



College of Occupational  
Therapists of Ontario

# **PRESCRIBED REGULATORY EDUCATION PROGRAM: CONTROLLED ACTS AND SCOPE OF PRACTICE**

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# PREP MODULE: CONTROLLED ACTS AND SCOPE OF PRACTICE

*Store this PREP Module and one copy of the Reflection Page in your Professional Portfolio or complete the Reflection page online in the Practice Development Portal.*

## SECTION 1: INTRODUCTION

Occupational therapists (OTs) can be asked to perform controlled acts and may accept delegation to perform some controlled acts. A clear understanding of controlled acts will ensure you practise within the boundaries of the *Regulated Health Professions Act* (RHPA, 1991).

### **What is a controlled act?**

Controlled acts are specific activities that pose a high risk to clients. Therefore, they are restricted by legislation. No profession is authorized to perform all of the controlled acts.

Section 27 (2) of the RHPA specifies and enumerates 13 controlled acts which consist of the following:

1. Communicating a diagnosis
2. Performing a procedure below the dermis
3. Setting or casting a fracture or dislocation
4. Moving joints of the spine
5. Administering a substance by injection or inhalation
6. Inserting an instrument, hand or finger into a body opening
7. Applying or ordering a form of energy
8. Prescribing or dispensing a drug
9. Prescribing or dispensing vision devices
10. Prescribing a hearing aid
11. Orthodontics
12. Managing labour
13. Allergy testing
14. \*Psychotherapy (once proclaimed this will become the 14th controlled act).

The Ministry of Health and Long-Term Care (the Ministry) developed the controlled act model to protect the public by limiting access to high-risk activities. To provide flexibility in health care delivery, authorized practitioners are allowed to delegate controlled acts to others. OTs can be delegated certain controlled act procedures if they have acquired the knowledge, skill and ability to perform them safely and ethically. The performance of a controlled act may require knowledge that is beyond what is typically provided in the general occupational therapy curriculum.

# CONTROLLED ACTS AND SCOPE OF PRACTICE

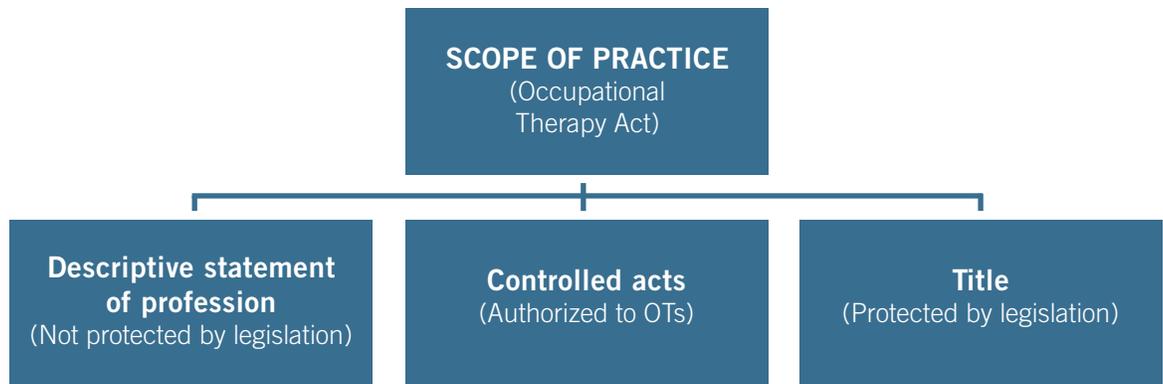
## Learning objectives

By completing this module, you will be able to:

1. describe what constitutes a controlled act;
2. explain the principles, rationale and legislative purpose of controlled acts;
3. define an individual OT's **sphere of competence** and how it relates to the profession's scope of practice;
4. distinguish between the controlled acts for which delegation is appropriate and those for which the College does not recommend OTs accept delegation;
5. identify the **exceptions** that allow an OT to perform a controlled act without delegation;
6. explain the process for receiving and documenting delegation by accessing and using, as necessary, *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*; and
7. demonstrate a knowledge and understanding of controlled acts and how they are applied in clinical settings.

After reviewing this material, complete the Controlled Acts Self-Test that begins on page 28 to assist you in meeting the learning objectives and to facilitate the application of this knowledge in your practice.

## SECTION 2: THE OCCUPATIONAL THERAPY SCOPE OF PRACTICE



The RHPA sets out a framework for Ontario's regulated health professions. It provides a common set of rules of procedure for the Health Regulatory Colleges and is linked to each profession's specific act. The scope of practice as outlined in the *Occupational Therapy Act* (1991) has three elements: the descriptive statement of the profession, the controlled acts authorized to the profession, and the protected title that members of the profession are eligible to use. To promote access to services, the legislation encourages overlap in the professions' scopes of practice and does not protect the scope of practice of any single profession. The *Occupational Therapy Act* defines the OT profession's scope of practice as follows:

*The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure.*

This broad definition encompasses activities that not only relate to assessment and intervention, but also to prevention. The occupational therapy scope of practice is intentionally permissive and affords for a range of modalities to be used to assist with function and adaptive behaviour across client practice settings. It provides a guiding light for interpreting which controlled acts OTs might safely and effectively perform within the context of delegation.

The College's interpretation of the scope of practice considers entry-level competencies, accepted entry-level education standards and continuing professional development. Over time, every OT develops his or her own sphere of competence; that is, the range of activities that the individual OT has the knowledge, skill and judgment necessary to perform safely and effectively.

### Psychotherapy

In the future, legislation is expected to remove psychotherapy from the **public domain** and make it the 14<sup>th</sup> controlled act. Occupational therapy will be one of the regulated health care professions authorized to perform it; however, delegating psychotherapy is contrary to the *Standards for Psychotherapy* (COTO, 2010).

The Lieutenant Governor has given royal assent to the legislation authorizing OTs to perform this controlled act, but it must receive **proclamation** to be in force. It is anticipated that proclamation will take place when the College of Registered Psychotherapists and Registered Mental Health Therapists is established and the *Psychotherapy Act* (2007) is fully in force, likely in early 2013.

The College of Occupational Therapists of Ontario has developed *Standards for Psychotherapy* (COTO, 2010). All OTs are expected to comply with these standards regardless of whether psychotherapy has been proclaimed a controlled act.

### Acupuncture

In the future, the *College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario Act* is expected to be proclaimed. With this proclamation, the practice of acupuncture will be removed from the public domain and become part of the 2<sup>nd</sup> controlled act, *performing a procedure on tissue below the dermis*. OTs are not authorized to perform a procedure on tissue below the dermis. However, through a legislative exemption under the RHPA (Ontario Regulation 107/96, Controlled acts), OTs will be permitted to perform acupuncture without delegation, but will not be permitted to delegate it.

OTs are expected to comply with *Standards for Acupuncture* (COTO, 2009) regardless of whether acupuncture has been proclaimed a controlled act.

### Future directions

A profession's scope of practice develops as the profession evolves. While a scope of practice is legislated, there are times when it needs to be revised to reflect changes in the health care environment, technological advancements, research within the profession and a broadening of the profession's evidence base. Or, it may need to be changed in response to the needs of stakeholders and clients.

OTs are expected to stay informed of initiatives to change the scope of practice for occupational therapy. The College offers opportunities for Registrants to contribute to the process in a professional and meaningful way.

### SECTION 3: EXCEPTIONS TO THE REQUIREMENT FOR DELEGATION

The RHPA outlines exceptions that allow specific health care professionals to perform certain controlled acts in specific circumstances without receiving delegation from an authorized professional. This section covers the exceptions that could apply in the practice of occupational therapy. It also covers what an OT must consider (other than the requirement for delegation) when an OT is deciding whether to perform a controlled act. Finally, this section reviews potentially harmful activities that are not controlled acts.

Section 29 (1) of the RHPA lists the following five exceptions to the requirement for delegation of a controlled act.

