inactive Certificate you should review the conditions that will be imposed on your certificate and the specific requirements of the role you are pursuing. Contact the CRTO if you have any questions or are unsure if you would qualify for the Inactive Certificate.

Question: **I will be going on maternity leave in the middle of April; am I required to pay the full registration fee of $650.00 for the year, or should I become inactive for the year?**

Answer: Because your maternity leave will begin in April, (and you will be working as a Respiratory Therapist in March) you cannot renew as an Inactive member on March 1; you will therefore need to pay the full $650.00 registration fee and renew as a General member. However, you may apply for the Inactive certificate at the start of your maternity leave. At that time, you may be eligible for a partial refund of your annual registration fee. For example, if your Inactive Certificate is issued in April, you may be eligible for a $487.50 refund.

Question: **I will be on academic leave of absence for a year; will it affect my CRTO registration status?**

Answer: When you are on a leave of absence, you may either change your registration to Inactive or maintain your General/Limited registration. A change in your employment status does not change your CRTO registration status.

Question: **I am retired but want to maintain my CRTO registration. Is this possible?**

Answer: Yes, you may maintain your current registration even if you are no longer practising. You may also choose to apply for the Inactive Certificate of Registration. As an Inactive member, you will continue to receive CRTO communications, as such, you are required to update your contact information with the CRTO if there are any changes. Inactive members are also required to renew their registration, maintain their Professional PORTfolio and update their contact information with the CRTO.

Question: **I am moving to another province. Do I have to change my status to Inactive or resign my certificate of registration?**

Answer: If you are moving to another province, you may consider one of the following:

- Resigning your registration (see the Resignation form).
- Applying for an Inactive Certificate (see the Application for Inactive Certificate form); or
- Maintain your current certificate of registration with the CRTO.
- When making your decision, consider whether you are planning to return to Ontario and if so when. Resigning your registration may be an option if you are not planning to return to Ontario for several years. However, if you are moving to another province for a short period, changing your registration to Inactive may be a more suitable option.

Question: **I am working for the XYZ Lab doing blood gases. Could I change my registration to Inactive?**

Answer: The *Registration Regulation* specifies that an Inactive member cannot provide direct patient care within the scope of practice of the profession (in Ontario). Accordingly, if you are working in blood gases (which is part of the scope of practice of Respiratory Therapy, and is considered part of direct patient care), you should most likely remain registered in the General Class of Registration.

Question: **I am an unemployed Graduate Member of the CRTO. Can I change my status to Inactive?**

Answer: No. The Inactive Certificates of Registration does not apply to Graduate members of the CRTO. Only members in the General or Limited Classes of Registration may apply for an Inactive Certificate.

Question: **Can I maintain my Inactive Registration for more than one year**

Answer: Yes. Members may maintain Inactive registration indefinitely. However, if you remain inactive for more than two years, you may be required to provide evidence to show that your knowledge and skills are current before your application for reinstatement can be approved. Some applicants may be required to take refresher courses or similar activities to regain that currency.

Appendix G: Access to Records – Application Files Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Access to Records – Application Files**

Number: **RG-Access to Records-424**

Date originally approved:
September 21, 2012

Date(s) revision approved:
September 26, 2014

BACKGROUND

Under the *Health Professions Procedural Code* made under the *Regulated Health Professions Act* (1991),

> *16(1) The Registrar shall give an applicant for registration, at his or her request, all the information and a copy of each document the College has that is relevant to the application.* Schedule 2, s. 16

Exception

> *(2) The Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person. 1991, c. 18, Sched. 2, s. 16*

POLICY

Upon written request and at no charge the CRTO will provide a registration applicant with information and/or copies of documentation relevant to his or her registration file. These may include:

- information provided by the applicant as part of the application process;
- information obtained from other CRTO files or third parties;
- information that describes the CRTO's rationale for its decision;
- information related to an applicant's assessment of qualifications, such as exam results or credential assessment results; and
- information related to accommodation requests, review requests, and appeals.

Requests for access to documents will be processed within 30 days, failing which the applicant will be notified of the delay and the reason for it. Applicants may submit their written requests by mail, fax or email.

Under certain circumstances, the CRTO will not provide all or part of the requested

information. These circumstances are in keeping with the CRTO's privacy policy where the safety of a person is jeopardized or where the information is subject to another Act, court order or law. For example, solicitor and client privilege protects legal advice from being disclosed, and the deliberative privilege protects the deliberations of the Registration Committee from disclosure.

Requests for information will be determined by the Registrar who may, in appropriate circumstances, seek advice from the Registration Committee.

Appendix H: Access to Records – Application Files Fact Sheet

New access to Records Fact Sheet and Request for Records Application form to replace the Access to Records – Application Files Policy (Appendix G).

Access to Records – Application Files

Fact Sheet

Overview

The purpose of this fact sheet is to provide information for applicants requesting records related to their registration application file.

Under the *Regulated Health Professions Act,* (*1991*), the Registrar shall give an applicant, at their request, all the information and a copy of each document the CRTO has that is relevant to the application, unless in the Registrar's opinion, it will jeopardize anyone's safety.

Requests

Applicants of the CRTO who wish to request information and/or copies of their registration file will need to submit the Request for Records – Application Files form. The CRTO will provide the requested document(s) at no charge.

CRTO staff will provide the applicant with the information and/or copies of documentation relevant to their registration file, which may include:

- Information provided by the applicant as part of the application process;
- Information obtained from other CRTO files or third parties;
- Information that describes the CRTO's rationale for its decision;
- Information related to accommodation requests, review requests, and appeals

Requests for access to documents will be processed by Registration Staff within **thirty (30)**, failing which the applicant will be notified of the delay and the reason for it.

Determination of Requests

Requests for information will be determined and approved by the Registrar who may, in some circumstances seek advice from the Registration Committee and/or legal advice.

Exception of Disclosure

It is important to note that the Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person. Under certain circumstances, the CRTO will not provide all or part of the requested information. These circumstances are applied where the safety of a person is jeopardized or where the information is subjected to another *Act*, court order, or law. For example, solicitor and client privilege protects legal advice from being disclosed, and the deliberative privilege protects the deliberations of the Registration Committee from disclosure.

Resources

- Request for Records - Application Files form
- *Health Professions Procedural Code*

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
General Email: questions@crto.on.ca

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

REQUEST FOR RECORDS - APPLICATION FILES **Form**

Please review the Access to Records – Application Files Fact Sheet to understand how requests for records of your application files will be processed. Requests for information will be determined and approved by the Registrar who may, in some circumstances seek advice from the Registration Committee and/or legal counsel.

Identification:

To process the request, you must provide a copy of one or more pieces of government-issued identification, which must include your signature and date of birth.

Examples of acceptable forms of identification include Driver's License, Health Card, Passport or Citizenship or a Permanent Resident Card. Other forms of identification may also be acceptable if they contain the required information.

Timeline:

CRTO staff will attempt to provide the requested information within thirty (30) days of receiving this form and the proof of identity.

Please note that the CRTO will only be able to provide copies of the requested information in its custody and cannot provide original or certified true copies from other institutions.

