Position Statement

Acceptance of Delegation of a Controlled Act

CASLPO members may accept the delegation of controlled acts that are within the limits of their competence and under specific conditions documented in a delegator/delagatee agreement.

Assumptions

Acceptance of the delegation of a controlled act is consistent with CASLPO's Code of Ethics. The following statements are reflected in the position:

> **Professional Constraints on Practice**
> Audiologists and Speech Language Pathologists:
> 2.2 will practice within the limits of their competence as determined by their education, training and professional experience;
> 2.7 will exercise independent professional judgment before implementing professional service/ prescription.

Background

1. The *Regulated Health Professions Act, 1991 (RHPA), is* based on a controlled acts model. The model is rooted in the premise that some health care procedures have a more signifi cant risk of harm than other procedures. The *RHPA* lists thirteen procedures that, if not performed correctly and by a competent person, have a high element of risk. These are known as controlled acts.

   The controlled acts are,

   I) Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

   II) Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.

   III) Setting or casting a fracture of a bone or a dislocation of a joint.

   IV) Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.

   V) Administering a substance by injection or inhalation.

   VI) Putting an instrument, hand or finger,
   a. beyond the external ear canal,
   b. beyond the point in the nasal passages where they normally narrow,
   c. beyond the larynx,
   d. beyond the opening of the urethra,
   e. beyond the labia majora,
   f. beyond the anal verge, or
   g. into an artificial opening into the body.

VII) Applying or ordering the application of a form of energy prescribed by the regulations under this Act.

VIII) Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the Drug *and Pharmacies Regulation Act,* or supervising the part of a pharmacy where such drugs are kept.

IX) Prescribing, dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.

X) Prescribing a hearing aid for a hearing impaired person.

XI) Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

XII) Managing labour or conducting the delivery of a baby.

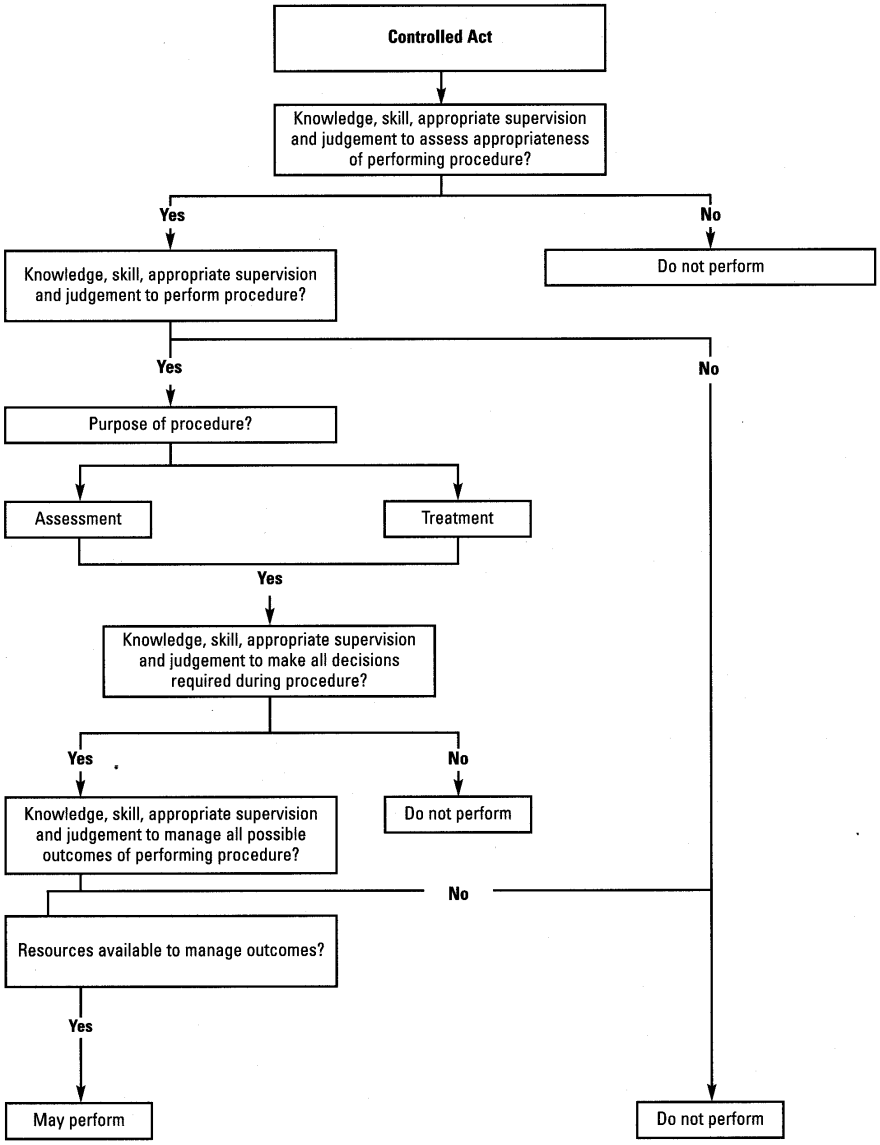
XIII) Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

2. Speech-language pathologists are not authorized to perform any controlled acts except by delegation from a regulated health professional that can perform the controlled act being delegated. Audiologists are authorized to perform the controlled act of prescribing a hearing aid to a hearing impaired person.
3. In the course of practice, a speech-language pathologist may be called upon to accept the delegation of a controlled act; for example, putting an instrument, hand or finger beyond the point in the nasal passages where they normally narrow and into an artificial opening into the body *(RHPA).* These acts would be delegated when performing such procedures as Fiberoptic Endoscopic Evaluation of Swallowing (FEES) or suctioning into a tracheo stoma.

Requirements

1. The following considerations are important when deciding whether to accept the delegation of a controlled act: a) It is the responsibility of the delegator to determine which controlled act procedures may be delegated, in consultation with those who will be involved with carrying out the controlled act. b) There must be agreement between the delegator and the delegatee to accept the delegation. c) There must be an order or a directive supported by a specifically outlined procedure. d) It is the clinician's responsibility to ensure that his/her facility provides appropriate support, safety procedures and equipment to implement the procedure. e) Only individuals who possess the knowledge, skill and judgment to perform the controlled act procedure should do so. f) The decision to delegate should be made in the best interests of the patient/ client. g) Both the delegator and the delegatee are responsible for documenting the delegation **and the** conditions under which the delegation occurred.

2. An analysis of potential harm associated with the performance of the controlled act must be completed prior to the acceptance of the delegation. Additionally, delegated individuals must be competent to perform the controlled act. There must be informed consent by the client/ patient and documentation of consent in the client/ patient's records. The delegator remains accountable for the controlled act.

Decision Tree for Acceptance of Delegation of a Controlled Act

Adapted from the College of Nurses of Ontario