1. *Rendering first aid or temporary assistance in an emergency.* OTs can provide emergency assistance that involves a controlled act without receiving delegation. For example, an OT can administer an epinephrine injection (EpiPen) for a client to prevent anaphylactic shock (the controlled act of administering a substance by injection). An OT can splint a fracture (the controlled act of setting a fracture) or apply a defibrillator (the controlled act of applying a form of energy) during an emergency situation.
2. *Fulfilling the requirements to become a member of a health profession.* At the time of publication, OTs are not authorized to perform any controlled acts so this exception does not currently apply to Student OTs. Consequently, it would be prudent for Student OTs to receive delegation when learning to perform a controlled act. They should only receive delegation for the controlled acts that are recommended for OTs to perform. As well, the preceptor OT should obtain delegation for his or her own involvement, provide the appropriate level of supervision to the student and advise the **authorizer** as to how the student will be involved. Client consent should also be obtained.

For example, an OT could teach a student how to fit a cervical collar for a client with an unstable fracture (which involves the controlled act of setting a fracture), if both the supervising OT (assuming he or she is directly involved) and the student receive delegation. An OT cannot delegate the act to the student. It is considered **sub-delegation** when an individual who has acquired the authority to perform a controlled act through delegation, then delegates it to another; the College does not support this process.

3. *Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment.* This would include counseling by clergy. In addition, Ontario Regulation 107/96, s.9 specifically permits male circumcision (a procedure on tissue below the dermis) when performed as part of a religious tradition or ceremony.
4. *Treating a member of the person's household.* The controlled acts allowed under this exception are *communicating a diagnosis, internal procedures, and administering a substance by injection or inhalation*. This means that an OT, in his or her personal capacity, can perform these acts for his or her own family members without delegation within the role of caregiver.
5. *Assisting a person with his or her routine activities of living.* The controlled acts allowed under this exception are those involving internal procedures and administering a substance by injection or inhalation. This exception is an important one for OTs. It gives OTs the authority to assist clients with managing routine activities – such as changing a catheter, inserting a birth control device, inserting a tampon, assisting with toileting and administering insulin injections – provided the OT is competent to assist.

There can be grey areas of interpretation as to what constitutes a routine activity of living. In making this distinction, the OT needs to use his/her clinical judgment while considering the following two questions.

- Is this activity one that is routinely taught to clients and caregivers so they can perform it in the absence of a health care provider? If it is, then it is likely a routine activity of living.
- Is the client in an early or acute phase of the condition? If the client has a stabilized, ongoing condition that requires regular management, it is likely a routine activity of living. If the condition is in an early stage, the activity might not yet be routine. Communicate with the authorizer to determine if the activity is appropriate to perform.

### **Scenario 1**

*In the acute care unit of a hospital, an OT is treating a client who had an emergency tracheotomy. The client appears to have an increased respiratory rate, audible secretions and an ineffective cough. The OT wonders if he can suction the client.*

The client is in the acute hospital setting with a need for suctioning because of an emergency tracheotomy. This suggests that the client's condition is regarded as unstable. Suctioning is therefore not part of the client's normal routine. Suctioning is a controlled act because it involves inserting an instrument beyond the larynx, hence the OT requires delegation to perform this act.

### **Scenario 2**

*An OT is treating a client with cystic fibrosis in the client's home. For the past year, the client has required suctioning twice a day. Recognizing that inserting an instrument beyond the larynx is a controlled act, the OT wonders if he is authorized to suction.*

Routine activities of daily living are an exception from the requirement for delegation. For this client, suctioning is an activity of daily living and a routine procedure, making delegation unnecessary. Before proceeding, the OT should ensure he has the knowledge, skill and ability to perform suctioning and manage any potential negative outcomes.

*The RHPA, does not explicitly define what procedures may be considered to be routine activities of living. A procedure may be considered to fall within this exception when "the need for the procedure, the response to the procedure and the outcomes of performing the procedure have been established over time and, as a result, are predictable" (CNO Decisions About Procedures & Authority, Revised 2006). Of course, it is important to recognize that the same procedure may be a routine activity of living in one set of circumstances and part of a therapeutic plan of care in another. Clinical judgment must always be applied when deciding if the "activities of daily living" exception applies in a specific situation.*

Section 35 (1) and (2) of the RHPA provides an additional exception. It specifies that the RHPA does not apply to aboriginal healers or aboriginal midwives providing traditional services to aboriginal persons or members of an aboriginal community.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### SECTION 4: THE CONTROLLED ACTS

This section describes the 13 existing controlled acts. It offers practice examples that illustrate when an OT may encounter a controlled act. The section also distinguishes a controlled act from related activities within the public domain.

As OTs are not currently authorized to perform any controlled acts, an OT may only perform a controlled act if a regulated health care provider authorized to perform that act delegates the act to the OT.

OTs can perform several controlled acts through delegation. If accepting a delegation, it is critical that the controlled act is within the OT's sphere of competence; that is, the OT has the knowledge, skill and ability to competently perform the act (the Decision Tree for Accepting Delegation in Appendix C on page 25 can assist OTs in determining whether or not to accept delegation.). The *Professional Misconduct Regulation* (O. Reg. 95/07) is legally binding and specifies it is an act of professional misconduct if an OT performs a controlled act without appropriate delegation or without it falling under an exemption.

The College has considered the factors related to the safe, effective performance of controlled acts and has recommended for which acts an OT may safely accept delegation. In this section, you will review:

- controlled acts the College considers appropriate for OTs to be delegated;
- controlled acts the College considers not appropriate for OTs to be delegated; and
- a controlled act OTs will be authorized to perform.

### CONTROLLED ACTS FOR WHICH DELEGATION IS APPROPRIATE FOR OTS

#### Communicating a diagnosis

*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 personal representative will rely on the diagnosis.*

A number of professions have the authority to perform the aforementioned controlled act, including medicine, dentistry, psychology, chiropractic, optometry and podiatry. As well, nurse practitioners can communicate a diagnosis, as can physiotherapists within certain parameters (for example, for musculo-skeletal conditions).

While OTs are not permitted to communicate a diagnosis, they do play an important role in collecting and interpreting data that contributes to and in some cases confirms a diagnosis. Since these activities are not controlled acts, they do not require delegation.

*Communicating assessment findings:* OTs must assess a client's ability to participate in activities that are important to him or her, draw conclusions about the barriers to occupational performance and recommend appropriate interventions from these results. It is essential that the OT provide the client with an explanation of the nature of the problem, including labeling or naming the identified dysfunction (for example, ataxic gait, left neglect, fine motor delay). The College considers this to be communicating symptoms of a dysfunction, not a disease or disorder.

If the dysfunction suggests the presence of a disease or disorder that a diagnosing practitioner has not identified, the OT, with the client's consent, should communicate the findings to the practitioner. If the diagnosing practitioner is the referral source, explicit permission from the client is not required to communicate this information unless the client expressly refuses consent. If the client has no relationship with a diagnosing practitioner, the OT should seek the client's willingness and consent for referral to an appropriate practitioner.

### Scenario

*An OT administers depression and anxiety tests to a client who presents as lethargic. According to the test results, it seems clear the client is suffering from depression. The OT wonders if she should tell the client he has depression so he can start treatment right away.*

The OT might advise the client that the test results suggest a sad mood that should be evaluated further. She should clearly communicate that she is not qualified to diagnose and advise the client to consult a health care professional authorized to diagnose. The OT, with client consent, can refer him to a member of an appropriate profession and/or communicate her observations and test results to an existing practitioner. After a comprehensive diagnosis, a team approach will likely follow. The OT can however begin to address the low mood through interventions within the OT scope of practice.

