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# Respiratory Therapists As Anesthesia Assistants

## PROFESSIONAL PRACTICE GUIDELINE



## Professional Practice Guideline

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

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

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## Introduction

For several decades, Registered Respiratory Therapists (RRTs) have worked alongside anesthesiologists in Ontario operating rooms, providing technical support on the proper use and maintenance of the anesthetic gas machine in addition to airway management. Since the implementation of the Anesthesia Care Team model in 2009, the role of the Respiratory Therapists practicing under the supervision of an anesthesiologist has evolved to include a number of additional activities, such as the provision of conscious sedation, administration of anesthetic gases medications, insertion and management of arterial lines and the assessment of the depth of anesthesia. The locations where RRTs now provide these services have also expanded to include labour and delivery, emergency departments, specialty suites such as endoscopy and private dental practices.

## Professional Titles, Roles & Responsibilities

### Professional Titles

The title for this role RRTs play in varies between institutions. Although the title of “Anesthesia Assistant” (AA) is not a legislatively protected title, it has been associated with this role in some facilities in Ontario. In the Canadian Anesthesia Society’s (CAS) [2018 Position Paper on Anesthesia Assistants](#), the CAS states that individuals working as AAs “should be experienced healthcare professionals who have pursued a defined period of didactic and clinical training specific to the competencies required to be an AA”. In addition, it is the position of the CRTO is that an RRT must not use the title of Anesthesia Assistant unless they have completed a recognized Anesthesia Assistant educational program.

## CSRT's Certified Clinical Anesthesia Assistant (CCAA)

The Canadian Society for Respiratory Therapy (CSRT) offers a credential for Anesthesia Assistants – the Certified Clinical Anesthesia Assistant (CCAA). This credential is awarded to regulated health care professionals who (1) have completed an accredited anesthesia assistant program, and (2) have successfully passed the credentialing exam offered by the Canadian Board for Respiratory Care (CBRC). Those holding the CCAA credential must remain registered with the CSRT and participate in the continuing education program for the CCAA.

Details of the program can be found on the CSRT website: [www.csrt.com](http://www.csrt.com).

The CCAA is not a substitute for registration with a regulatory body – in fact, maintenance of the CCAA requires ongoing registration with a regulator. ALL RTs wishing to practice in Ontario must be registered with the CRTO. The CRTO does not require its Members who work as AAs to obtain the CCAA designation.

## Anesthesia Assistants & Advanced Practice Roles

In 2010, the CRTO released a discussion paper examining the question of whether or not anesthesia assistance could be considered an area of advanced practice. The report used the Strong model of advance practice as the basis for determination and concluded that, while anesthesia assistance does require additional training beyond that of an entry-to-practice respiratory therapy program, it did not meet the criteria for advanced practice.

The report can be viewed here: [www.crto.on.ca/pdf/Reports/AA\\_Final\\_Report.pdf](http://www.crto.on.ca/pdf/Reports/AA_Final_Report.pdf)

## Working under the Direction and Supervision of an Anesthesiologist

The CAS 2018 [Position Paper on Anesthesia Assistants](#) stipulates that AAs work under the direction and supervision of an anesthesiologist. The same principle applies to all RTs, regardless of whether they have received AA training or not, which is that the RT is not to be the primary provider of anesthesia services.

# Scope of Practice, Competencies & Authorized Acts

## Scope of Practice

The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice outlined in the *Respiratory Therapy Act* (RTA), which is as follows:

*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.*

## Competencies

Many of the procedures that Respiratory Therapists perform in the area of anesthesia are entry-to-practice competencies taught in respiratory therapy programs. For those skills beyond entry-to-practice competency, many of the RRTs performing these activities have undergone on-site training. Others have completed Anesthesia Assistant educational programs. Although the CRTO does not specifically require its Members undergo additional certification or “proof” of formalized training from its Members to carry out or to enhance their practice, the CRTO supports and encourages a consistent and measurable process to enhance the skills of its members.

## Authorized Acts Performed by RRTs in an Operating Room Setting

Many of the tasks performed by RRTs under the supervision of an anesthesiologist are done under the controlled acts that are authorized to Respiratory Therapists via the RTA, which are as follows:

1. ***Performing a prescribed procedure below the dermis***, such as:
  - Arterial line insertion
  - Intravenous and/or intra-arterial catheter insertion
  - Pulmonary artery catheters and central venous catheter insertion
2. ***Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.***
  - Routine and difficult airway management
  - Oro/nasogastric tube insertion
  - Performing Bronchoscopy
  - Assisting in emergence from anesthesia (e.g., tracheal extubation, removal of laryngeal mask airway)
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.***

- Assisting with induction and maintenance of anesthesia
- Providing procedural sedation (e.g., administration of narcotics)
- Administering blood products
- Ventilation management

5. ***Administering a prescribed substance by inhalation.***

More information on controlled acts authorized to Respiratory Therapists can be found in the [CRTO's Interpretation of Authorized Act Professional Practice Guideline](#).