DATE OF REQUEST (MM/DD/YYYY)	HOME ADDRESS:	
CRTO Reg. No. (if applicable)		
FIRST NAME	CITY:	PROVINCE:
SURNAME	POSTAL CODE:	
PHONE NUMBER		

INFORMATION BEING REQUESTED (Please provide detailed information on records being requested, including the type of documents, and attach additional pages if needed.)

By signing, I certify that I am seeking access to my personal information, and I understand that copies of documents received from the CRTO become my responsibility.

SIGNATURE _____

RECEIVING THE INFORMATION BY:

☐ Mail to my home address above

☐ Pick up from the CRTO (a date to be confirmed with CRTO Staff)

DATE _____

SUBMIT YOUR APPLICATION (with the supporting documentation) TO:

CRTO, 180 Dundas St. W. Suite 2103 Toronto, ON M5G 1Z8

FAX: 416-591-7890 | EMAIL: questions@crto.on.ca

QUESTIONS:

TEL: 416-591-7800 or toll-free 1-800-261-0528, EMAIL: questions@crto.on.ca web www.crto.on.ca

OFFICE USE ONLY							RECEIVED DATE	PROCESSED DATE	COMMENTS

Appendix I: Proceedings Outside the CRTO Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Proceedings Outside the CRTO**

Number: **CD-Proceedings Outside CRTO-160**

Date originally approved: **September 25, 2015**

Date(s) revision approved:

BACKGROUND

The CRTO collects information from applicants and Members regarding their registration with any other body that governs a profession in accordance with the Registration Regulation (O.Reg 596/94 Part VIII) under the *Respiratory Therapy Act* and Article 31 of the By-Laws. In addition to the fact and date(s) of registration with another professional licensing or governing body, the CRTO requires applicants and Members to provide the details of any professional misconduct, incompetence, incapacity or other similar proceeding or investigation, or disciplinary findings.

At the time of initial application, individuals are required to provide this information to assist the Registrar and - if necessary - the Registration Committee in determining whether a certificate of registration should be issued and/or if the certificate should be subject to any terms, conditions and limitations. Once registered, Members are asked to provide details of their registration with another governing body annually.

A notation regarding registrations, proceedings and findings that occur on or after January 1, 2016 outside the CRTO will be included on the Register.

POLICY

Applicants and Members must provide the CRTO with the following information regarding their registration with any other body that governs a profession:

i. Name of governing body,
ii. Location or jurisdiction of governing body (e.g., New Jersey),

iii. Beginning and ending (if appropriate) date(s) of registration, and
iv. Details of professional misconduct, incompetence, incapacity or other similar proceeding or investigation, or disciplinary findings against the applicant/Member by the governing body that occurred on or after January 1, 2016.

The CRTO will review the information and determine if any further investigation is required. The applicant or Member may be asked to provide additional information (e.g., a copy of documents provided by the regulator in support of their proceedings). In general, the CRTO will only take action if, after inquiring into the matter, it appears that the conduct relates to a Member's ability to practise Respiratory Therapy safely and competently.

The Register will include information related to current registration of a CRTO Member with any other body that governs a profession, including:

i. The name of governing body,
ii. The location or jurisdiction of governing body (e.g., New Jersey), and
iii. An indication that the Member has reported a finding of professional misconduct, incompetence, incapacity or other similar proceeding or investigation, or disciplinary action by the governing body, that occurred on or after January 1, 2016.

The CRTO will not provide specific details regarding the finding of another jurisdiction on the Register. It will be the responsibility of the stakeholder who is viewing the information to contact the governing body outside the CRTO. It should be noted that the jurisdiction may not have processes in place to allow the disclosure of detailed information regarding the findings, and the CRTO has no authority to require it to comply with our policies.

Appendix J: Public Register Notice re Discipline Referral Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Public Register Notice re Discipline Referral**

Number: **CD - 100**

Date originally approved:
February 14, 2014

Date(s) revision approved:
N/A

POLICY

In accordance with Ss.23.2(6) of the *Health Professions Procedural Code*, S.30(1) of O.Reg. 596/94 Part IV (Notice of Meetings and Hearings), and S.31 of the CRTO By-Laws (Prescribed Information in the Register and Duty to Report) the CRTO is required to include on the public register every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee.

The legislation does not stipulate the content that must be included on the register, however it is the CRTO's policy to display the entire list of specified allegations against a Member in an effort to be transparent and unbiased about matters before a panel. Discipline hearings are open to the public unless specifically requested, for protection of complainants and/or witnesses. Therefore, the CRTO is of the opinion that posting the specified allegations in their entirety is in keeping with the public interest intent of the Discipline process.

Appendix K: Public Reprimands by Discipline Panels Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Public Reprimands by Discipline Panels**

Number: **CD – 120-Reprimands**

Date originally approved:
September 26, 2014

Date(s) revision approved:
N/A

POLICY

It is the CRTO's position that a reprimand ordered by a Panel of the Discipline Committee differs significantly from an oral or verbal caution that is ordered by a panel of the Inquiries, Complaints and Reports Committee, in that the Discipline Panel is an adjudicative body that has made a finding of wrongdoing. As such, a Panel of the Discipline Committee may order a Respiratory Therapist to receive a reprimand in order to express their views about the Member's conduct or action, or to discourage the Member from behaving in a similar manner in future. In addition, a reprimand serves to set a precedent for other Respiratory Therapists and to demonstrate to the public, which may include patients, their families and other healthcare professionals, that the CRTO is upholding the public interest mandate. Furthermore, the fact that a Discipline hearing is a public event suggests that a reprimand should also occur publicly. Therefore, in keeping with the values of fairness and transparency, it is the policy of the CRTO that reprimands will be delivered to Members in public unless the Panel believes that doing so may be detrimental to an individual (e.g., psychological harm to a witness or victim). The potential benefits of a Discipline Panel delivering the reprimand publicly include a decrease in recidivism and increased satisfaction with the Discipline process for patients/clients, their families or colleagues.

To further uphold the values of fairness and impartiality, the Discipline Panel will ensure the following when ordering a reprimand:

(a) the court reporter records the reprimand so that there is no doubt as to the wording;
(b) the Member is required to formally waive his/her right to appeal the reprimand or allow the appeal period to pass before administering the reprimand; and
(c) dialogue with the Member will be avoided by Panel members following the reprimand.

Appendix L: Removal of Information from the Register Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Removal of Information from the Register**

Number: **RG-Removal of Info from the Register-428**

Date originally approved: **September 25, 2015**

Date(s) revision approved:

POLICY

In accordance with S.23(6) of the *Regulated Health Professions Act*, the Registrar may withhold or withdraw information about a Member from the Register if s/he has reasonable ground to believe that disclosure of that information may jeopardize the safety of any individual. In addition, the Registrar may refuse to disclose specific information about a Member if s/he believes that the information is obsolete or no longer relevant to the Member's suitability to practice[i].