*Explanation of diagnosis:* In the process of assessment and intervention, OTs often need to explain how a client's diagnosis may be influencing his or her occupational performance. In addition, clients frequently ask OTs to provide them with information about their disease. Communication about a disease or disorder when the diagnosing practitioner has already told the client the diagnosis does not fall within the controlled act of communicating a diagnosis.

### Scenario

*Three months ago, a neurologist diagnosed Mr. William with amyotrophic lateral sclerosis (ALS). Since then, proactive linkages have been made with other health care professionals to expedite services when and should they become necessary. While the client's physical condition has started to deteriorate slightly, he refuses to use assistive devices. Due to emerging communication difficulties, he ambivalently agrees to meet with the OT in Augmentative and Alternative Communication Service. As part of the assessment process, the OT discusses his diagnosis and the symptoms he should expect. Mr. William reacts by becoming devastated. Has the OT inappropriately communicated a diagnosis?*

No, the neurologist already communicated the diagnosis. Understandably, a diagnosis such as ALS is difficult to accept and understand. The OT is assisting in explaining ALS and will be helping Mr. William manage it within the context of augmentative and alternative communication.

During the course of an assessment, an OT may be alerted to signs or symptoms that indicate a disease or disorder the client is unaware of. In some instances, an OT is uniquely qualified to assess signs and symptoms, and provide the data the diagnosing practitioner needs to make a definitive diagnosis. In such situations, it is the OT's ethical responsibility to alert the client to the significance of the signs or symptoms, and to suggest an appropriate action. The action must include a referral to an appropriate diagnosing professional. This communication should be in a way that will not result in the client relying on the information as a diagnosis.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### Scenario

*Mrs. Zhao was injured when a car hit her as she rode her bicycle home from work. She lost consciousness for a couple of minutes, was taken to the emergency department and then released home. Mrs. Zhao reports the emergency department physician acknowledged the blow to her head, but made no formal diagnosis. Medical documentation is not available. Mrs. Zhao's bicycle helmet was cracked where her head hit the ground.*

*Mrs. Zhao's Occupational Health and Safety Department has referred her for occupational therapy. The referral specifies Mrs. Zhao's need for an ergonomic work evaluation and general functional strategies to assist her in performing her job. The OT strongly suspects a traumatic brain injury (TBI) based on the history of the injury, loss of consciousness, Mrs. Zhao's report of memory and concentration difficulties, and results on performance and standardized testing. The OT hesitates to note this diagnosis in his report.*

The OT should not write the diagnosis of TBI or communicate it to Mrs. Zhao because a diagnosing professional has not confirmed it. The OT does not have access to the emergency department records, and Mrs. Zhao is unaware of a diagnosis. The OT is, however, permitted to document impairments using dysfunction descriptors (for example, impaired memory, poor concentration, decreased activity tolerance). The OT must refer the client to a diagnosing professional.

### Performing a procedure below the dermis

*Performing a procedure 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.*

OTs may assess and provide care for superficial wounds, pressure ulcers and burns without first obtaining a delegation if the wounds are at a stage that does not require the OT to work below the dermis (the layers of the skin ranging from superficial to deep are: the epidermis, the dermis and the hypodermis).

Debridement of a wound may be performed by an OT when the wound is at the epidermis or dermis level. Once a wound is considered below the dermis, the OT is required to seek delegation to perform the procedure. For this controlled act, the College recommends that only a portion of the procedures noted in the entire controlled act to be delegated to OTs.

### Scenario

*A physician in a busy clinic asks an OT to remove a client's sutures. The OT realizes that although the sutures go below the dermis, the procedure to remove them is usually performed above the dermis. She also recognizes that if a stitch is embedded, she will have to go below the dermis to remove it. How should the OT proceed?*

The removal of sutures does not typically involve working below the dermis so it is not considered a controlled act. However, if the sutures are deeply embedded or complicated, and the OT is unsure of whether she can remove them without working below the dermis, she should obtain delegation to ensure the appropriate authority and precautions are in place. The OT must have the competence to perform the procedure, including the ability to manage the environment and any potential complications.

### a) Proposed acupuncture legislation

OTs will have the authority to perform acupuncture once the legislation relating to the regulation of

acupuncture is proclaimed and acupuncture moves from the public domain to being a controlled act, under the category of *performing a procedure below the dermis*. All OTs should follow the College's *Standards for Acupuncture* (COTO, 2009).

If an OT chooses to perform acupuncture outside the scope of practice of occupational therapy, the following two conditions apply.

1. Another form of authority, such as delegation, is required.
2. A **dual practice** must be established. In this situation, OTs should not refer to themselves as an OT and should ensure they are performing acupuncture under proper authority.

### Scenario

*An OT successfully uses acupuncture for pain management. A former client who is now pregnant asks her to administer acupuncture to assist in inducing labour should the pregnancy extend past the due date. The OT hesitates.*

An OT is not authorized to use acupuncture for this purpose and must refuse. Using acupuncture to induce labour clearly falls outside the scope of practice for occupational therapy. Moreover, it falls within the context of the 12<sup>th</sup> controlled act, *managing labour*, which is not authorized to OTs.

### Setting or casting a fracture or dislocation

*Setting or casting a fracture of a bone or a dislocation of a joint.*

While orthotics (for example, splints, braces) are not specified in this controlled act, applying them to an unstable fracture carries a similar risk as applying a cast. Depending on the nature of the fracture and its healing stage, this treatment may require delegation.

Interventions that do not involve a fracture or dislocation, such as carpal tunnel syndrome, arthritis and post surgical tendon repair, do not require delegation when an orthotic is required. To determine if a positioning procedure involves this controlled act, review the details of the client's condition with the potential authorizer.

### Scenario

*Dr. Rose delegates to an OT the fabrication of a custom orthotic for Mr. Mohammed, an elderly client who has broken his ulna. When the OT assesses Mr. Mohammed, she finds him confused and disoriented. The OT wonders if the client will inappropriately remove the orthotic because of his confusion. Should the OT proceed with the medical directive to fabricate a custom orthotic?*

The OT should contact Dr. Rose to advise her that Mr. Mohammed may remove the orthotic at times when it should be worn. Together, they can consider different treatment options. Setting a fracture is a controlled act. While OTs are skilled at splinting, in this particular situation, delegation is required because it involves a fracture.

### Administering a substance by injection or inhalation

*Administering a substance by injection or inhalation.*

## CONTROLLED ACTS AND SCOPE OF PRACTICE

OTs are often delegated procedures within this controlled act when helping clients engage in daily self-care activities.

If the activities are routine activities of living, they do not require delegation as they fall under an exception clause. For example, an OT working in the community does not require delegation to assist a client with diabetes with insulin injections if the injections are part of the client's routine activities of living. Similarly, increasing the oxygen level as prescribed when engaging the client in activity is considered a routine activity of living if the client's condition is stable, oxygen therapy has been well-established for a period of time, and such oxygen titration changes are a routine activity within the context of activity and within his or her home or community environment.

Performing these tasks in a hospital environment, however, may require delegation; this is because, by virtue of being admitted to a hospital the client's medical status is regarded as unstable, and the tasks may therefore no longer fall under the exception of routine activities of living. In determining whether or not they continue to fall within this exception, the OT should consult with his or her hospital or facility administration and exercise clinical judgment through consideration of the following questions:

- Has the client's need for oxygen changed now as compared to a significant time period prior to their admission?
- Has the client's response to the provision of oxygen changed?
- Does the client's hospitalization relate to their respiratory status and need for oxygen?
- Could the client's medical status interfere with their oxygen management?

If your answer to these questions is “yes,” then delegation is probably required, as the tasks do not fall within the controlled acts exception for routine activities of living.

OTs performing controlled acts under the “activities of daily living” exception, must continue to determine their own competence to perform these activities, including their ability to manage adverse reactions, prior to involving themselves.

