

Saskatchewan College of Respiratory Therapists

Standards of Practice (2018)

Final

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



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About the Standards

The Standards of Practice (Standards) outline the framework for legal and professional practice for all Saskatchewan College of Respiratory Therapists (SCRT) Members, in all categories of licensure. Members are professionally accountable to practise in accordance with these Standards. The SCRT may refer to this publication to determine whether appropriate Standards of practice and professional responsibility have been met and/or maintained by its Members. These Standards are intended to inform **Respiratory Therapists (RTs)*** of their accountabilities and to inform the public what they can expect when receiving care from an RT. These Standards apply to all RTs, regardless of their role, job description, and area of practice.

* For the purpose of this document, Respiratory Therapists (RTs)* refers to Registered Respiratory Therapists (RRTs), and Graduate Respiratory Therapists (GRTs)]

How the Standards of Practice were Developed

The SCRT and the College of Respiratory Therapists of Ontario (CRTO) collaborated on the development of these Standards of Practice. Both the SCRT and CRTO wish to acknowledge the Standards of Practice Advisory Group members who assisted in the development of these Standards.

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The Standards of Practice Advisory Group would like to extend a special thank you to Dianne Parker-Taillon & Dawn Burnett of **Parker-Taillon Consulting Inc.** for their expert guidance in the development of this Standards of Practice document.

Purpose of Standards of Practice

The ‘Standards of Practice’ of a profession describe the requirements for professional practice. Many standards are written down and formally approved by the SCRT. Other standards are unwritten expectations that define generally accepted practice adopted by Saskatchewan respiratory therapists. Collectively, the standards, as well as relevant legislation (including regulations and bylaws), position statements, policies and practice guidelines establish a framework for the practice of Respiratory Therapy in Saskatchewan. Health regulatory bodies like the SCRT are required to develop and maintain standards of practice that establish the following:

- The level of quality and safety required of professional services provided to the public by its Members.
- A legal framework for the professional practice for all Members, in all classes of registration regardless of their roles, job descriptions, and areas of practice.
- A means to determine whether appropriate standards of practice and professional responsibilities have been met or are being maintained by Members.
- A reference against which to consider any complaints about the practice of SCRT Members.
- A mechanism to promote the continuing competence of self-regulated health care professionals by helping Members to identify continuing quality improvement opportunities.

Members of the SCRT are professionally accountable to practice in accordance with these Standards. Standards of Practice can be revised at any time, and it is individual practitioners’ responsibility to be aware of any changes relevant to their practice.

Standards of Practice serve a variety of purposes to different stakeholder groups as outlined in Table 1.

Table 1. Purpose of Standards of Practice According to Stakeholder Group	
Stakeholders	Purpose of Standards of Practice
Members	Outlines performance requirements, accountabilities, and responsibilities involved in providing safe, competent and ethical care.
Regulatory College	Provides a reference for professional practice, complaints, and discipline against which actual performance can be compared.
Public	Outlines what the public and patients/clients can expect when receiving care from, or interacting with, Members; contributes to protection of the public.
Other Health Professionals	Provides others with a description of the profession’s specific roles and RTs’ responsibilities.
Employers	Provides a reference for the development of job descriptions, professional roles/ supports, and performance evaluation.

How the Standards of Practice are Organized

The Standards are designed as a comprehensive, integrated entity. **Each Standard should be considered in conjunction with the others.** The Standards of Practice are organized alphabetically for ease of access.

Each Standard includes the following headings:

- *Standard statement*: describes the legal and professional requirements on Members.
- *Performance requirements*: outlines the actions that must be demonstrated to indicate how the standard is met. The requirements are not outlined in order of importance nor are they a comprehensive list.
- *Patient/client expected outcome*: describes what patients/clients should expect when they receive care.
- *Related standards*: provide essential additional information related to the specific standard. **Members are strongly encouraged to read the information included in Related Standards.**
- *Resources*: includes a list of documents that provide additional information related to the standard.
- *Glossary*: includes a list of definitions of key terms used in the standards. Words are bolded the first time they appear in the Standard.

Assumptions

The Standards are based on the following:

- Respiratory Therapists are committed to:
 - providing safe, competent, collaborative, and ethical patient/client-centred care;
 - maintaining a high standard of professional practice through self-governance;
 - lifelong learning and the development of knowledge, skills, and abilities throughout their careers;
 - ongoing professional development;
 - the principles of accountability in all aspects of their professional practice; and
 - practising in a manner consistent with legislation/regulations.
- The Standards are intended to:
 - reflect the SCRT's public responsibility/commitment to the public;
 - collectively outline mandatory minimum performance requirements to which all Members are expected to adhere regardless of their experience, role or area of practice; and
 - be used in conjunction with other SCRT documents (e.g., Code of Ethics, Position Statements, and Practice Guidelines) that together describe and guide professional practice.
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It is important to note that employers may have policies in place that relate to specific Standards. If an employer's policies are more restrictive than the SCRT's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than those of the SCRT, the RT must adhere to the SCRT's requirements.

Standards of Practice

Standard 1. Business Practices

Standard

Respiratory Therapists (RTs) must only engage in **business practices**¹ that are transparent, ethical, and not misleading to the public.