The CRTO believes that transparency is fundamental to regulating Respiratory Therapy in the public interest. In keeping with its values of accountability, fairness, openness and effectiveness, it is the CRTO's policy to include on the Register the following:

1. Information regarding a Member's registration with any other body that governs a profession, including disciplinary findings, whether inside or outside of Ontario made after January 1, 2016;
2. Information regarding the suspension or cessation of a Member's registration with the CRTO after January 1, 2016;
3. Where a Member has been charged with an offence on or after January 1, 2016 under the *Criminal Code of Canada,* or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada),* or any other offence that relates to a Member's suitability to practice, the fact and content of the charge and, where applicable bail conditions and, where known the date and outcome of the charge(s);
4. Information about a finding by a court made after January 1, 2016 that a Member has been found guilty of an offence under the *Criminal Code of Canada*, or under the

Health Insurance Act, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offence that relates to a Member's suitability to practice, 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;

5. For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to appear before a panel to be orally/verbally cautioned:
    i. a summary of the issue(s) that led to the disposition,
    ii. a summary of the caution,
    iii. where applicable, a notation that the decision is under appeal,
    iv. the date on which the caution was delivered by a panel;
6. For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to complete a Specified Continuing Education or Remediation Program (SCERP):
    i. a summary of the issue(s) that led to the disposition,
    ii. the elements of the SCERP,
    iii. where applicable, a notation that the decision is under appeal,
    iv. the date on which the SCERP was completed;
7. For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to undertake certain actions as specified in an Undertaking, with the exception of matters related to incapacity:
    i. a summary of the issue(s) that led to the disposition,
    ii. a summary of the Undertaking,
    iii. where applicable, a notation that the decision is under appeal,
    iv. the date on which the Undertaking was completed or concluded.
8. For every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved,
    i. the date of the referral,
    ii. the notice of hearing, exclusive of the Member's residential address,
    iii. any hearing dates, times and location(s), including dates, times and location for the continuation of a hearing.

In keeping with the intent of the legislation[ii] however, the CRTO will remove information from the Register if, after six (6) years, a written request is submitted and there have been no other

concerns of a similar nature reported within that time. **Members may not, however, request the removal of information related to disciplinary proceedings concerning sexual abuse**.

Information contained in the Register that has been removed in accordance with Article 31.27 of the CRTO By-Laws or policies will be retained and may be disclosed in the public interest, upon written request.

[i] S.23(7) RHPA
[ii] Ibid.

Appendix M: Employment Policies and Procedures

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title:
CRTO Employment Policies and Procedures

NUMBER:
AD-Employment-001

Date originally approved:
12/01/2006

Date revision approved:
01/12/2014

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INTRODUCTION

This document is intended to provide CRTO employees with the College's policies covering their employment. It is also intended to supplement, but not replace, signed individual employment contracts, which the CRTO has with all of its employees. Every effort has been made to ensure that there is no conflict between employees' contracts and these personnel policies. However, where a conflict is noted, the employee's signed contract will prevail.

1.0 PERSONNEL

Policy

The Registrar will:

- Determine the employee personnel blend that will facilitate the achievement of College goals.
- Determine the number, categories and qualifications of employees required to enable the College to achieve its goals efficiently and effectively.
- Set salaries and benefits for all employees (other than the Registrar, which will be set by Council or the Executive Committee) and which are in compliance with the requirements of the Ontario *Employment Standards Act, 2000*, and are commensurate with their responsibilities. Council (or Executive on behalf of Council) will set the salary and benefits of the Registrar.

Procedure

The categories and definitions of employees employed by the College may include:

Permanent full time:	An employee who works regularly a minimum of thirty-seven and a-half (37.5) hours per week.
Permanent part time:	An employee who is scheduled to work on a regular basis less than thirty-seven and a-half (37.5) hours per week.
Casual:	An employee who is hired to work on a casual basis, as required to accommodate variations in workflow, paid hourly and eligible only for those benefits defined and applicable in the Employment Standards Act, 2000.
Contract:	An employee who is hired to provide a specific service or job, within a specific period of time; or an individual who is self-employed; in order to be considered self-employed, individuals must meet the Canada Revenue Agency definition of self-employment.

2.0 RECRUITMENT AND SELECTION

Policy

A recruitment and selection policy has been developed to ensure the College fills vacancies with the most suitable candidate.

The Registrar is responsible to ensure employment practices conform to legislation and human resource policies.

Procedure

- Internal applicants who apply for vacancies will receive an interview
- Recruitment activities may be conducted externally
- An employment interview will be conducted before making an offer of employment
- One or preferably two reference checks will be conducted before making an offer of employment
- Employment tests may be conducted before making an offer of employment
- A copy of the job description will be provided to new employees

Employment offers
Offers will be written and include all terms of employment including: job title, start date, rate of pay, pay period information and eligibility for benefits. All employees will sign an oath of confidentiality. Information about hours of work and overtime compensation as applicable will be included for eligible employees.

Permanent employees
Will be asked to review and conform to all HR policies. The employee will sign the letter indicating acceptance of the terms and conditions of the offer.

Casual, Contract or other non permanent employees
Employment letters will include the termination date and/or terms for termination. Changes to the employment conditions, i.e. position or end date will be in writing.

3.0 PROBATIONARY PERIOD

Policy

The purpose of the probationary period is to provide orientation, guidance, on-the-job training, and coaching to new employees, allowing them the opportunity to learn and fulfill the requirements of their new position. This period is also the final and critical phase of the selection process that will provide the College the opportunity to evaluate the hiring decision. To do this effectively, the Registrar or delegate will be required to regularly monitor, measure and review the new employee's level of performance during the probationary period. During this time, the new employee will be evaluating and adjusting to his/her new position and work environment to determine if expectations are being met and assessing his/her overall fit to the organization and its mission, Fundamental Principles and values.

Procedure

1. Every new permanent employee of the College must successfully complete a probationary period before continued employment in a particular position is confirmed

2. The standard probationary period is three (3) months for all permanent positions, other than the Registrar, whose probationary period is determined by Council. However, the probationary period may be extended by the Registrar under certain circumstances as outlined below.

3. Every new permanent employee of the College will be given notice before hiring that a three (3) month probationary period is required. The length of the probationary period will be clearly stated in the employment agreement.

4. At the outset of the probationary period, the Registrar will inform the employee of his/her obligations and expected performance. The Registrar will provide the new employee with a copy of his/her job description and will review it to ensure clear understanding.

5. The Registrar will arrange for such orientation or training, if any, as the Registrar considers appropriate for the position is provided to new employees.

6. The College may extend this probationary period if, in its view, additional time is needed to assess the performance of the new employee before continued employment is confirmed. If the probationary period is extended, the College will provide the reasons for the extension to the employee in writing. Clearly defined, written objectives will also be set with the employee for the extended period to deal with performance issues in question.

7. The employment of a probationary employee may be terminated at any time without notice or payment in lieu thereof except as may be otherwise required under the Ontario *Employment Standards Act, 2000*.

4.0 PERFORMANCE APPRAISALS

Policy

The College recognizes that constructive and consistent communication of performance standards is essential to developing a high quality team.