### Scenario

*An OT practises at an outpatient rheumatology service. One of her clients, Jeena, has severe rheumatoid arthritis that has caused extensive damage to the small joints of her fingers. Jeena's physician has prescribed a medication that needs to be administered through subcutaneous injection, and Jeena is seeing the nurse to learn how to inject it.*

*The joint damage in Jeena's fingers make it difficult for her to manage the fine motor movements necessary to self-inject. The nurse asks the OT to help determine what modifications and alternative methods will enable Jeena to self-inject. Then the nurse asks the OT to show Jeena how to give the injection using the different method.*

The OT should not administer the medication. This is not a usual activity of daily living for Jeena, so it is not an exception to the requirement for delegating a controlled act. The OT could, however, work with the nurse in a collaborative process to observe Jeena and make suggestions while the nurse supervises the injection.

### **Inserting an instrument, hand or finger into a body opening**

*Putting an instrument, hand or finger,*

- i. beyond the external ear canal,*
- ii. beyond the point in the nasal passages where they normally narrow,*
- iii. beyond the larynx,*
- iv. beyond the opening of the urethra,*
- v. beyond the labia majora,*
- vi. beyond the anal verge,*
- vii. into an artificial opening into the body.*

Any or all parts of this controlled act can be delegated to an OT. For example, an OT could receive delegation to provide suctioning beyond the larynx or through a tracheotomy.

As previously noted, routine activities of daily living are excepted from the requirement for delegation. Assisting a client with inserting a nasal-gastric tube, tampon, urinary catheter or birth control device does not require delegation.

### **Scenario**

*An OT is working on a part-time occasional basis at an in-patient hospital for clients with spinal cord injuries. Mr. Stewart, a client, asks the OT to assist him with his bowel evacuation program. Typically, a suppository and a warm drink result in a bowel movement, but on this occasion they do not work. Mr. Stewart states bowel management is a primary goal with his OT. In particular, the client wants to be able to direct his own toileting by providing step-by-step instructions to a family member or caregiver to perform the manual digital stimulation for him. Mr. Stewart asks to direct the OT through his toileting. The OT wonders if he should assist the client.*

The OT must decline helping Mr. Stewart with his bowel evacuation routine. Inserting a finger beyond the anal verge is a controlled act. The client is still learning how to direct his own care so the activity is not free from the need for delegation because it is not a routine activity of living.

### **Applying or ordering a form of energy**

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

The forms of energy referred to in Ontario Regulation 107/96 include:

- a) electricity (for aversive conditioning, cardiac pacemaker therapy, cardioversion, defibrillation, electrocoagulation, electroconvulsive shock therapy, electromyography, fulguration, nerve conduction studies, transcutaneous cardiac pacing);
- b) electromagnetism for magnetic resonance imaging; and
- c) sound waves for diagnostic ultrasound or lithotripsy.

Dentists and physicians have the authority to perform (and therefore to delegate) these acts. Optometrists and nurse practitioners will have the authority to perform some parts of this controlled act, and may delegate these parts.

This controlled act is specific only to the procedures listed above. This means that while diagnostic ultrasound is a controlled act, the use of ultrasound as a treatment modality is not. Likewise, while using

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lasers to dissolve kidney stones is a controlled act, using lasers to treat a musculoskeletal condition, as would apply to occupational therapy practice, is not. Other procedures that involve forms of energy but are not controlled acts include but are not limited to:

- applying heat;
- using transcutaneous electrical nerve stimulation (TENS), other than to the heart;
- attaching electrodes that do not pierce the dermis to receive biofeedback; and
- electrical muscle stimulation.

Electrolysis is exempt from the RHPA and is not a controlled act. As with every procedure, it is necessary for the OT to ensure it falls within his or her sphere of competence.

The ordering and application of ionizing radiation (X-rays) is also not a controlled act. Instead it falls under the *Healing Arts Radiation Protection Act* (HARP, 1990), which excludes OTs from those professionals who are qualified to operate an X-ray machine and order x-rays. While OTs are often interested in ordering x-rays to support their practice, it must be recognized that it is the HARP and not the controlled act that limits this access to OTs.

### Scenario

*An OT in plastic surgery service has been referred a client who is four weeks post Dupuytren's contracture release and is experiencing a reduced range of motion and scar hypersensitivity. The OT would like to utilize a modality, including ultrasound or laser, as part of the treatment plan. May the OT proceed with the treatment plan?*

The OT is permitted to administer ultrasound because, as a treatment modality, it is not a controlled act. Only diagnostic ultrasound falls under the controlled act category. Likewise, the OT can administer a laser treatment for Dupuytren's because only the use of lasers to destroy kidney stones constitutes a controlled act. As is required, the OT must obtain informed consent from the client before proceeding with the treatment, and ensure the treatment is within his or her sphere of competence.

## CONTROLLED ACTS FOR WHICH DELEGATION IS NOT RECOMMENDED FOR OTS

The following controlled acts fall outside the scope of occupational therapy practice. They require knowledge and skills that are typically not included in an OT's training, experience or continuing learning activities. For these reasons, the College does not recommend that OTs perform them in their capacity as OTs.

### Moving joints of the spine

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

Chiropractors, physiotherapists, naturopaths and physicians are currently authorized to perform this act. If an OT completes the additional training required to competently and safely perform this controlled act, he or she should still refuse delegation to perform it within the scope of occupational therapy services.

### **Prescribing or dispensing a drug**

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

Dispensing provides a safety check that the prescription is safe for the client. It cannot be delegated to OTs. Dispensing includes the selection, preparation and transfer of one or more doses of a drug to a client or representative for administration. It includes technical components such as reading the prescription, determining which product to dispense, checking expiry dates, ensuring accuracy and maintaining a medication profile. It also involves assessing the therapeutic appropriateness of a prescription, counseling clients and making recommendations to the prescribing professional. Dispensing occurs only once – when the drug is prepared, packaged and labeled with the client's name, the drug name, the dose and frequency.

### **Scenario**

*A client has been prescribed a medication she cannot afford. The team physician gives samples for the OT to take to the client on her next home visit. Can the OT deliver the samples?*

Providing medication samples to a client is dispensing and is not an appropriate activity for an OT. If, however, the physician writes the prescription or order, and labels the samples with the client's name, dosage and frequency, the physician has dispensed it. Then, the OT can deliver the medication to the client.

Administration refers to everything that happens after the drug is dispensed. An OT does not require delegation to administer a medication unless it involves the 5<sup>th</sup> controlled act, *administering a substance by injection or inhalation*, or the 6<sup>th</sup> controlled act, *inserting an instrument, hand or finger into a body opening*. Inserting a rectal or vaginal suppository involves the 6<sup>th</sup> act.

Administration includes preparing a dose of a drug from the client's labeled supply and providing it to the client when it is due. OTs may repackage properly dispensed medications into mechanical aids, such as a dosette, to facilitate self-administration, or administration by a family member or unregulated care provider. Similarly, administering PRN (as required) medication does not require delegation if the medication has been dispensed to the client and is taken from his or her own medication supply, and does not involve a controlled act to administer.

### **Prescribing or dispensing vision devices**

*Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.*

Page magnifiers and non-prescription reading glasses are considered simple magnifiers. Therefore, recommending or providing magnifiers is not a controlled act, and OTs do not need delegation to use these assistive devices with clients.

### **Prescribing a hearing aid**

*Prescribing a hearing aid for a hearing impaired person.*

An FM system that transmits sound waves from one person (for example, a teacher) to another person (for example, a student with a hearing or attention impairment) is not considered a hearing aid. Consequently, recommending or providing such a system is not considered a controlled act, and an OT does not require delegation.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### Orthodontics

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

Recommending a mouth guard to protect the teeth from external blows does not involve a controlled act so does not require delegation.