Performance Requirements

Advertising and Marketing

RTs:

- a. Only use marketing strategies that ensure the dignity and integrity of the profession are upheld.
- b. Advertise accurately and truthfully to provide a clear, factual, and verifiable representation of the products and services offered.
- c. Advertise only those products and services that they have the **competence** to provide.
- d. Must not include testimonials in their advertising.
- e. Use advertising that:
 - i. is not false or misleading,
 - ii. does not claim their products and services to be superior to that of others and
 - iii. is easy for the **patient/client** to understand.
- f. Refrain from either directly or indirectly soliciting patients/clients through mechanisms such as personal contact, email or other forms of communication in an attempt to further their own business interests.
- g. Must not solicit their employers' clients for private practice and must adhere to their employment contract when leaving their place of employment.

Fees and Billing

RTs:

- a. Prior to the initiation of care, clearly and accurately inform patients/clients of all required fees for products and services ensuring that there are no hidden costs.
- b. Must ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and cancelled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees, and third-party fee payments.
- c. Issue patients/clients a complete billing record of the products and services purchased in a **timely** fashion.
- d. Support the establishment of processes to address fee discrepancies/errors in a timely manner.
- e. Retain accurate financial records related to sales of products and services.
- f. Must not offer discounts that may diminish the value of RT service offered by the profession (e.g., Groupon)

¹ Words in the Glossary are bolded the first time they appear in the Standard.

Patient/Client Expected Outcome

Patients/clients can expect that the products, services, and care provided by RTs adhere to business practices that are ethical, accurate, truthful, and not misleading.

Related Standards

- Communication
- Conflict of Interest
- Documentation & Information Management
- Professional Responsibilities

Resources

- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2012). *Ontario Regulation 596/94 under the Respiratory Therapy Act. Advertising*. Available at: <https://www.ontario.ca/laws/regulation/940596/v5>
- College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/conflict_of_interest.pdf
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Business practices refer to procedures, processes, or rules employed or followed by a company in the pursuit of its objectives. It can include but is not limited to activities such as advertising, fees, and billing procedures.²

Competence refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”³

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁴

Timely refers to “happening at the correct or most useful time: not happening too late.”⁵

² Adapted from Business Dictionary. (2017). *Online Dictionary*. Available at: <http://www.businessdictionary.com/definition/business-practice.html>

³ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>

⁴ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>

⁵ Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely>

Standard 2. Collaboration/Interprofessional Collaboration

Standard

Respiratory Therapists (RTs) participate in **collaborative practice**¹ with interprofessional **healthcare team** members to facilitate **patient/client**-centred care.

Performance Requirements

RTs:

- a. Work collaboratively with patients/clients, healthcare team members, and **community partners** to set goals, promote shared decision-making, and facilitate patient/client-centred care.
- b. **Communicate** and interact with patients/clients, healthcare team members, and others in a manner that demonstrates respect, dignity, and appreciation of individual differences and opinions.
- c. Refrain from maligning the reputation of any colleague.
- d. Engage with other healthcare team members to seek information, clarify roles, obtain assistance when needed, and provide assistance as required, in order to meet patient/client healthcare needs.
- e. Educate patients/clients, healthcare team members, and others regarding the role of RTs.

Patient/Client Expected Outcome

Patients/clients can expect that RTs collaborate with other healthcare team members to promote safe, **competent**, ethical, and coordinated patient/client-centred care.

Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

Resources

- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- Canadian Society of Respiratory Therapists. (2008) *Standards of Practice*. Available at <http://www.csrt.com/standards-of-practice/>
- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

¹ Words in the Glossary are bolded the first time they appear in the Standard

- College of Respiratory Therapists of Ontario. (2015). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/MembersAsEducators.pdf>
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <http://www.CRTO.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>
- Federation of Health Regulatory Colleges of Ontario. (2014). *Interprofessional Collaboration (IPC) eTool*. Available at <http://ipc.fhrco.org/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Collaborative practice refers to “the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making and partnerships.”²

Communicate refers to “give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings or information easily or effectively.”³ Implies two-way communication between the speaker and recipient involving active listening and reception.

Community partners includes but is not limited to regional, local, and community health, academic, and social organizations which may directly or indirectly support patient/client care.

Competent refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”⁴

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”⁵

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁶

² Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

³ Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate>

⁴ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁶ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

Standard 3. Communication

Standard

Respiratory Therapists (RTs) must use clear and effective communication techniques to provide information to support safe, **competent**,¹ ethical **patient/client** care.

Performance Requirements

RTs:

- a. **Communicate** pertinent information clearly and accurately to patients/clients, **healthcare team** members, and others through verbal, non-verbal, and/or written means.
- b. Deliver information in a manner that acknowledges individual diversity and health literacy and facilitates patients'/clients' understanding of pertinent information.
- c. Demonstrate **professionalism** and respect in all forms of communication (e.g., verbal, non-verbal, written, social media).
- d. Use information communication technologies **appropriately** to provide safe care to patients/clients.
- e. Use appropriate techniques for the accurate, secure, and **timely** transfer of information to other healthcare team members.
- f. Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing.
- g. Abide by privacy legislation and understand when it is appropriate to share, what information may be shared, and to whom it must be shared.
- h. Document every patient/client interaction in a timely manner, using the most suitable format.

Patient/Client Expected Outcome

Patients/clients can expect that RTs communicate clearly and professionally when providing care.

Related Standards

- Collaboration/Interprofessional Collaboration
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships

Resources

- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2013). *CRTO Social Media Policy*. Available at: http://www.CRTO.on.ca/pdf/Policies/PR_Social_Media_103.pdf
- College of Respiratory Therapists of Ontario et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at <http://www.CRTO.on.ca/members/professional-development/e-learning/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>

Glossary

¹ Words in the Glossary are bolded the first time they appear in the Standard

Appropriately refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Communicate refers to “give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings or information easily or effectively.”² It implies a two-way communication process between the speaker and recipient involving active listening and reception.