### Public Domain Activities Performed by RRTs in an Operating Room Setting

Other tasks performed by RRTs under the direction and supervision of an |anesthesiologist are not controlled acts, and therefore rest within the public domain. This means that these activities can be performed by any healthcare professional who possesses the requisite competencies. The following are examples of public domain activities routinely performed by RRTs providing anesthesia services:

- Pre-operative assessments
- Set up, calibration and troubleshooting of anesthesia equipment and patient monitors
- Intraoperative and post-operative patient monitoring (e.g., EtCO<sub>2</sub>, SpO<sub>2</sub>)
- Patient transfer to/from various care areas (e.g., Post Anesthetic Care Unit, ED, ICU, Surgical Floor)

### Authorizing Mechanisms

AAs execute medical orders and directives as prescribed by anesthesiologists. 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.*

\* **Please note:** depending on the practice setting, other legislation may require an order even for these acts (e.g., the Public Hospitals Act). Almost all controlled acts authorized to Respiratory Therapists require a valid order.

Both direct orders and medical directives are valid authorizing mechanisms and either be used by an RRT providing anesthesia services. The only exception to this is when controlled substances are administer, in which case a direct order must be used. More information on this can be found in the section entitled [Controlled Substances](#).

More information on authorizing mechanisms can be found in the [CRTO's Orders for Medical Care Professional Practice Guideline](#).

## Delegation

Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act. When the task to be performed is neither authorized to Respiratory Therapists nor part of the public domain, it must be delegated to the RRT from another competent, regulated health care professional who has the authority to perform the controlled act. The following are examples of tasks that RRTs might receive delegation for when providing anesthesia services:

- Dispensing medication
- Putting an instrument, hand or finger beyond the opening of the urethra, beyond the anal verge or into an artificial opening into the body
- Application of a form of energy for nerve conduction studies, cardioversion, defibrillation or transcutaneous cardiac pacing

More information on delegation can be found in the [CRTO's Delegation of Controlled Acts Professional Practice Guideline](#).

### Please Note:

As of January 1, 2019, RRTs who wish to use ultrasound in their practice (e.g., for guided arterial line insertions) will require delegation. Therefore, two things are needed to continue using ultrasound in your practice:

1. An order
  - As outlined in the [CRTO Orders for Medical Care Professional Practice Guideline \(PPG\)](#) (pp. 10 – 11) & the [CRTO Position Statement on Medical Directives](#), there are two types of orders:
    - i. A direct order (naming an individual patient)
    - ii. A medical directive (for a broad group/type of patient)
2. Delegation
  - As outlined in the [CRTO Delegation PPG](#), delegation is the transfer of legal authority from a profession who has the authority (e.g., a physician) to someone who does not (in this case, an RRT or group of RRTs).

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has additional information on these processes, as well as [templates](#) that combine a medical directive with a delegation document.



## Controlled Substances

RRTs are authorized to administer controlled substances and other medications to a particular patient or group of patients, provided they have a valid order. It is essential to first determine if a controlled substance is being administered or dispensed. If the obtained medication is prepared and administered at that time to a patient, then it's considered to be administration and not dispensing (e.g., providing procedural sedation to a patient in the OR).

The *Controlled Drugs and Substances Act* states that the physician who orders a controlled substance must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance.

More information on controlled substances can be found in the [CRTO's Handling, Administration and Dispensing of Controlled Substances Position Statement](#).

## Dispensing

The RTA does not authorize RTs to dispense medication, however, this controlled act can be delegated to an RT from a regulated health care professional who has the authority to delegate dispensing. In addition, RTs can obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician.

More information on Dispensing can be found in the [CRTO's Administering & Dispensing Medications Professional Practice Guideline](#).

## Documentation

The purpose of documentation is to preserve a permanent and accurate record of the care a patient receives. This includes documentation in the patient's Personal Health Records (PHR), as well as equipment maintenance records, transfer of accountability (TOA) reports, adverse event/critical incident reports, etc. RTs working as AAs may be to document in a paper record, in an electronic system, or a combination, as specified by the facility where the patient care is provided. In addition, each phase of the continuum of anesthesia care (pre-operative, intra-operative and post-operative) has its own unique documentation requirements. However, RTs working as Anesthesia Assistants are required to adhere to the same documentation standards as RTs in any other practice setting.

More information on the CRTO's Documentation Standards can be found in the [CRTO's Documentation Professional Practice Guideline](#) and the [CRTO Standards of Practice](#) document (Standard 7).



**College of Respiratory  
Therapists of Ontario**

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**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:

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