### Managing labour

*Managing labour or conducting the delivery of a baby.*

### Allergy testing

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

## A CONTROLLED ACT OTS WILL BE AUTHORIZED TO PERFORM

### Practising psychotherapy

At the time of publication, the relevant legislation that will deem psychotherapy the 14<sup>th</sup> controlled act and authorize OTs to perform it is awaiting proclamation. The 14<sup>th</sup> controlled act is expected to be defined as follows:

*Treating by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning.*

As previously mentioned, delegating the act of psychotherapy to others is contrary to the *Standards for Psychotherapy* (COTO, 2010). All OTs providing psychotherapy are expected to comply with the *Standards for Psychotherapy* (COTO, 2010).

## SECTION 5: OTHER CONSIDERATIONS

### Competence

In all circumstances when performing controlled acts, including when accepting delegation, OTs must ensure they have the knowledge, skill and judgment to perform the activity safely and the competence to manage all aspects of the act, including environmental factors and potentially adverse reactions.

### Informed consent

As with all interventions, informed client consent must be obtained. As part of obtaining consent, an OT needs to discuss the risks and benefits of the procedure, and advise the client if the act has been delegated.

### Dual practice

An OT might have specific training and competence to perform a controlled act that is not one for which it is recommended that an OT receive delegation; for example, an OT may have training in physiotherapy and be able to perform some manipulations of spinal joints. In this case, the *Position*

*Statement on Dual Practice* (COTO, 2000) suggests that the OT formally establish a dual practice and perform the act within the scope of practice of the other profession (in this case, physiotherapy).

A dual practice must be established formally and accountably. Transparent communication of when the individual is practising as an OT and when the OT is practising as a member of another profession should be clear to the client and documented in the clinical record.

In the event of misconduct in the other practice, the College of Occupational Therapists of Ontario would likely defer to the other college or regulatory body which has direct jurisdiction over the practice in question. However, when there is not an appropriate college to handle the matter and if the conduct is serious, the College of Occupational Therapists of Ontario still has jurisdiction and can act.

### **Harm clause**

Section 30 of the RHPA includes a harm clause that prohibits *any person from treating or advising a person about his/her health in circumstances in which it is reasonably foreseeable that serious physical harm may result*. This clause regulates dangerous activities that may not be specifically listed as controlled acts. It is primarily meant to capture conduct by unregistered practitioners.

There are exceptions to the prohibitions of the harm clause including for:

- registered practitioners acting within the scope of their profession;
- those acting under the direction or in collaboration with a registered practitioner acting within the scope of his or her profession; and
- persons acting pursuant to a properly given delegation.

### **Scenario**

*During a community visit, a mother expresses she is worried about her baby's fever and asks the OT for advice. The OT suggests giving the baby acetylsalicylic acid (Aspirin) and monitoring the fever.*

Acetylsalicylic acid does not require a prescription, and the OT has not dispensed it so delegation is not required. However, serious harm could result if the baby has an underlying illness or develops a complication from the medication. Also, acetylsalicylic acid is contraindicated for children, information of which the OT may not be aware. The mother may rely on the OT's advice because an OT is a health care professional. Therefore, providing this advice could be prohibited by the harm clause. The OT's advice was outside the scope of occupational therapy, and the OT was not acting under the direction of or in collaboration with a professional authorized to give such advice.

In contrast, consider an OT providing hot wax treatments to a client with arthritis. Again, the activity does not involve a controlled act. Although the treatment has potential for serious harm (by causing a burn), the OT is performing an activity within the occupational therapy scope of practice. Therefore, it is not prohibited by the harm clause and does not require delegation.

The exceptions for the controlled acts also apply to the harm clause (for example, emergencies, students, family members). In addition, counseling for emotional, social, educational or spiritual matters does not apply because the difference between harmful and harmless counseling is fairly subjective.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### Informing employers

As a regulated health professional, an OT is accountable for adhering to legislation and professional standards in all situations. If an OT is asked to perform a controlled act outside his or her competence, it poses a risk to the client. The OT is obliged under the *Professional Misconduct Regulation* (O. Reg. 95/07) to inform the employer that he or she is unable to perform the activity.

The OT may use such a situation to inform the employer about controlled act legislation and the harm clause. Employers need to recognize it is an offence to aid and abet a person to perform aspects of health care the individual is prohibited from doing. However, if the employer can reasonably expect the OT to gain competence in the activity, the OT should consider his or her professional development needs in terms of employer and client expectations.

## SECTION 6: THE DELEGATION PROCESS

This section reviews a decision-making process to help you determine what steps to follow when deciding whether to accept delegation for a controlled act. It also addresses the requirement to document receiving a delegation.

The Decision Tree for Receiving Delegation in Appendix C summarizes a sound decision-making process. It begins when you have determined the activity is a controlled act and no exceptions apply. It assumes the OT can accept delegation for the controlled act and that the client has provided informed consent.

A controlled act may be delegated through an individual client order each time it is needed, or delegated on an ongoing basis through a medical directive.

### Scenario 1

*On a family health team, a physician gives an OT an order that delegates the act of communicating a diagnosis to a specific client. He explains he does not have time to relay the diagnosis because another client requires immediate emergency treatment.*

The order is warranted because the physician, while having made the diagnosis, is unable to imminently convey the information to the client due to other commitments. The OT can communicate the diagnosis to the client.

### Scenario 2

*A physician in a fracture clinic writes a medical directive to delegate the application of wrist fracture braces to specific OTs when certain client conditions and circumstances are met. One of the OTs, Bobbi, has little experience applying this type of brace and feels she does not have the required knowledge and skill.*

Bobbi cannot accept the delegation because she is not competent to perform the procedure. The authorizer is responsible for ensuring there is a process in place to ensure all of the OTs listed in the directive are competent to apply a wrist fracture brace. Until Bobbi acquires the necessary competence to accept delegation, her name should not be included on the medical directive.

## THE TWO STEPS OF DELEGATION

Delegation involves the following two steps:

- 1) The authorizer transfers authority to the OT. This is mandatory and should be documented by the authorizer.
- 2) The authorizer provides a directive that gives specific directions that must be followed in performing the act. While not mandatory, in some situations it may be prudent to obtain a written medical directive. The authorizer and OT should work together to develop an appropriate directive. If the directive is incomplete or unclear, it is the OT's responsibility to seek clarification.

To assist with the effective, efficient utilization of client services, OTs may **assign** components of occupational therapy service to other care providers. The word *assign* is used where no controlled act is involved. This distinguishes it from the word *delegation* which is properly used only in respect of controlled acts. As per the standards of psychotherapy and acupuncture respectively, OTs should refrain from delegating psychotherapy and acupuncture to support personnel because of the associated level of risk. As well, OTs are not permitted to sub-delegate (i.e. delegate a controlled act that has been delegated to them to another) a controlled act to another OT.

### Documenting delegation

As with any intervention, documenting the process is important. The *Standards for Record Keeping* (COTO, 2008) indicates the client's health record should include:

- which act has been delegated;
- any specific instructions related to the delegation;
- acceptance of the delegation; and
- the name, date and designation of the person delegating the controlled act.

The expectation of recording who provided the service and what occurred applies to controlled acts. If the delegation and directive are part of a care protocol, include a reference (title and date) to the specific care protocol followed in each client record.

### Delegation resources

The College worked with the Federation of Health Regulatory Colleges of Ontario (the Federation) to develop *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario* (<http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp>). This guide can help health care practitioners fulfill the requirements of the delegation process.

The *Interprofessional Guide* addresses questions on the use of orders and delegation to facilitate interprofessional care. It provides definitions, principles and processes when working with orders, directives and delegation. The templates and frequently asked questions can assist OTs working with controlled acts.

A variety of templates and supporting documents are available on the Federation website (<http://www.regulatedhealthprofessions.on.ca/EVENTSRESOURCES/medical.asp>), including printable forms you can use to receive a written medical directive. To support your learning of the delegation process using the Federation tool, there is an optional exercise in Appendix D on page 26.