Competent refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”³

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.⁴

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁵

Professionalism or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential impact.⁶

Timely refers to “happening at the correct or most useful time: not happening too late.”⁷

² Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate>

³ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁶ Adapted from College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: http://www.CRTO.on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf

⁷ Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely>

Standard 4. Competence/Ongoing Competence

Standard

Respiratory Therapists (RTs) must provide **competent**¹ **patient/client** care and ensure their knowledge, skills, and judgement/abilities remain current on an ongoing basis.

Performance Requirements

RTs:

- a. Possess the competence pertinent to the role and responsibilities of their areas of practice.
- b. Refrain from performing activities/procedures for which they are not competent.
- c. Keep their knowledge and skills current and upgrade competence in response to the development of new technologies and methods of delivering care.
- d. Practice within the **professional scope of practice** and their **personal scope of practice**.
- e. Recognize and acknowledge limitations in their competence and seek additional knowledge, guidance, or assistance from others as **appropriate**.
- f. Assume responsibility for their personal and professional development.
- g. Assess their level of competence based on **evidence-informed** practices, identifying learning needs, and developing strategies to address the learning requirements.
- h. Comply with applicable regulatory requirements for professional development/continuing education (e.g., SCRT Continuing Education Policy).
- i. Recognize when professional or personal difficulties are affecting their ability to provide safe and competent care and seek appropriate assistance.
- j. Provide care only when free from the influence of alcohol, drugs or other substances, or any condition that might impede the delivery of safe services.

Patient/Client Expected Outcome

Patients/clients can expect that RTs provide competent care at all times.

Related Standards

- Evidence-Informed Practice
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities
- Safety & Risk Management

Resources

- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College and Association of Respiratory Therapists of Alberta. (2009). *Standards of Practice*. Available at: <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *Scope of Practice and Maintenance of Competency*. Available at: http://www.CRTO.on.ca/pdf/Communiques/Scope_of_Practice.pdf
- College of Respiratory Therapists of Ontario. (2016). *Professional Development Program*. Available at <http://www.CRTO.on.ca/members/professional-development/quality-assurance/>
- Ontario Government. (1991). *Regulated Health Professions Act*. Available at <https://www.ontario.ca/laws/statute/91r18>

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- Ontario Government. (1991). *Respiratory Therapy Act*. Available at <https://www.ontario.ca/laws/statute/91r39>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2016). *Continuing Education Program*. Available at http://s crt.ca/site/ce_package?nav=06
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Appropriate refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Competent refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”²

Evidence-informed refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.”³

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁴

Personal scope of practice refers to what is often “a subset of the overall scope of practice of a profession (professional scope) ... A Member’s personal scope of practice begins with their education, but usually evolves over time as a result of their practice setting, clinical experience and demonstrated competencies.”⁵

Professional scope of practice refers to all the competencies that an RT is expected to have obtained at entry to practice, and is outlined in the National Competency Framework.⁶

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: http://www.cno.org/globalassets/docs/reg/41042_entrypracprn.pdf

⁴ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ College of Respiratory Therapists of Ontario. (2016). *Scope of Practice and Maintenance of Competency Communique*. Available at: http://www.CRTO.on.ca/pdf/Communique/Scope_of_Practice.pdf

⁶ Adapted from College of Respiratory Therapists of Ontario. (2016). *Scope of Practice and Maintenance of Competency Communique*. Available at: http://www.CRTO.on.ca/pdf/Communique/Scope_of_Practice.pdf

Standard 5. Conflict of Interest

Standard

Respiratory Therapists (RTs) must prevent, avoid, and where it is impossible to prevent or avoid, manage any actual, potential or perceived **conflicts of interest**.¹

Performance Requirements

RTs:

- a. Identify and avoid participating in what a **reasonable person** would conclude involves an actual, potential or perceived conflict of interest. Conflict of interest situations can include but are not limited to:
 - i. providing benefits to another person or receiving benefits for the purpose of inducing a **patient/client** referral; referrals must be based on patient/client need,
 - ii. influencing patients'/clients' choice of service options and/or providers for personal gain, and
 - iii. providing care to individuals with whom they have a personal relationship (e.g., family members).
- b. In circumstances where the conflict of interest cannot be avoided, (e.g., rural communities, specialized practice), manage the conflict by full disclosure to patients/clients and others, and ensure discussion and management strategies are documented.
- c. Inform patients/clients of the option of selecting an alternate service provider or product (and, where one exists, provide the name of at least one comparable service provider or product) and assure patients/clients that the service, products or health care provided will not be adversely affected by their selection of an alternate supplier or product.
- d. Adhere to the SCRT Conflict of Interest regulation

Patient/Client Expected Outcome

Patients/clients can expect that RTs put the patient/client interest first and any actual, potential or perceived conflicts of interest are avoided, and if required are addressed.

Related Standards

- Business Practices
- Consent
- Documentation & Information Management
- Professional Responsibilities

Resources

- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/conflict_of_interest.pdf

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- Council of the College of Respiratory Therapists. (2013). *Ontario Regulation 250/13 made under the Respiratory Therapy Act. Conflict of Interest*. Available at: <https://www.ontario.ca/laws/regulation/r13250>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Conflicts of interest refer to “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 of benefit. A conflict of interest may be actual, potential or perceived.”²

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.³

Reasonable person refers to “a hypothetical person in society who exercises average care, skill, and judgement in conduct and who serves as a comparative standard for determining liability,”⁴ or “an individual who is neutral and informed.”⁵

² College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/conflict_of_interest.pdf

³ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ The Free Dictionary. (2017). *Online Dictionary*. Available at: <http://legal-dictionary.thefreedictionary.com/Reasonable+Person>

⁵ College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/conflict_of_interest.pdf

Standard 6. Consent

Standard

Respiratory Therapists (RTs) must, prior to initiation of **patient/client care**¹, confirm that voluntary **informed consent** has been obtained from **patients/clients** in accordance with all relevant legislative and regulatory requirements relating to consent, capacity, and **substitute decision makers**.