The purpose of a performance appraisal tool is to permit the Registrar and the employee to develop a method of appraisal and feedback that:

- Measures and evaluates the employee's job-related attributes, behaviours and results;
- Ensures that the employee and the College are both clearly aware of the goals, performance measures and results;
- Ensures the goals are realistic and attainable;
- Determines what training and development is required for the purpose of encouraging employees to achieve their full potential within the College
- Provides the employee the opportunity of discussing with the Registrar how he/she can best assist the employee achieve their goals

Procedure

1. The performance of the Registrar will be reviewed by the Executive Committee in accordance with the Registrar's employment contract.

2. Performance appraisals for all other employees will be conducted by the Registrar or designate at the end of the probation period and annually thereafter.

3. Note: The date of a regular annual performance review will be on the first day of each fiscal year.

Process

The performance appraisal of all employees will follow the process below:

1. A mutually agreed upon time will be set for the appraisal interview. A copy of the *CRTO Employee Performance Appraisal Form* will be given to the employee in advance.

2. The employee will complete the employee's section of the *CRTO Employee Appraisal Form* at least one week before the scheduled performance appraisal meeting.

3. Input from the employee's immediate co-workers and others (e.g. Chair of a committee) will be obtained by the appraiser where appropriate.

4. The appraiser will complete the appraiser's section of the *CRTO Employee Performance Appraisal Form.*

5. The appraiser and the employee will meet at the scheduled time to review the appraisal. Both the employee's strengths and areas that require development/improvement will be discussed. Goals, accomplishments, suggested areas for development/improvement and resources for the employee's professional and personal development for the following year will be identified and documented.

6. The performance appraisal will be signed by the appraiser and the employee who will have the opportunity to reflect on the appraisal and add comments before signing. The employee signs only to acknowledge that the form has been reviewed with the Registrar/Manager/Appraiser and that he/she has received a copy of the form, and not necessarily to indicate agreement.

7. The original *CRTO Performance Appraisal Form* will be kept on the employee's file and a copy will be given to the employee.

5.0 PERSONNEL FILES

Policy

The Registrar, or delegate, will keep a personnel file for each employee in accordance with the Ontario *Employment Standard Act, 2000* and which will include documents that the employer considers relevant to job-related decisions about the employee's employment, that satisfy government reporting regulations or that are used for payroll and benefits processing. Personnel files will be available to authorized personnel only.

Procedure

The Registrar will maintain a personnel file for each employee which will contain the employee's name, current address and phone number, position, salary and benefits, next of kin and contact number, as well as other relevant documents respecting the employment relationship including vacation, leaves and performance.

The information contained in employee files is strictly confidential. Only the employee and the Registrar, or delegate, will have full access to an employee's file. Access to specific information may be obtained by others but only with the approval of the Registrar. Employees should communicate any changes in personal information such as benefit status, name, address, or phone number to the Registrar.

6.0 STATUTORY HOLIDAYS

Policy

The College will pay permanent Staff for the following statutory or other CRTO holidays in accordance with the provisions of the Ontario *Employment Standards Act, 2000*:

New Year's Day
Family Day
Good Friday
Victoria Day
Canada Day
Simcoe Day
Labour Day
Thanksgiving Day
Christmas Day
Boxing Day

The College office is closed during any normal working days between Christmas Day and New Year's Day, and full-time employees will be granted such working days off with pay. Part-time employees will be paid during this period in a percentage (%) equivalent to their regular FTE (I.e., an employee who works as half (0.5) FTE would have exactly half of the working days during this period paid).

In addition, at the discretion of the Registrar, the CRTO offices will close at noon on the last working day prior to any weekend containing a statutory holiday. All employees regularly scheduled to work on that day will be paid for the full day.

Procedure

When any statutory holiday falls on a weekend, the office will remain closed on the next official working day, which will be a lieu day off for employees.

At the beginning of each calendar year employees will be informed of the exact days on which these paid holidays will be observed.

7.0 WORKING HOURS

Policy

The College working hours, excluding lunch, breaks equal seven and a-half (7.5) hours per day, thirty-seven and a-half (37.5) hours per week.

Regular hours of work for full time permanent employees are between 8:30 a.m. to 4:00 p.m., Monday through Friday, subject to any individual personal arrangements made between employees and the Registrar. The office must not be left unattended between those hours, unless approved by the Registrar (e.g., Christmas lunch).

The hours of work for permanent part time or other employees shall be negotiated and fixed when hiring takes place.

Each employee who works a full day is entitled to one unpaid half-hour lunch break. The time at which the lunch break is taken is at the discretion of the Registrar/or delegate and is flexible as long as office and telephone coverage are arranged. In accordance with the Ontario *Employment Standards Act, 2000*, no employee shall work more than five (5) hours without taking his/her lunch break.

The College operates under a "no person alone" policy to assist in maintaining a safe workplace for all employees, meaning that should the occasion arise when there is only one staff member working in the office at any time, the front door to the CRTO suite shall remain locked. Members may still reach us via telephone or email during this period.

8.0 TIME SHEETS

Policy

All employees are entrusted to keep a record of hours worked, vacation taken, sick days taken, lieu time earned/taken on the *CRTO Attendance Record*. The Attendance Record must be submitted to the Finance and Office Manager at the end of each month.

9.0 PAYDAYS

Policy

The College is on a bi-monthly salary cycle. For employees on the payroll of the College salaries shall be deposited into the employee's bank account on the fifteenth (15^{th}) and last days of each month.

If the payday falls on a weekend or statutory holiday, then the pay will be deposited into the employee's bank account on the Friday before the weekend or the working day immediately prior to the statutory holiday. Unless required otherwise by the Ontario *Employment Standards Act, 2000*, accrued vacation pay will be deposited as per the usual schedule of bi-monthly with salary.

10.0 REIMBURSEMENT OF EXPENSES

Policy

Employees are entitled to be reimbursed for expenses reasonably incurred on behalf of the CRTO (supported by receipts), including business travel, provided that they are within the established policies of the CRTO and are within the budgeted allocation as approved by Council.

The CRTO will also reimburse employees for the use of personal cars on CRTO business at the standard Government of Ontario rate, but will not reimburse employees for any other operating expenses (e.g., maintenance, insurance, fuel, etc.) associated with the operation of the vehicle.
Employees may be paid a standard monthly amount at the discretion of the Registrar for person cell phones if those cell phones are a job requirement.

Procedure

All employees except the Registrar

1. For conference attendance and other more significant expenses prior approval must be sought from the Registrar (see Conference Attendance Policy pg 13.

2. To be reimbursed for travel and other expenses the employee must complete a Statement of Travelling/General Expenses form

3. The Registrar approves the expenses.

4. The cheque will be signed by two (2) internal signing officers (who are not the claimant) in accordance with the CP-Signing Officers & Authorized Personnel-206 Policy.

Registrar

1. To be reimbursed for travel and other expenses the Registrar must complete a Statement of Travelling/General Expenses form.

2. The cheque will be signed by two (2) internal signing officers (who are not the Registrar) in accordance with the CP-Signing Officers & Authorized Personnel-206 Policy.