### SECTION 7: CONTROLLED ACTS SELF-TEST

PREP is designed to help Registrants stay current in their professional practice. The College developed this PREP module to help you understand and comply with your legal and professional obligations in regards to controlled acts and scope of practice. This module encourages OTs to consider and evaluate their practice processes in relation to the RHPA and *Occupational Therapy Act*.

A PREP module is a self-directed learning tool for adult learners. Registrants report they learn from engaging in the process of completing a module. Reflecting on the answers and rationale reinforces learning and helps identify individual learning needs. Reviewing the scenarios with other OTs can enhance your learning experience. It is a professional responsibility to take follow-up action if you identify a learning need. You are encouraged to incorporate your learning needs in your Professional Development Plan.

The following scenarios offer an opportunity to apply the concepts in this module to situations that simulate clinical situations. They are not intended to test your knowledge, instead, they allow you to evaluate whether you understand the relevant principles. If you accept delegation for controlled acts or are interested in the process, the optional exercise in Appendix D can help you apply the Federation's interprofessional collaboration tool.

After completing this self-test, follow these steps:

1. Record your answers on the Response Sheet. Fax or mail the sheet that accompanied the PREP module booklet to Matrix Research Ltd. It does not need to be retained in your Professional Portfolio.
2. Also record your answers on the Reflection Page in Appendix F or electronically in the Practice Development Portal.
3. On the Reflection page, compare your answers to the “best answers” in Appendix E. Identify any learning needs or goals.
4. If you completed the Reflection Page online, it will be saved for you in the Portal. Otherwise, store the Reflection Page in your Professional Portfolio. As appropriate, apply the learning needs and/or goals you identified in this PREP module to your Professional Development Plan.

### MULTIPLE-CHOICE SCENARIOS

#### SCENARIO 1 – CONTROLLED ACT 2, PERFORMING A PROCEDURE BELOW THE DERMIS

Ashna, an OT practising in orthopedic surgical care, has recently completed a professional development course on wound care management so she can better serve her acute post-operative care clients. She has recently received a number of referrals from hospital surgeons asking for suture removal as part of the treatment care plan. Ashna feels that this is within her sphere of competence and within the overall OT scope of practice. To proceed with this referral, what should Ashna do?

- a) In the clinical record, Ashna must document that suture removal is within the occupational therapy scope of practice. She should also document evidence of her recent professional development activities related to suture removal. Finally, she should ensure the client has provided informed consent for this procedure and that the referring physician receives a copy of all documentation.

- b) Ashna must ensure the client has provided informed consent. She must attach a copy of the physician's referral, including the request for suture removal, as a means of documenting the controlled act delegation.
- c) Ashna can proceed with this request because she has the competence, and the procedure of suture removal typically occurs at the dermis level or above and therefore is not considered a controlled act.
- d) Ashna cannot proceed with this request until it is formally delegated by an authorized health practitioner. This delegation can be a formal written medical directive from the hospital that indicates which act is being delegated and by which surgeon(s) as well as the reasoning and training which will be provided prior to the directive becoming valid.

#### **SCENARIO 2 – CONTROLLED ACT 8, PRESCRIBING OR DISPENSING A DRUG**

Eloi, an OT on a family health team, facilitates a smoking-cessation program. He meets with clients to discuss options to assist them in quitting smoking. One option involves nicotine replacement therapy (NRT), a non-prescription drug. As he was taught in a formal training program, Eloi collects specific information from the client using a checklist, and he collaborates with the physician when needed. Eloi wonders if he can recommend a NRT dosage to a client or if it would be performing the controlled act of prescribing or dispensing a drug. How should Eloi proceed?

- a) Determining a medication dosage falls under the controlled act of prescribing or dispensing a drug, so Eloi cannot recommend NRT dosages without first receiving delegation from the physician.
- b) Eloi may recommend dosages since NRT is a non-prescription drug; he has been trained to perform the procedure safely, and he has the knowledge, skill and ability to competently recommend dosages.
- c) The College does not recommend OTs receive delegation for the controlled act of prescribing or dispensing a drug. Even with delegation, Eloi should not suggest a NRT dosage.
- d) Eloi can recommend dosages of NRT because he is doing it in collaboration with a physician, and physicians are authorized to perform the controlled act of prescribing or dispensing drugs.

#### **SCENARIO 3 – CONTROLLED ACT 8, PRESCRIBING OR DISPENSING A DRUG**

It's Friday evening and Brigitte, an OT, is working with an Assertive Community Treatment (ACT) team. A client comes into the office and reports he lost his prescription medication. He points to the cabinet where medication, including samples and unused drugs, are kept. The client states he has been given replacement medication from this supply before. Brigitte knows if the client does not take his medication he is at high risk of becoming psychotic. The client's pharmacy is closed for the weekend. To prevent a crisis, Brigitte considers giving him some of the stock medication to tide him over until the team nurse and psychiatrist return on Monday. How should Brigitte proceed?

- a) Brigitte should dispense the stock medication because the client is at high risk of becoming psychotic. She is allowed to dispense medication under the exemption of rendering temporary assistance in an emergency.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

- b) Brigitte should not provide the medication because she is not authorized to perform the controlled act of dispensing a drug. Instead, Brigitte should support the client in pursuing other options, such as going to the hospital where he can be assessed by the psychiatric emergency service and dispensed the appropriate medication.
- c) Brigitte should not provide the client with stock medication since dispensing is a controlled act, and she is not authorized to dispense a prescription drug.
- d) Brigitte should provide the client with stock medication because he has previously been given medication from this supply. The client is likely to give informed consent for receipt of the medication. The OT should then document that the client has given informed consent.

### SCENARIO 4 – CONTROLLED ACT 5, ADMINISTERING A SUBSTANCE BY INJECTION OR INHALATION

Wilma, an OT, works in a hospital where she treats clients who have sustained a cerebral vascular accident. For the next two weeks she will be providing vacation relief support to the OTs on the pulmonary unit. When she arrives to take her first client, who has a long history of emphysema, to the therapy room, she notices the client's oxygen mask has been removed and he is having difficulty breathing. Wilma is planning to work on transfer training during the therapy session and wonders if she should reapply the client's oxygen mask. There is a medical directive on the pulmonary unit delegating the controlled act of administering a substance by inhalation to the pulmonary unit OTs, including the one that Wilma is replacing. How should Wilma best manage this situation?

- a) Wilma should reapply the client's oxygen mask. The client is having difficulty breathing which constitutes an emergency. She does not require delegation to perform the controlled act of administering a substance by inhalation because she is rendering temporary assistance in an emergency.
- b) Wilma should reapply the client's oxygen mask because it's an activity of daily living for the client, and the RHPA provides an exception for assisting a person with routine activities of daily living.
- c) Since there is a medical directive on the unit delegating the controlled act of administering a substance by inhalation to the OTs, Wilma can reapply the client's oxygen mask.
- d) Wilma can reapply the client's oxygen mask as long as the medical directive delegating the administering of a substance by inhalation includes her, and she has the requisite level of competence to accept delegation (i.e. the knowledge, skill and ability).

### SCENARIO 5 – CONTROLLED ACT 10, PRESCRIBING A HEARING AID

Lily, an OT who practises in the school system, is working with 14 year old Hamid, who has a slight hearing impairment. While Hamid can function effectively in one-on-one situations, he has difficulty in noisier environments, such as a classroom. In particular, Hamid's ability to fully participate in classroom lecture-style learning activities is impaired. A year ago, an audiologist assessed Hamid but did not prescribe hearing aids. Given the need to address Hamid's ability to function in the classroom, Lily wonders if she can recommend an FM system, with which she is familiar. Lily is concerned about recommending this hearing device because prescribing a hearing aid is a controlled act. How can Lily best handle this situation?