Performance Requirements

RTs:

- a. Must ensure there is a mechanism for obtaining voluntary informed consent for care, treatment, and participation in research.
- b. If necessary, determine if patients/clients are **capable** of providing informed consent; and if deemed to be **incapable**, obtain consent from a designated substitute decision maker.
- c. **Communicate** with patients/clients to explain the proposed treatment(s) and facilitate their understanding of the benefits, risks, possible treatment alternatives, and consequences of not participating in the proposed care.
- d. Respect the patients'/clients' autonomy to question, refuse treatment or withdraw from care at any time.
- e. Obtain patients'/clients' consent to proposed and ongoing care, or withdrawal of care, and as required, document accordingly.

Patient/Client Expected Outcome

Patients/clients can expect that RTs confirm informed consent has been obtained to the proposed care and that patients/clients have the right to question, refuse or withdraw from care at any time.

Related Standards

- Communication
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Resources

- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>
- Ontario Government. (1992). *Substitute Decisions Act*. Available at: <https://www.ontario.ca/laws/statute/92s30>
- Ontario Government. (1996). *Health Care Consent Act*. Available at: <https://www.ontario.ca/laws/statute/96h02>

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Capable refers to “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.”²

Communicate refers to “give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings or information easily or effectively.”³ It implies a two-way communication process between the speaker and recipient involving active listening and reception.

Incapable/incapacity refers to “a person who is diagnosed as being mentally ill, senile, or suffering from some other disability that prevents them from managing his own affairs...a guardian is appointed to handle the person’s property and personal affairs.”⁴

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.⁵

Patient/client care refers to all the services provided by Respiratory Therapists including, but not limited to assessment, treatment, and education interventions.

Patients/clients refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁶

Substitute decision makers refer to “individuals who may give or withhold consent on behalf of an incapacitated patient/client (e.g., guardian, attorney for personal care, spouse, partner).”⁷

² College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>

³ Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate>

⁴ The Free Dictionary. (2017). *Online Dictionary*. Available at: <http://legal-dictionary.thefreedictionary.com/Mental+Incompetency>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>

⁶ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁷ College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/conflict_of_interest.pdf

Standard 7. Documentation & Information Management

Standard

Respiratory Therapists (RTs) must maintain complete, clear, **timely**¹, objective, and accurate documentation to support the continuity, quality, and safety of **patient/client** care.

Performance Requirements

RTs:

- a. Document all patient/client contacts in a timely manner in the patient/client health record in the form and manner required by both the regulatory body and the employer.
- b. Make **appropriately** detailed, accurate, legible, and clear entries in the patient/client health record (e.g., initial assessments, **informed consent**, status, interventions and responses, and follow-up/discharge plans).
- c. Include the date, time, and their identifiable signature (e.g., hand-written, electronic) with protected professional title/professional designation on all documentation in the patient/client health record.
- d. Protect the confidentiality and privacy of all forms of patient/client documentation in compliance with legislative, regulatory, and employer requirements.
- e. Access patient/client personal information only as required for the provision of care.
- f. Transport and store patient/client information in a safe and secure manner.
- g. Comply with legislative, regulatory, and employer requirements related to record retention and disposal.

Patient/Client Expected Outcome

Patients/clients can expect that RTs keep complete, clear, timely, objective, and accurate records of the care provided and that privacy/confidentiality is protected.

Related Standards

- Communication
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality
- Professional Responsibilities

Resources

- Canadian Society of Respiratory Therapists. (2008). *Standards of Practice*. Available at <http://www.csrt.com/standards-of-practice/>
- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2013). *Orders for Medical Care Professional Practice Guideline*. Available at <http://www.CRTO.on.ca/pdf/ppg/ordersmc.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Delegation of Controlled Acts Professional Practice Guideline*. Available at <http://www.CRTO.on.ca/pdf/ppg/delegation.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at <http://www.CRTO.on.ca/pdf/ppg/interpretation.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- College of Respiratory Therapists of Ontario. (2015). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/MembersAsEducators.pdf>
- College of Respiratory Therapists of Ontario. (2015). *Documentation Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/ppg/documentation.pdf>
- College of Respiratory Therapists of Ontario et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at <http://www.CRTO.on.ca/members/professional-development/e-learning/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>

Glossary

Appropriately refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.²

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.³

Timely refers to “happening at the correct or most useful time: not happening too late.”⁴

² Adapted from College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>

³ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely>

Standard 8. Evidence-Informed Practice

Standard

Respiratory Therapists (RTs) integrate an **evidence-informed**¹ approach into all aspects of **patient/client** care.

Performance Requirements

RTs:

- a. Utilize current evidence related to patient/client care.
- b. Evaluate current evidence using critical thinking and professional judgement to determine the relevance to patient/client care.
- c. Incorporate relevant evidence into decision-making related to patient/client care.
- d. Advocate for the integration of current evidence, knowledge, best practices, and clinical guidelines into their clinical practice.
- e. Assess the impact of their clinical interventions on patient/client care and make adjustments accordingly.

Patient/Client Expected Outcome

Patients/clients can expect that their care from RTs is informed by decision-making based on current information and research.