11.0 VACATION, SICK DAYS, AND LEAVE OF ABSENCE

11.1 Vacation

Policy

Vacation entitlement (days/year) is based on the length of service and current position of the employee, according to the chart below:

Job Level	Years 1 to 3	Years 4 to 9	Years 10 to 15
Registrar & CEO	(to be determined by the Executive Committee and/or Council)		
Deputy Registrar	(to be determined by the Registrar)		

Manager	15	20	25
Coordinator	15	20	25
Other Support Staff	15	15	20

Vacation entitlement is calculated based on calendar year. The College recognizes the importance of vacations and encourages employees to use all vacation time earned. For permanent full time and permanent part time employees, vacation time is earned each month at the rate of one/twelfth (1/12) of the employee's annual entitlement for the first year of employment and is earned as an entire annual entitlement at the beginning of the second year employment, and may be taken only after successful completion of the probationary period and after it is earned. Vacation pay will accrue on earned wages in accordance with the Ontario *Employment Standards Act, 2000*.

For other employees, entitlement to vacation is as required by the Ontario *Employment Standards Act, 2000*.

Procedure

1. This vacation policy applies to all permanent full time and permanent part-time employees (pro-rated) Vacation entitlement is based on seniority **(job level) and length of service** of the staff. Vacation entitlement is calculated based on calendar year.

2. Vacation time is earned each month at the rate of one/twelfth (1/12) of the employee's annual entitlement for the first year of employment and is earned as an entire annual entitlement at the beginning of the second year employment.

3. Vacation time can only be taken after the successful completion of the probationary period and after it has been earned. Vacation time earned and vacation time taken will be recorded on the Attendance Record.

4. Vacation requests regarding the timing of vacation must be made in writing to the Registrar and/or the Manager/Supervisor in advance. The final approval of the vacation request is always at the discretion of the Registrar, taking into consideration the impact of the vacation on the operation of the College.

5. Employees are requested to complete their annual vacation time entitlement prior to the end of the calendar year. Where this is not possible fifteen (15) vacation days may be carried over to the next year at the discretion of the Registrar, subject to the Ontario *Employment Standards Act, 2000* which requires that two (2) weeks vacation time be taken within ten (10) months of the end of the vacation entitlement year.

6. Subject to the Ontario *Employment Standards Act, 2000*, upon termination of employment, an employee will receive, in the last pay cheque, accrued unpaid vacation pay to the date of termination of employment.

11.2 Extra Time Off

Requests for time off in excess of allowed vacation time will be considered as requests for personal unpaid leave of absence and must be approved by the Registrar or his/her Manager.

Requests for personal unpaid leave of absence by the Registrar must be submitted in writing to the President and must be approved by the Councilor the Executive Committee on behalf of Council.

11.3 Sick Leave

Policy

The College provides paid sick time to regular full-time and regular part-time staff employees to provide protection against loss of income if you are ill or injured, need to attend to a close personal relations/family member or if you need time off from work for necessary or routine health care.

Procedure

- All permanent full time and permanent part time employees (except those on a probationary period) are entitled to **no less than** fifteen (15) days sick leave in each calendar year, **subject to the provisions of individual contracts,** paid at the employee's regular day's wages. Sick leave entitlement is pro-rated for part time employees or partial years of service. Unused sick days are not accrued beyond the end of the calendar year and employees do not receive pay in lieu of unused sick days. Generally, a doctor's note is not required to substantiate the taking of isolated sick days. The College, at its discretion, retains the right to ask the employee for a doctor's note confirming that the employee is too ill to report to work. Sick leave may be used for personal illness or that of a child, spouse, partner, sibling or parent.

11.4 Medical Appointments

Permanent employees will be permitted paid time off for reasonable attendance at medical/dental appointments, at the discretion of the Registrar or Manager. For medical appointments that require an extended time (more than two (2) two hours each), permanent full time and permanent part time employees will use accumulated lieu time or vacation time.

11.5 Leave of Absence without Pay

Policy

The College recognizes that there are events and circumstances in employees' lives where they may wish to have or require time away from work. The College will consider all reasonable requests for unpaid leaves on a case-by-case basis. Consideration will also be given to the overall functioning, staffing, and service requirements of the College. Unpaid leaves may be reasonably denied if they are not operationally feasible or if the reason for the leave is deemed to be unreasonable by The College.

Procedure

- Employees are required to submit a written request for an unpaid leave of absence. The request must be given to the Registrar.
- Employees should provide as much notice as possible to The College and not less than two weeks' notice.
- The written request must include the start and end dates of the proposed leave, as well as the reason for the request.
- Typically employees requesting an unpaid leave are required to use their vacation, lieu time, and statutory holiday time in advance of unpaid leave.

11.6 Bereavement Leave

Policy

The College recognizes the importance and need for bereavement leave following the death of an immediate family member. The loss of an immediate family member can be difficult and requires time away from work to deal with emotional, family, and practical issues.

This policy applies to permanent employees only.

Procedure

1. A permanent employee will notify the Registrar or Delegate of the need of the bereavement leave and confirm the dates of the leave.

2. A) Bereavement leave of up to five (5) days will be granted upon the death of a spouse, partner, child, parent, or sibling, paid at the employee's regular day's wages.

   B) Bereavement leave of up to three (3) days will be granted upon the death of any other member of an employee's immediate family, including: grandparents, grandchildren, step-parents, step-children, parents-in-law, sisters-in-law and brothers-in-law.

3. Exceptional circumstances may be given special consideration

4. Vacation days may be used in conjunction with bereavement leave with prior approval by the Registrar or Manager.

11.7 Jury Duty and Court Leave

This policy applies to permanent employees only. When a permanent employee is required to serve as a juror or attend court as a witness in a legal proceeding, the College shall grant the employee a leave of absence during which the employee will receive pay at the employee's daily regular rate of pay less any amounts paid to employee for court duty for work days falling within the leave of absence up to a maximum of thirty (30) work days per annum. Employees are expected to return or come into work on any day in which attendance is required in a legal proceeding for fewer than half of the employee's regular working hours.

11.8 Notification on Calendar

All approved vacation days and any other scheduled time away from work once approved must be entered by the employee on the CRTO WebOffice calendar.

12.0 PREGNANCY AND PARENTAL LEAVE

Policy

An employee is entitled to unpaid maternity/adoption leave in accordance with the Ontario *Employment Standards Act, 2000*.

The provisions of this Act can be found at http://www.gov.on.ca/LAB/english/es/factsheets/fs_preg.html

Procedure

1. An employee who plans to take a pregnancy or parental leave is required to inform his/her Manager and/or Registrar a minimum of four (4) weeks prior to the commencement of the leave, so that start and finish date of the leave can be discussed.

2. If the employee wishes to change the date of return to work, he/she will give at least four (4) weeks' written notice to the Registrar before the return date.

3. If the employee wishes to resign from employment before the pregnancy and parental leave expires, or when it expires, the employee must give the Registrar at least four (4) week's notice of such resignation.

13.0 RETIREMENT, RESIGNATION AND TERMINATION

The normal retirement date for a staff member will be the thirtieth (30th) day of month following the attainment of age sixty-five (65).