- a) Lily should refer Hamid back to the audiologist who initially assessed him or obtain delegation from the audiologist to recommend the FM system. The audiologist would also be able to prescribe hearing aids, if needed.
- b) Lily should contact Hamid's parents to discuss the value of referring their son back to the audiologist to reassess his hearing status and need for hearing aids. Lily can proceed with the FM system but may want to consider collaborating interprofessionally with the audiologist.
- c) Lily should go ahead and prescribe the FM system independently.
- d) Lily should leave the remediation of Hamid's hearing through the use of devices to the audiologist because it is not within the occupational therapy scope of practice. Instead, she should focus on occupational therapy solutions, such as placing Hamid's desk nearer to the teacher and employing attention strategies.

#### **SCENARIO 6 – CONTROLLED ACT 5, ADMINISTERING A SUBSTANCE BY INJECTION OR INHALATION**

Rinaldo, an OT, arrives for a home visit with Mr. MacIntosh, a client with rheumatoid arthritis. Mr. MacIntosh asks Rinaldo to help him with his insulin injection. He says his wife usually helps him because his arthritis makes it difficult for him to manipulate the needle. Mr. MacIntosh advises that his diabetes has been well managed for years, and this is noted in the clinical record. Today, Mr. MacIntosh's wife had to unexpectedly take their niece to the hospital, and he does not know if she will be back in time to administer his insulin injection. During the SARS crisis, Rinaldo received training in giving injections. Rinaldo also has experience working with clients who have diabetes. Mr. MacIntosh knows how to administer the injection and advises Rinaldo that he will guide the process. How should Rinaldo proceed?

- a) Rinaldo should not assist Mr. MacIntosh with the injection. Administering a substance by injection is a controlled act, and Rinaldo is not authorized to perform it without delegation. When initially assessing Mr. MacIntosh, Rinaldo should have proactively obtained delegation of the controlled act in case the client required an insulin injection.
- b) Rinaldo can assist Mr. MacIntosh. An exception in the RHPA allows non-authorized persons to perform this controlled act if it is an activity of daily living.
- c) Rinaldo can assist the client because it is an emergency situation. If he does not assist with the injection, Mr. MacIntosh could go into diabetic shock.
- d) Rinaldo cannot perform this controlled act. However, he must take steps to ensure Mr. MacIntosh's safety. He could, for example, call the CCAC case manager, ensure that Mrs. MacIntosh returns home in time, or assist his client in going to his family doctor or a walk-in medical clinic.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### True or false questions

1. An OT recently completed a course in using a transcutaneous electrical nerve stimulation (TENS) unit. Today, the OT has a client who would benefit from a TENS treatment. Before proceeding, the OT needs to receive delegation because the treatment involves the controlled act of applying a form of energy.

**True**                      **False**

2. An OT working with a client who has arthritis determines the client would benefit from therapeutic ultrasound. The OT has the knowledge, skill and ability to use therapeutic ultrasound for clients with arthritis. Prior to proceeding with therapeutic ultrasound, the OT must receive delegation as the treatment constitutes applying a form of energy, which is a controlled act.

**True**                      **False**

3. An OT in community mental health is working with a client who is now eight months pregnant. The client has an anxiety disorder, and the OT is instructing her in breathing exercises to help her relax. During therapy, the client's water breaks. After the emergency medical response (EMR) team is called, the client asks the OT to assist her with breathing exercises to help her relax until the ambulance arrives. The OT may not assist the client with breathing exercises because managing labour is a controlled act that cannot be delegated to OTs.

**True**                      **False**

4. An OT practising in an in-patient stroke rehabilitation unit assesses a client and notes he has dressing apraxia. The OT can tell the client he has dressing apraxia.

**True**                      **False**

5. A client arrives in the emergency department with a boxer's (D5 metacarpal) fracture. There is a medical directive in which the emergency room physicians delegate this splinting to the emergency room OT. The OT relies on the support of the occupational therapist assistant (OTA), given caseload demands. While fabricating the splint for the client, the OT is paged to attend to an urgent client issue. The OT can assign the completion of the splint and the fitting to the OTA, who has experience assisting the OT with this procedure.

**True**                      **False**

6. The OT is treating a client who sustained a scaphoid (wrist) fracture and determines that performing carpal joint mobilizations may help increase the client's range of motion and reduce the pain. The OT has competence in this area and may perform this joint manipulation.

**True**                      **False**

7. An OT practising in a long-term care home notices the hearing aids of an elderly client are sitting on her bedside table. The OT may insert the hearing aids in the woman's ears.

**True**                      **False**

## APPENDIX A: REFERENCES

Federation of Health Regulatory Colleges of Ontario (2007). *What are the Steps for Authorizing and Implementing Any Procedure?*

Retrieved from: <http://mdguide.regulatedhealthprofessions.on.ca/authorize/default.asp>

Ontario Legislative Assembly: <http://www.ontla.on.ca>

College of Nurses of Ontario (2006), *Decisions About Procedures and Authority*, Revised 2006

### Legislative references

*Psychotherapy Act*, 2007, S.O. 2007, c. 10, Sched. R

*Drug and Pharmacies Regulation Act*, R.S.O. 1990, c. H.4

*Healing Arts Radiation Protection Act*, R.S.O. 1990, c. H.2(HARP)

*Health Systems Improvement Act*, 2007

*Laboratory and Specimen Collection Centre Licensing Act*, R.S.O. 1990, c. L.1

*Occupational Therapy Act*, 1991, S.O. 1991, c. 33

*Controlled Acts*, Ontario Regulation 107/96

*Professional Misconduct Regulation*, O. Reg. 95/07

*Public Hospitals Act*, R.S.O. 1990, c. P.40

*Regulated Health Professions Act*, 1991, S.O. 1991, c. 18 (RHPA)

*Regulated Health Professions Statute Law Amendment Act*, 2009

*Traditional Chinese Medicine Act*, 2006, S.O. 2006, c. 27

These documents are available at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

### College references

*Code of Ethics* (COTO, 2011)

*Controlled Acts and Delegation*, Revised 2011 (COTO)

*On the Interpretation of the Controlled Act of Communicating a Diagnosis: Position Statement* (COTO, 1996)

*Position Statement on Dual Practice* (COTO, 2000)

*Standards for Acupuncture* (COTO, 2009)

*Standards for Psychotherapy* (COTO, 2010)

*Standards for Record Keeping* (COTO, 2008)

*Standard for the Supervision of Support Personnel* (COTO 2011)

These documents are available at [www.coto.org](http://www.coto.org) in the **Resource Room** and the on the **Practice Development Portal**.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### APPENDIX B: GLOSSARY

**Assign:** The process of allocating responsibility for delivering particular aspects of occupational therapy practice that are not controlled acts to an individual who is not an OT. For a task to be assigned, it must be part of the occupational therapy service being provided. The OT retains responsibility for the overall service, appropriately supervising the individual and monitoring client response. OTs frequently assign components of service to occupational therapist assistants and students.

**Authorizer:** A regulated health professional with the authority to perform a controlled act or acts, and who can delegate the authority to perform the act or acts to another individual.

**Delegation:** The transfer of the legal authority to perform a controlled act from a regulated health professional authorized to perform that act to an individual who is not normally authorized to perform the act. Only a professional whose scope of practice includes the authority to perform a controlled act can delegate that act to another.

**Dual practice.** An OT establishes this type of practice when he or she practises as an OT and also as another regulated or unregulated practitioner.

**Exception:** A circumstance in which the legal restrictions on performing a controlled act or acts do not apply. Exceptions include performing a controlled act or acts during an emergency, while teaching students of a regulated profession and when assisting with activities of daily living.

**Medical directive:** The authorization to provide a particular service to multiple clients under specific conditions. For example, a medical directive can be specific to a category of clients who meet articulated criteria. Typically, an order or medical directive is used when an organizational policy requires it and in practice settings in which specific legislation requires such authorization (for example, in facilities governed by the *Public Hospitals Act*, 1990). Medical directives could apply either to a controlled act or other activities.