Related Standards

- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Resources

- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). Code of Ethics.

Glossary

Evidence-informed refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.”²

¹ Words in the Glossary are bolded the first time they appear in the Standard.

² College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: http://www.cno.org/globalassets/docs/reg/41042_entrypracprn.pdf

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.³

³ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

Standard 9. Infection Prevention & Control

Standard

Respiratory Therapists (RTs) must apply **appropriate**¹ infection prevention and control measures to protect **patients/clients, healthcare team** members, and themselves according to provincial guidelines, regulatory requirements, and employer policies.

Performance Requirements

RTs:

- a. Adhere to Routine Practices in all settings and apply Additional Precautions when required.
- b. Adhere to all current, applicable practice guidelines and policies for infection prevention and control.
- c. Use equipment that has been appropriately cleaned, disinfected, and/or sterilized.
- d. Transport and dispose of supplies and equipment as per current infection prevention and control standards.

Patient/Client Expected Outcome

Patients/clients can expect that appropriate infection prevention and control measures are taken by RTs in the delivery of their care.

Related Standards

- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Safety & Risk Management

Resources

- Canadian Patient Safety Institute. (2009). *The Safety Competencies*. Available at <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>
- College of Respiratory Therapists of Ontario. (2013). *Bloodborne and Other Infectious Pathogens Position Statement*. Available at http://www.CRTO.on.ca/pdf/Positions/bloodborne_pathogen.pdf
- College of Respiratory Therapists of Ontario. (2016). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/Infection_Control_CBPG.pdf
- Health Canada. (2015). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Ontario Government. (1990). *Occupational Health and Safety Act*. Available at <https://www.ontario.ca/laws/statute/90o01>
- Public Health Ontario. (2012). *Best Practices for Infection Prevention and Control Practices in Ontario*. Available at: https://www.publichealthontario.ca/en/eRepository/BP_IPAC_Ontario_HCSettings_2012.pdf

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- Public Health Ontario. (2017). *PIDAC Documents. Best Practice Documents*. Available at: https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

Glossary

Appropriate refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”²

Patients/clients refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.³

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

Standard 10. Patient/Client Assessment & Therapeutic Procedures

Standard

Respiratory Therapists (RTs) must assess **patients/clients**¹, analyse the findings to establish priorities and goals, and implement and monitor responses to therapeutic procedures to deliver safe, **competent**, ethical patient/client-centred care.

Performance Requirements

RTs:

- a. Treat all patients/clients with sensitivity and compassion, considering their unique needs and goals when providing care.
- b. Respect the autonomy of clients to make decisions regarding their own care including their right to refuse or withdraw from treatment at any time.
- c. Use knowledge, skill, critical thinking, and **professional** judgement to:
 - i. apply assessment procedures to evaluate patients'/clients' status;
 - ii. identify patient/client priorities, establish goals, develop, and implement a care plan of **appropriate** therapeutic procedures;
 - iii. safely implement therapeutic procedures; and
 - iv. monitor patients'/clients' outcomes to evaluate the effectiveness of therapeutic procedures and adjust interventions accordingly.
- d. Implement discharge plans to coordinate required care and promote patient/client safety.
- e. Notify, discuss, and document discussions with the appropriate **healthcare team** member if the RT feels the ordered assessment or therapeutic procedure is inappropriate for that patient/client.
- f. Refuse and take the necessary actions if they determine a procedure is not in the patient's/client's best interest.
- g. Institute immediate supportive measures and notify relevant healthcare team members in the event of deterioration of the patient's/client's condition.
- h. Provide care, including products and services, to patients/clients without discrimination on any basis, and respect the rights and dignity of all individuals.

Patient/Client Expected Outcome

Patients/clients can expect that they will be treated with sensitivity and respect, and RTs competently apply assessment and therapeutic procedures to deliver safe, ethical patient/client-centred care.

Related Standards

- Communication
- Competence/Ongoing Competence
- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

¹ Words in the Glossary are bolded the first time they appear in the Standard.

Resources

- Canadian Society of Respiratory Therapists. (2008). *Standards of Practice*. Available at: <http://www.csrt.com/standards-of-practice/>
- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2015). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/MembersAsEducators.pdf>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). Code of Ethics.

Glossary

Appropriate refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Competent refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”²

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”³

Patients/clients refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁴

Professional or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential impact.⁵

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: http://www.CRTO.on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf

Standard 11. Privacy/Confidentiality

Standard

Respiratory Therapists (RTs) must protect **patient/client**¹ privacy and confidentiality, in accordance with all applicable legislative, regulatory, and employer requirements.

Performance Requirements

RTs:

- a. Access patient/client personal information only as required for the provision of care.
- b. Share patient/client information with other **healthcare team** members only when necessary for the provision of care and quality improvement activities, seeking patient/client consent when required.
- c. Take precautions to ensure that conversations and sharing of information via other mediums (e.g., social media, audiovisual recordings) regarding patients/clients are not accessible to others and that patient/client information is not shared with those who are not directly involved in their care.
- d. 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).
- e. Maintain privacy and ensure confidentiality relating to patient/client personal health information except where sharing of information is done pursuant to the following:
 - i. with the informed consent of the patient/client,
 - ii. if required by law (e.g., as part of an investigation or reporting of suspected child abuse), and
 - iii. to disclose a risk of harm as authorized under applicable legislation related to personal health information protection.

Patient/Client Expected Outcome

Patients/clients can expect that RTs protect their right to privacy and confidentiality.