Policy

1. All employees are required to give written notice of resignation in accordance with his or her employment agreement with the College.

2. The College may terminate an employee's employment with the College at any time. Terminations are to be treated in a confidential, professional manner by all concerned. The Registrar will ensure a thorough, consistent and professional termination process.

3. If the College terminates an employee's employment, the termination will be conducted in compliance with the Ontario *Employment Standards Act, 2000*.

Procedure

1. College employees who have worked three months or more but less than one year are entitled to written notice of termination of one (1) week or payment in lieu thereof.

2. College employees who have worked at least one (1) year but less than three (3) years are entitled to written notice of termination of two (2) weeks or payment in lieu thereof.

3. College employees who have worked three (3) years or more are entitled to written notice of termination of one (1) week for each year of employment, to a maximum notice period of eight (8) weeks, or payment in lieu thereof.

4. Paragraphs 1, 2 and 3 above do not apply to, and the College is not required to give notice of, termination of employment or payment in lieu thereof to an employee if:

    - the employee was hired for a specified term or task for a period not to exceed twelve (12) months;
    - an employee is only "temporarily laid off" (due to shortage of work);
    - an employee is terminated for cause, for example, because the employee is guilty of willful misconduct or disobedience, fraud, theft or a willful neglect of duty that has not been condoned;
    - the employee's contract of employment has become impossible or performance has been frustrated by a fortuitous or unforeseeable event or circumstance, as in fire or flood.
    - an employee has refused reasonable alternative work.

14.0 OVERTIME AND TIME OFF IN LIEU

Policy

The College makes every effort to place reasonable expectations on employees regarding hours of work. There is an understanding of the importance of balancing lifestyle and work commitments. However, from time to time, the College recognizes that employees may be required to work outside regularly scheduled hours to meet operational requirements. Work performed may be required past the usual finishing time or on days usually scheduled off.

This policy applies to all non-management employees. Supervisory and management positions are exempt from paid overtime.

Procedure

Employees requested or required to work overtime (that is, more than thirty-seven and a half (37.5) hours per week up to forty-four (44) hours per week) shall be compensated with equal time off in lieu, subject to the requirements of the Ontario *Employment Standards Act, 2000*. Overtime to be worked in excess of two (2) hours per day **MUST BE APPROVED IN ADVANCE BY** the Registrar or Manager.

- Employees' lieu time balance may not become a negative number.

- Employees should schedule the use of lieu time if the lieu bank exceeds twenty (20) hours.

- No lieu time may be accumulated in excess of forty (40) hours.
- Lieu time must be used up by the end of the calendar year.

15.0 BENEFITS

The College offers permanent full time employees a comprehensive benefit package including: Life Insurance, Accidental Death & Dismemberment; Critical Illness; Long Term Disability; Health, Vision and Dental Care. The terms and conditions of benefit plans can change from time to time, consequently, the plan contracts should be consulted for specific questions. The Registrar can provide this information upon request.

Permanent Part Time employees under certain conditions are eligible for some of the benefits as outlined below and in the benefit contracts; for questions regarding eligibility or terms of the plans please consult with the Registrar.

15.1 Health & Dental Coverage

All permanent full time employees are eligible for the health and dental coverage but coverage is optional.

Permanent part time employees working no less than zero point eight (.8) FTE eighty (80%) may request health and dental coverage.

15.2 Life Insurance

Life insurance is mandatory for all full time employees.

Permanent part time employees working no less than zero point eight (.8) FTE eighty (80%) may request to be part of the life insurance plan.

15.3 Group RRSP Plan

All permanent full time employees are eligible to enroll in the Group RRSP Plan. The minimum contribution percentage is three (3)% for each employee, and the College will match the employee contribution up to three (3)%.

Permanent part time employees working no less than zero point six (.6) FTE sixty (60%) are eligible to enroll in the group RRSP plan.

16.0 REPORTING OF INJURIES

Procedure

1. Any on the job injury will be reported to the Registrar or designate.

2. The appropriate first aid must be obtained for the injured employee.

3. Any on the job injury will be reported promptly to the appropriate regulatory authorities.

17.0 CUSTOMER SERVICE

Policy

The College will promote all stakeholders' access to the College's services, as mandated by *RHPA* and Council policies and in adherence to *AODA* Guidelines

Procedure

1. The office of the College will be open Monday to Friday, from 8:30 a.m. to 4:00 p.m. with the exception of statutory holidays and other holidays identified in the College's policies.

2. College staff's working hours will match the College's office hours to ensure that services are available to stakeholders during the stated office hours, except as approved by the Registrar.

3. A receptionist will be available during office hours to direct visitors and telephone calls to the appropriate staff member and avoid delays in services. All visitors and callers will be treated with respect and courtesy.

4. When the office of the College is closed for statutory or other holidays, an appropriate message will be recorded in the College's telephone system to inform callers of the closure and the date when the office will reopen.

5. Each College staff member will have a voice mailbox to receive messages. All inquiries and messages will be responded to within twenty-four (24) hours during weekdays and on the next working day if the message is received on a weekend or holiday.

18.0 STAFF PROFESSIONALISM

Policy

All College staff will conduct themselves in a professional and service-oriented manner.

Procedure

1. All College staff will attire themselves neatly and professionally while on duty at the College.

2. Any person (Council member, the public, a member or any other stakeholder) who contacts the College in person, by telephone or in writing will be treated with respect, courtesy and empathy.

3. College staff will take all possible actions to assist Council and Committees to fulfill their mandates.

4. College staff will take all possible actions to assist people who seek information and/or services, which are consistent with the mandate of the College and Council policies.

5. All College staff will recognize and respect each other's differences as well as treat each other with respect, courtesy and empathy.

6. All College staff will work in a collaborative manner.

7. No harassment, discriminatory remark/action or abuse, sexual or other, will be tolerated. College staff found guilty of any of the above will receive disciplinary sanctions, which may include dismissal (See policy on *Discrimination and Harassment).*

8. Any disagreement or conflict that arises between staff members will be resolved in an objective and amicable manner.

9. College staff will keep the Registrar appropriately informed of the progress, incidents and concerns in his/her area of responsibility.

10. To maintain a professional and non-distracting working environment, employees shall use good judgment and common sense for any personal use of items such as radios, cell phones, pagers, etc. in the office. Employees shall be respectful of their co-workers' rights and working environment at all times.

11. Email correspondence, at all times, will be professional in tone. Abusive, fraudulent, harassing or obscene messages and/or materials shall not be sent from, to, or stored on the College systems. At all times, generally accepted standards of email etiquette are expected. All email correspondence should treated with the same care and diligence applied to hard-copy memoranda.

12. The College recognizes that the Internet is a useful tool to aid employees in discharging their duties. As such, its primary use is for education, research, communication and administration as applicable to College business.