Related Standards

- Collaboration/Interprofessional Collaboration
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Resources

- College and Association of Respiratory Therapists of Alberta. (2009). *Standards of Practice*. Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>
- College of Respiratory Therapists of Ontario. (2015). *Documentation Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/ppg/documentation.pdf>
- Government of Ontario. (2004). *Personal Health Information Protection Act*. Available at: <https://www.ontario.ca/laws/statute/04p03>

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- Officer of the Privacy Commissioner of Canada. (2015). *The Personal Information Protection and Electronic Documents Act*. Available at: https://www.priv.gc.ca/leg_c/leg_c_p_e.asp
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”²

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.³

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

Standard 12. Professional Boundaries/Therapeutic & Professional Relationships

Standard

Respiratory Therapists (RTs) must act with honesty, integrity, and respect appropriate **professional boundaries**¹ with **patients/clients**, **healthcare team** members, students, and others.

Performance Requirements

RTs:

- a. Recognize how a power imbalance can impact **therapeutic** and **professional relationships**, and demonstrate integrity in all interactions, including abstaining from entering into personal relationships where professional boundaries could be compromised.
- b. Must not make comments, enter into situations, and/or demonstrate behaviour that could be interpreted as abusive, harassing, discriminatory, disrespectful or of a sexual nature (e.g., suggestive/provocative gestures) and must take action to prevent similar behaviour in others by reporting to the appropriate authority.
- c. Refrain from maligning the reputation of any colleague.
- d. **Communicate** clearly with patients/clients to explain assessment and therapeutic procedures that could be interpreted as compromising professional boundaries (e.g., touching, positioning) and obtain ongoing voluntary **informed consent**.
- e. Communicate electronically and through social media in a manner that respects therapeutic and professional relationships.
- f. Understand the effect and impact of **abuse** on patients/clients and integrate principles of **sensitive practice** into care.
- g. Treat all patients/clients equitably without regards for age, race, religion, gender, body type, sexual orientation, gender identity, marital status, type of illness or level of physical or cognitive ability.

Patient/Client Expected Outcome

Patients/clients can expect that RTs treat them with integrity while maintaining professional boundaries.

Related Standards

- Communication
- Consent
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Responsibilities

Resources

- College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at: https://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2013). *SCRT Social Media Policy*. Available at: http://www.CRTO.on.ca/pdf/Policies/PR_Social_Media_103.pdf
- College of Respiratory Therapists of Ontario. (2014). *Zero Tolerance of Sexual and Other Forms of Abuse. Position Statement*. Available at: <http://www.CRTO.on.ca/pdf/Positions/sexual-abuse.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/abuse.pdf>
- College of Respiratory Therapists of Ontario. (2015). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/MembersAsEducators.pdf>
- College of Respiratory Therapists et al. (2013). *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals E-learning Module*. Available at <http://www.CRTO.on.ca/members/professional-development/e-learning/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Ontario Human Rights Code.(1990). <https://www.ontario.ca/laws/statute/90h19>
- Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Available at: <http://www.integration.samhsa.gov/clinical-practice/handbook-sensitive-practices4healthcare.pdf>
- Saskatchewan College of Respiratory Therapists. (2017). *Code of Ethics*.

Glossary

Abuse refers to “treating others in a harmful, injurious, or offensive way.”²

Communicate refers to “give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings or information easily or effectively.”³ It implies a two-way communication process between the speaker and recipient involving active listening and reception.

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”⁴

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.⁵

² College of Respiratory Therapists of Ontario. (2014). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/abuse.pdf>

³ Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate>

⁴ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/UnderConsent.pdf>

Patients/clients refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁶

Professional boundaries set the limitations around relationships between patients/clients, health care providers, students, and others to ensure the delivery of safe, ethical, patient/client-centred care. Professional boundaries are characterized by respectful, trusting and ethical interactions with patients/clients that are free of abuse, sexual abuse, sexual assault, and sexual harassment.⁷

Professional relationships refer to “the connections/interactions of RTs with service providers, students, and others.”⁸

Sensitive practice refers to the application of the principles of respect, taking time, rapport, sharing information, sharing control, respecting boundaries, fostering mutual learning, understanding nonlinear healing and demonstrating awareness and knowledge of interpersonal violence.⁹

Therapeutic relationships refer to “the connections/interactions of RTs with their patients/clients.”¹⁰

⁶ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁷ Adapted from College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at: http://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships

⁸ College of Respiratory Therapists of Ontario. (2014) *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/abuse.pdf>

⁹ Adapted from Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Available at: <http://www.integration.samhsa.gov/clinical-practice/handbook-sensitive-practices4healthcare.pdf>

¹⁰ College of Respiratory Therapists of Ontario. (2014). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/abuse.pdf>

Standard 13. Professional Responsibilities

Standard

Respiratory Therapists (RTs) must ensure their **professional**¹ practice complies with all applicable regulatory requirements.

Performance Requirements

Responsibilities to the SCRT

RTs:

- a. Maintain current regulatory SCRT registration/licensure.
- b. Assume responsibility and accountability for their own actions and decisions.
- c. Self-report any required information within 30 days of the effective date of the change to maintain professional registration/licensure which includes (but is not limited to) notifying the SCRT of any change(s) to their personal, employment, and/or professional registration and conduct information.
- c. Self-report to the SCRT, in accordance with regulatory requirements, the following:
 - i. **Offences**,
 - ii. findings/proceedings of professional negligence or malpractice, and
 - iii. information regarding professional registration and conduct.
 - iv. Any event, circumstance, condition or matter not disclosed by the above criteria that is relevant to the Member's competence, conduct or physical or mental capacity that may affect the Member's ability or suitability to practice as a Respiratory Therapist.
- d. Whomever function as employers, must report to the SCRT, in accordance with regulatory requirements, the following:
 - i. whenever, for whatever reason of professional misconduct, incompetence or incapacity, they terminate, suspend or impose restrictions on the employment of a Member; and
 - ii. where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.
- e. Ensure that they have adequate personal and professional liability insurance coverage in accordance with SCRT policy.
- f. Practice within the terms, conditions, and limitations of their certificate of registration.
- g. Assume responsibility for their own individual ongoing competence and participate in the SCRT's professional development/continuing education program.
- h. Are required to pay all costs as set out by the SCRT for remediation courses/programs, etc.
- i. Ensure that all documents or records used in a professional capacity (e.g. **patient/client** records, business cards) includes their name and full professional title (e.g., Registered Respiratory Therapist), or professional designation (e.g. RRT).

Responsibilities to the Profession and the Public

RTs:

- j. Comply with all current provincial and federal legislation for the protection of patients/clients,

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- healthcare team** members, the general public, and the environment.
- k. Cooperate with SCRT investigations or inquiries into the professional conduct, competence or capacity of any Member of a regulated health profession.
 - l. Report to the appropriate authority the following:
 - i. sexual abuse of a patient/client, student, other healthcare team member and/or
 - ii. verbal, emotional, psychological or physical abuse of a patient/client, student, other member of the healthcare team, or:
 - iii. taking advantage of a patient/client or student as a result of the Member's position in the relationship.
 - m. Are responsible and accountable for meeting all legal and ethical requirements of the profession (e.g., obtaining valid orders).
 - n. Demonstrate integrity, objectivity, and compassion in their relationships with patients/clients, healthcare team members, students, and others.
 - o. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
 - p. Introduce themselves to patients/clients and other members of the healthcare team using their name and professional title.
 - q. Are responsible for educating other healthcare team members including students regarding respiratory health and the role of RTs.
 - r. Report to relevant authorities any unsafe practice, unprofessional conduct, or incapacity by other healthcare team members.
 - s. Advocate for improvements that will enhance patient/client care including participating in **quality improvement** programs.
 - t. Participate in research activities as **appropriate**.
 - u. Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.
 - v. Render assistance to any person where an urgent need for healthcare exists.

Patient/Client Expected Outcome

Patients/clients can expect that their care is delivered by registered RTs who are in compliance with all applicable legislative, regulatory, and employer requirements and that RTs engage in activities to improve the quality of care delivered.

Related Standards

- Competence/Ongoing Competence
- Conflict of Interest
- Consent
- Evidence-Informed Practice
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/ Confidentiality
- Professional Boundaries/Therapeutic & Professional Relationships
- Safety & Risk Management

Resources

- College and Association of Respiratory Therapists of Alberta. *Standards of Practice*. (2009). Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

- College of Respiratory Therapists of Ontario. (2016). Bylaw 24-2016 35.01.m. Available at: <http://www.CRTO.on.ca/pdf/Bylaws/bylaws.pdf>
- College of Respiratory Therapists of Ontario. (2012). *Professional Liability Insurance Policy*. Available at <http://www.CRTO.on.ca/pdf/Policies/Insurance-eng.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Terms Conditions and Limitations Policy*. Available at: <http://www.CRTO.on.ca/pdf/Policies/TCL.pdf>
- College of Respiratory Therapists of Ontario. (2016). *Employer Reporting Obligations*. Available at: <http://www.CRTO.on.ca/employers/employer-responsibilities/reporting-obligations/>
- College of Respiratory Therapists of Ontario. (2016). *Member Reporting Obligations*. Available at: <http://www.CRTO.on.ca/members/being-a-professional/reporting/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>

Glossary

Appropriate refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”²

Offence(s) refers to a violation of statute or law (e.g., Criminal Code of Canada) as determined by a court. Members are required to report any charges or findings of guilt for offences that are relevant to their suitability to practice.³

Patient/client refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁴

Professional or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, physician, etc.). Professionals are often held to moral, ethical, and legal standards because of this potential impact.⁵

Quality improvement refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners and educators — to make better and sustained improvements.”⁶

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ Adapted from College of Respiratory Therapists of Ontario. (2016). *Bylaw 24-2016 35.01.m*. Available at: <http://www.CRTO.on.ca/pdf/Bylaws/bylaws.pdf>

⁴ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2017). *Conduct Counts!* Available at: http://www.CRTO.on.ca/pdf/Conduct/Conduct_Counts_02-2017.pdf

⁶ Health Quality Ontario. (2015). *What is Quality Improvement?* Available at: <http://www.hqontario.ca/Quality-Improvement>

Standard 14. Safety & Risk Management

Standard

Respiratory Therapists (RTs) contribute to a culture of safety for **patients/clients**¹, **healthcare team** members, and others, and adhere to risk management processes.