    Employees shall restrict their personal use of the Internet, email, telephone or faxes. The College reserves the right at any time to access and/or monitor any information or documents created, downloaded, stored or transmitted on such systems. Employees who violate this policy or abuse the College's systems will be subject to discipline, up to and including termination of employment

13. Use of Social Media: users should be aware that, regardless of privacy settings and other security precautions, information posted on social networking sites can be accessed by people other than "friends" or "followers" or others who were intended to view the information. Examples of the people who might come across personal social media sites are: CRTO members, volunteers; government and law enforcement agencies; and people with questionable intentions. In particular, there is no guarantee that a member of one social media network will not share content posted on an individual's site, page or profile with an unintended audience. Therefore utmost care should be taken to avoid sharing information which may be harmful to CRTO or which may inadvertently share personal data on anyone associated with the College.

19.0 CONFIDENTIALITY

Policy

All employees will maintain confidentiality with respect to all information obtained at the College as outlined in Section 36 of the *Regulated Health Professions Act (RHPA),* 1991. A breach of confidentiality will result in disciplinary sanctions, which may include dismissal and/or legal actions.

Procedure

1. Every employee shall sign an agreement to preserve secrecy of all information (relating to College business, members or other staff members) that comes to his/her knowledge in the course of his/her duties at the College. This may be an independent agreement or a confidentiality clause within an employment/service contract.

2. Every employee shall refrain from divulging any College information (in any medium) to individuals external to the College or to any College personnel (Council, Non-Council, staff or volunteer) who should not have any knowledge of the information. This condition holds during, as well as subsequent, to the person's association with the College. Exceptions are made to the release of information, which has been authorized by College policies, which are consistent with Section 36 of the *RHPA,* 1991.

3. Employees shall not make any statement to individuals external to the College without the prior approval of the Registrar, as per the communication policies of the CRTO.

4. Upon termination of employment, the individual shall return immediately all property of the College in his/her possession or control including, but not limited to, all records, documents and materials.

5. Any breach of the above policy and procedures will result in disciplinary sanctions, which may include dismissal, as well as legal sanctions.

6. The employees' obligations to maintain confidentiality related to all information obtained at the College as outlined above, shall continue after he or she leaves the employment or service of the College.

20.0 ALCOHOL AND ILLEGAL OR PRESCRIPTION DRUG USE

The College desires to provide a work environment that is both healthy and comfortable for all its employees. It is recognized that the use of alcohol or drugs may have serious adverse effects on an employee's health, safety, and job performance.

- All employees are expected to be fit for duty when reporting to work and remain fit for the duration of the day. This implies that employees must not be impaired by alcohol, illegal drugs, or prescription drugs. If an employee is required to take prescription drugs, these drugs should not inhibit their ability to proficiently perform their job functions.

- Employees are not to have alcohol, illegal drugs, or related paraphernalia in their possession while in the work place.

- Possession, use, or selling of alcohol, drugs, or drug paraphernalia on CRTO property, premises, or in organizational vehicles is prohibited.

- Use of alcohol for social functions or any circumstances related to organizational business may be permitted when approved beforehand by the Registrar . Approval must be obtained to ensure the use of alcohol does not contravene the intent of this policy.

21.0 DISCRIMINATION AND HARASSMENT

Policy

The College is committed to providing a work environment for all employees that is free from discrimination and harassment as defined in the Ontario Human Rights Code. No employee will be harassed or discriminated against because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offenses, marital status, family status, or handicap.

This policy applies to all College employees, including full-time, part-time, temporary, casual, and contract, employees, volunteers, or others engaged in activities on behalf of the College

In keeping with our legal responsibilities under the Ontario Human Rights Code, as well as our obligation as a socially responsible employer, the College will treat any complaint of harassment or discrimination as a serious matter. All complaints of discrimination and/or harassment broght to the attention of the College will be investigated.

Definition

Workplace harassment includes conduct or comments by a fellow employee, volunteer or others engaged in College business that are degrading, malicious, or threatening. Any person who continues with such behaviour that s/he knows, or ought reasonably to know, is unwelcome, may be guilty of harassment.

Examples of harassment include:

- Racial or ethnic slurs, including racially derogatory nicknames.
- Unwelcome remarks, jokes, innuendoes, or taunting about a person's body, age, marital status, sex, sexual orientation, ethnic/racial origin, religion, accent, or disability.
- Unwelcome suggestive staring or other obscene and/or offensive gestures.
- Unwanted and inappropriate physical contact, such as touching, kissing, patting, pinching, and brushing up against a person.
- Unwelcome sexually-oriented remarks, requests whether explicit or indirect in nature.
- Physical assault, including sexual assault.
- Misuse of authority (e.g. unfair delegation of work, refusal to hire or promote that is based on irrelevant factors, such as race, colour, age, sex, marital status, sexual orientation, and disability).

Workplace harassment does not include:

- Good natured joking and bantering that is mutually acceptable.

- Appropriate evaluation, direction, or discipline by an employee's supervisor.
- Stressful events associated with the performance of legitimate job requirements.

The Ontario Human Rights Code states that every person has the right to equal treatment in employment without being discriminated against based on the following prohibited grounds:

- Race
- Ancestry
- Place of origin
- Colour
- Ethnic origin
- Citizenship
- Creed (religion/beliefs)
- Sex (includes pregnancy)
- Sexual orientation
- Age
- Marital status
- Record of offenses
- Handicap.

The "workplace" as defined by the Ontario Human Rights Code is not limited to the offices, building, and property occupied by the College. It also includes:

- Any location where the business of the College is being carried out (e.g., external meeting rooms, conference locations).
- Other locations or situations such as during business travel or work-related social gatherings.
- Any other location where the prohibited behaviour may have a subsequent impact on the work relationship, environment, or performance.

Supervisory/Management Responsibilities

All management staff is responsible for creating a safe and supportive workplace that is free from discrimination and/or harassment. Management is obliged to ensure that discrimination and/or harassment is not allowed, condoned, or ignored. Management staff who fail to take immediate action once a complaint is properly brought to them may themselves be considered party to the harassment. All allegations of discrimination and/or harassment must be treated seriously and investigated.

Procedure

The following procedure should be followed to report an incident:

1. The employee should ask the offender to stop the unwanted behaviour or, if uncomfortable doing so, ask the Registrar or his/her Manager to do so on his/her behalf. The offender may not realize that the behaviour is unwanted.

2. The employee should keep a record of the discrimination and/or harassment, including items such as:
   - When did the discrimination and/or harassment start (include dates, times, and locations)?
   - What happened?
   - Were there any witnesses?
   - Were there any threats of reprisal?
   - What was the employee's response?

   Failure to record these details will not invalidate the complaint, but may make the investigation less effective.

3. The employee should report the problem to the Registrar:

4. The College is committed to investigating all complaints expeditiously, and in a professional manner. The complaint will be pursued by discussing the issue directly with involved employee/s, witness/es, and management representative/s. Every effort will be made to protect the privacy and reputation of all employees to the extent possible, while the investigation is underway.

5. No employee will be subject to any form of retaliation or discipline for pursuing a complaint. Prompt action will be taken to correct the situation. Any employee found guilty of harassment/abuse will be disciplined according to the seriousness of the offence. The disciplinary action may include dismissal. If the offence does not warrant dismissal, the College will ensure that the individual receives education and training to improve his/her sensitivity to the issues regarding harassment. Invalid or fabricated complaints brought forward for improper motives will also result in appropriate disciplinary action for the complainant up to and including dismissal.