Performance Requirements

RTs:

- a. Recognize situations or environments involving risks to the safety of patients/clients, healthcare team members, and others.
- b. Plan, implement, and evaluate preventive measures whenever possible.
- c. Manage immediate risks to the safety of patients/clients, healthcare team members, and others and respond effectively to eliminate or mitigate harm.
- d. Provide full and frank disclosure of all **patient safety incidents** in keeping with relevant legislation and employer policies.
- e. Report incidents using established/appropriate processes.
- f. Take part in **timely** risk event analysis and reflective practice to prevent recurrence.
- g. Ensure appropriate processes are in place for the proper maintenance and cleaning/disinfection/sterilization of equipment.
- h. Monitor equipment for and during use, including but not limited to:
 - i. activation of appropriate alarms,
 - ii. proper functioning and application, and
 - iii. patient's/client's response to the applied technology.
- i. Perform procedures in accordance with applicable legislative, regulatory, employer, and manufacturers' requirements.
- j. Handle and dispose of dangerous substances and materials (e.g., biohazardous materials, medical gases, and liquids) in a safe manner according to best practices and established protocols (e.g., WHMIS).
- k. Use preventative measures to reduce/eliminate hazards and maximize the health and safety of themselves, patients/clients, healthcare team members and others (e.g., protocols and policies related to occupational health and safety and wellness).
- l. Participate in safety training programs (e.g., emergency preparedness), safety audits, and risk management activities as per legislative, regulatory, and employer requirements.
- m. Collaborate and **communicate** effectively with other healthcare team members to maximize patient/client safety and the quality of care.

Patient/Client Expected Outcome

Patients/clients can expect the delivery of safe care by RTs.

Related Standards

- Consent
- Documentation & Information Management
- Infection Prevention & Control
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Resources

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- Canadian Patient Safety Institute. (2009). *The Safety Competencies*. Available at <http://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf>
- College and Association of Respiratory Therapists of Alberta. (2009). *Standards of Practice*. Available at <https://www.carta.ca/AboutUs/StandardsofPractice.aspx>
- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2013). *Bloodborne and Other Infectious Pathogens Position Statement*. Available at http://www.CRTO.on.ca/pdf/Positions/bloodborne_pathogen.pdf
- College of Respiratory Therapists of Ontario. (2014). *Handling, Administration and Dispensing of Controlled Substances Position Statement*. Available at http://www.CRTO.on.ca/pdf/positions/Controlled_Substances_PS.pdf
- College of Respiratory Therapists of Ontario. (2016). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: http://www.CRTO.on.ca/pdf/PPG/Infection_Control_CBPG.pdf
- Government of Saskatchewan. (1996). *The Saskatchewan Employment Act and The Occupational Health and Safety Regulations (Combined)*. Available at: <http://www.publications.gov.sk.ca/details.cfm?p=4355>
- Health Canada. (2015). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Ontario Government. (1990). *Occupational Health and Safety Act*. Available at: <https://www.ontario.ca/laws/statute/90o01>
- Transport Canada. (2016). *Transportation of Dangerous Goods*. Available at: <http://www.tc.gc.ca/eng/tdg/safety-menu.htm>

Glossary

Communicate refers to “give or exchange thoughts, feelings, information... by writing, speaking, etc.; to exchange thoughts, feelings or information easily or effectively.”² It implies a two-way communication process between the speaker and recipient involving active listening and reception.

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”³

patient safety incidents refer to⁴ an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.

Patients/clients refer to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁵

Timely refers to “happening at the correct or most useful time: not happening too late.”⁶

² Adapted from Dictionary.Com. (2017). *Online Dictionary*. Available at: <http://www.dictionary.com/browse/communicate>

³ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ Canadian Patient Safety Institute. (nd). *CPSI Website*. Available at: <http://www.patientsafetyinstitute.ca/en/Topic/Pages/Patient-Safety-Incident.aspx>

⁵ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁶ Merriam-Webster. (2016). *Online Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/timely>

Standard 15. Supervision

Standard

Respiratory Therapists (RTs) must use **appropriate**¹ strategies for when working under supervision and when providing supervision to others in order to support the delivery of safe, **competent**, ethical **patient/client**-centred care.

Performance Requirements

RTs:

- a) Provide an environment that is conducive to learning and provide support and appropriate feedback as required.
- b) Only provide/receive supervision for those tasks they have the competency to perform.
- c) Assess and monitor the skills of those working under their supervision (including but not limited to RT students, GRTs, and other **healthcare team** members requiring supervision) according to legislative, regulatory, and employer requirements to ensure safe patient/client care.
- d) Ensure that the level of supervision provided is appropriate for those working under their supervision.
- e) Comply with relevant regulatory requirements related to supervision.
- f) Intervene as required to support safe, competent, ethical patient/client care.
- g) Educate and supervise students and non-regulated healthcare professionals where necessary; delegate appropriately recognizing shared responsibility.

Patient/Client Expected Outcome

Patients/clients can expect that those working under the supervision of RTs are appropriately supervised to support the delivery of safe, competent, ethical patient/client-centred care.

Related Standards

- Communication
- Consent
- Documentation & Information Management
- Patient/Client Assessment & Therapeutic Procedures
- Professional Boundaries/Therapeutic & Professional Relationships

Resources

- College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>
- College of Respiratory Therapists of Ontario. (2012). *Supervision Policy*. Available at: <http://www.CRTO.on.ca/pdf/Policies/Supervision-pol.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/abuse.pdf>
- College of Respiratory Therapists of Ontario. (2014). *Graduate Certificate of Registration Policy*. Available at: http://www.CRTO.on.ca/pdf/Policies/Reg_Grad_Cert.pdf

¹ Words in the Glossary are bolded the first time they appear in the Standard.

- College of Respiratory Therapists of Ontario. (2015). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <http://www.CRTO.on.ca/pdf/PPG/MembersAsEducators.pdf>
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <http://www.CRTO.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <http://www.csrt.com/2016-national-competency-framework/>
- Saskatchewan College of Respiratory Therapists. (2017). Code of Ethics.

Glossary

Appropriate refers to in accordance with ethical, legal, technical and/or clinical requirements of professional practice.

Competent refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.”²

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”³

Patient/client refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian.⁴

² College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

³ College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>

⁴ Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.CRTO.on.ca/pdf/Ethics.pdf>