The complainant will be informed of the action plan to remediate the complaint.

22.0 CONFLICT RESOLUTION

Policy

The College is committed to sustaining a positive work environment in which employees work constructively together. The problem resolution policy and process has been established as a foundation for ensuring that the work environment remains positive.
The problem resolution policy is intended to:

- Provide the opportunity to resolve a conflict or complaint quickly, fairly and without reprisal
- Improve communication and understanding between employees; and between employees and their supervisor
- Ensure confidence in management decisions by providing a mechanism whereby management decisions can be objectively reviewed

- Support a positive work environment by allocating supervisors responsibility for preventing and resolving conflicts and complaints

- Identify organization policies and procedures which need to be clarified or modified

Procedure

Employees who are experiencing a work related conflict or have a complaint are encouraged to resolve it through discussions with their supervisor whenever possible; in situations which cannot be resolved by the direct supervisor, the matter should be referred to the Registrar.

All requests for conflict resolution, complaints and appeals shall be fully investigated and a reply will be given as quickly as possible.

Penalty or retaliation against an employee who initiates conflict resolution or makes a complaint, or participates in a problem resolution investigation will not be tolerated and will be subject to disciplinary action.

23.0 PROFESSIONAL DEVELOPMENT

Policy

The College will provide assistance to staff to facilitate continuous professional development, subject to budgetary approval demonstration that the course/program is relevant to the employee's work at the College or otherwise supports the employee's role.

Procedure

1. During the annual performance appraisal, the Registrar and the employee will identify goals for professional and personal development for the coming year as outlined in the *Policy – Performance Appraisals.*

2. The achievement of the professional development goals and the outcome will become part of the criteria for the performance appraisal in the following year.

24.0 CONFERENCE ATTENDANCE

Policy

Staff are encouraged to attend workshops, conferences, seminars and other events in order to maintain and keep current knowledge applicable to his/her field of responsibility.

Procedure

1. Any request to attend a workshop, conference, seminar or other event must be made to the Registrar in writing, or in the case of the Registrar to a member of the Executive Committee; in rank order the President, Vice-President or a member-at-large.

2. Approval to attend an event will be made on the basis of relevance to employee's responsibilities, budget, scheduling and other employee attendance at events.

3. Where appropriate, following attendance at a workshop, conference, seminar or other event, the attendee will make a presentation to other employees.

25.0 WORK FROM HOME

Policy

Working from home, where operationally feasible, is a cost effective option that enables employees to achieve a balance between their work and personal lives, while fulfilling CRTO performance expectations. This policy outlines:

- which CRTO employees can work from home and under what circumstances;
- approval of working from home arrangements;
- performance expectations; and
- how will security issues be addressed.

A regular working from home arrangement is handled on an individual basis and should not be viewed as a right or obligation [1]. Approval of the working from home arrangement by the Registrar shall be made on a case-by-case basis considering the following criteria:

1. it must be operationally feasible;
2. it must be cost effective;
3. the home office must be a suitable working environment;
4. suitable security arrangements must be in place; and
5. the employee's work must fully meet performance expectations.

Operationally feasible

Only staff whose in-person presence in the CRTO office is not required can negotiate a work from home arrangement. For example, it is not feasible to have a "front desk" employee work from home; there must be a staff person available in person to respond to registration inquiries; there must be a staff person available to respond to professional practice inquiries by phone or email. College business must be of primary importance and employees are expected to schedule any work from home days so that they are available for CRTO business such as in-person meetings or other situations where personal attendance is required.

Cost effectiveness

While staff will likely benefit from the work from home arrangement due to a reduction in commuting costs, any arrangement must be done in such a way as to ensure there is no net cost to the CRTO. The employee is responsible for the overhead costs of the home office (e.g. desks, chairs, computer table, etc).

Home office must be a suitable working environment

[1] In addition to regular working from home arrangements, staff may work from home on an occasional basis when weather or other conditions render it unsafe to travel. In such cases the sections on security arrangements and performance expectations still apply.

Setting up a home office involves designing a work environment that enables an employee to successfully meet the goals and objectives associated with their role. It is the employee's responsibility to ensure and maintain a safe, secure, healthy, and comfortable home work environment. For example, arrangements must be made to ensure that dependent care does not interfere with work, and there are a minimum of personal disruptions such as non-business telephone calls and visitors.

Suitable security arrangements

Computers
Each individual employee is responsible for the security of all CRTO information and property, including but not limited to, member information, CRTO documents and files, software and hardware. Information should be kept as secure and confidential as it would in the CRTO office. For example:

- If using a personal computer CRTO information should not be created or stored on personally owned computers (i.e., CRTO information should be accessed directly through a home computer via GoToMyPc or other specified remote access; a CRTO laptop with or without USB can be used).
- Important/confidential information should not be left in plain sight around the home workspace, including CDs or USB devices. Employees must make reasonable efforts to physically secure computer and related equipment.
- When using home computers employees are responsible for ensuring antivirus software is up to date (Avast is free for home use).
- CRTO equipment such as laptops must not be used as family computers, which have games and other non-business software installed.
- Wireless communication (i.e., Linksys router) must be a secured connection.

Core applications for home computers include:
- Internet Explorer or another Internet browser
- Antivirus Software
- Remote Connectivity
- Headset (if used to be provided by the CRTO)

Telephone
Employees must be able to be contacted at home via phone during their normal working hours and have the ability to check work voice mail and make outgoing calls. The following should be considered when using the home phone for business use:
- When making outside business calls the home phone number should be blocked. (some Phone service providers may charge a fee for this) ;
- For long distance calls a work Blackberry can be used or receipts submitted;
- To ensure confidentiality calls should be made from a private environment

Core applications for home phone include:
- Standard phone equipment
- Universal Skype account

Employee's work must fully meet performance expectations

Working from home is considered to be a "virtual office" arrangement and staff availability and accessibility is expected to be the same as if the employee was present in the CRTO office. As with other absences, time off or alternative hours must be arranged with the employee's supervisor in advance.

PROCEDURE
A regular work from home arrangement must be approved by the Registrar and a signed agreement between the employee and Registrar stored in the employee file (*see Appendix 1 for template*).

Appendix 1 - Work From Home Agreement Template

Title:
Work from home agreement template

NUMBER:

Appendix 1 to CRTO Employment Policies and Procedures AD-Employment-001

Date originally approved:
16/Oct/2009

Date revision approved:

Work From Home Agreement

Between the Registrar and _____

I approve a maximum of one day per week to be worked from home to be negotiated no more than one year in advance.

_____ _____
Registrar Date

I, _____, have read and understand the CRTO Work from Home Policy and agree to abide bye performance expectations and implement the security arrangements.

I understand that should my in-person presence be required at the office for any reason I will rearrange or forfeit my work from home day for that week.

I also understand that this work from home arrangement may be reviewed, revised or terminated by the Registrar if she or he believes that to continue the current arrangement is not in the best interest of the College.

_____ _____

Employee signature Date

Attachment

- Work From Home Policy