**Order:** The criteria and conditions necessary to provide a particular service for a specific client. An order may be used to authorize a person without access to a controlled act to perform that act. Typically, it is used when organizational policy requires it, and in practice settings in which specific legislation requires such authorization. It is also important to realize that a medical directive could apply to either a controlled act or other activities.

**Proclaimed/proclamation:** The Lieutenant Governor may proclaim that a law will come into force (i.e., into effect) on a particular date. A law may also come into force on the day it receives **royal assent**, on a fixed date specified in the Act or on a date to be specified by the Lieutenant Governor in Council.

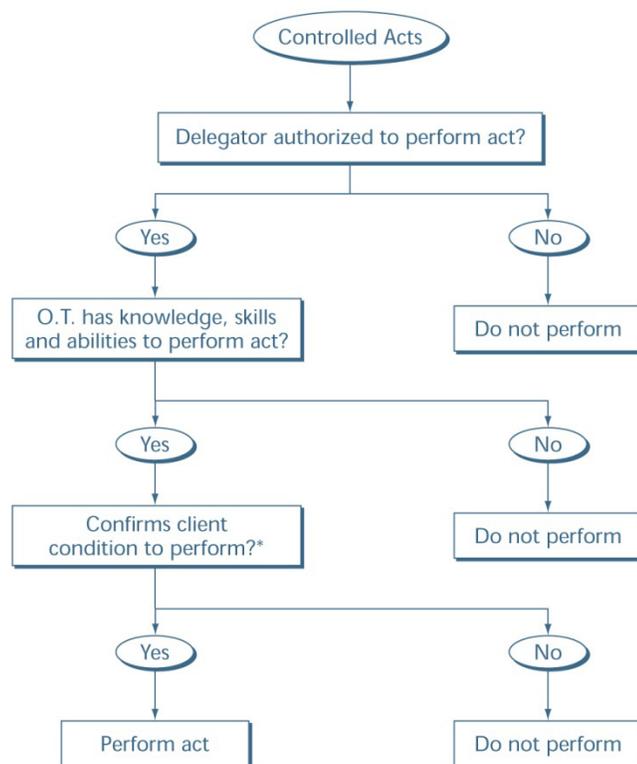
**Public domain:** If a procedure is in the public domain, it can be performed by anyone.

**Royal assent:** The Lieutenant-Governor approves a bill on behalf of the Queen by signing the bill, thereby giving royal assent. Before a bill becomes law, royal assent is required. Today, royal assent is generally regarded as a formality that almost always occurs after the bill is passed. In Ontario, however, there have been two occasions when royal assent was withheld, requiring parliament to debate the bill again.

**Sphere of competence:** An OT's personal scope of practice within the occupational therapy legislated scope of practice. It refers to the specific clinical areas that an individual OT has the knowledge, skill and ability to perform.

**Sub-delegation:** Delegation of a controlled act by an individual who has acquired the authority to perform the act through delegation. Neither the RHPA nor the College supports this process.

## APPENDIX C: DECISION TREE FOR RECEIVING DELEGATION



\* See Appendix 2 for details.

### APPENDIX D: APPLICATION OF THE FEDERATION'S TOOL (Optional)

As discussed on page 17 of the PREP module, The Federation of Health Regulatory Colleges of Ontario (the Federation) has developed *An Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. This guide includes tools to assist health care professionals learn about the use of orders and delegation, and provide the resources these professionals need to complete orders and delegation. Also, a variety of templates and supporting documents are available on the Federation website, including printable forms you can use to receive a written medical directive. <http://www.mdguide.regulatedhealthprofessions.on.ca/why/default.asp>

To familiarize yourself with the *Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*, you are invited to complete the following **optional** exercise.

Identify a controlled act you might be delegated to perform in your practice setting:

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Go through each of the following steps and answer the questions.

**1) Assure performance readiness.**

- Do OTs have the scope and authority to perform this procedure?

Yes            No

- What steps have you taken to ensure you are competent to perform the procedure and manage any outcomes that may arise?
- 

**2) Assure applicable legislative and setting-specific authority is in place, as necessary.**

- Has an authorizer transferred authority to the OT?

Yes            No

- Has the authorizer provided a written medical directive or order that gives specific directions that must be followed in performing the act?

Yes            No

- Is the act specific to one client (an order) or a category of clients (a medical directive)?

Yes            No

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Complete the Delegation Template form which can be found on the Federation website <http://www.mdguide.regulatedhealthprofessions.on.ca/pdf/DelegationInstructions.pdf>

**3) Assure the clinical appropriateness of the procedure.**

- Using your clinical judgment, is the authorized procedure warranted? Is the authorized procedure in the client's best interest?

**Yes**      **No**

- Do the benefits of proceeding through a directive or delegation outweigh the risks?

**Yes**      **No**

**4) Perform the procedure and manage the outcomes.**

- Is there a process in place to ensure a regular review of the directive or delegation with the authorizer?

**Yes**      **No**

- What is the process? \_\_\_\_\_

- Is there a process in place to address questions or concerns arising from the directive or delegation?

**Yes**      **No**

- What is the process? \_\_\_\_\_

## CONTROLLED ACTS AND SCOPE OF PRACTICE

### APPENDIX E: CONTROLLED ACTS SELF-TEST: BEST RESPONSES AND RATIONALE Multiple-choice scenarios

#### SCENARIO 1 – CONTROLLED ACT 2, PERFORMING A PROCEDURE BELOW THE DERMIS

What should Ashna do?

- a) In the clinical record, Ashna must document that suture removal is within the occupational therapy scope of practice. She should also document evidence of her recent professional development activities related to suture removal. Finally, she should ensure the client has provided informed consent for this procedure and that the referring physician receives a copy of all documentation.
- b) Ashna must ensure the client has provided informed consent. She must attach a copy of the physician's referral, including the request for suture removal, as a means of documenting the controlled act delegation.
- c) Ashna can proceed with this request because she has the competence and the procedure of suture removal typically occurs at the dermis level or above and therefore is not considered a controlled act.
- d) Ashna cannot proceed with this request until it is formally delegated by an authorized health practitioner. This delegation can be a formal written medical directive from the hospital that indicates which act is being delegated and by which surgeon(s), as well as the reasoning and training which will be provided prior to the directive becoming valid.

**Option C is correct.** OTs are permitted to perform suture removal since this procedure is typically performed at the level of above the dermis. Of course, as with every intervention performed by an OT, and in consideration that not all OTs perform this procedure, ensuring that it falls within the individual OT's sphere of competence is imperative.

**Option A is not the best answer.** This level of documentation is not required and in fact is considered "overkill."

**Option B is not the best answer.** Client consent is required, as is documenting information related to the physician's referral for suture removal. Suture removal (performed at the level of the dermis or above) is not a controlled act and therefore delegation is not required. If delegation was required, this level of documentation would not suffice.

**Option D is incorrect.** As previously stated, suture removal at the dermis or above is not a controlled act.

#### SCENARIO 2 – CONTROLLED ACT 8, PRESCRIBING OR DISPENSING A DRUG

How should Eloi proceed?

- a) Determining a medication dosage falls under the controlled act of prescribing or dispensing a drug, so Eloi cannot recommend NRT dosages without first receiving delegation from the physician.

- b) Eloi may recommend dosages since NRT is a non-prescription drug; he has been trained to perform the procedure safely and he has the knowledge, skill and ability to competently recommend dosages.
- c) The College does not recommend OTs receive delegation for the controlled act of prescribing or dispensing a drug. Even with delegation, Eloi should not suggest a NRT dosage.
- d) Eloi can recommend dosages of NRT because he is doing it in collaboration with a physician, and physicians are authorized to perform the controlled act of prescribing or dispensing drugs.

**The best answer is (b).** Since NRT is a non-prescription drug, it does not fall under controlled acts legislation. Before performing any procedure, OTs must ensure they have the necessary competence and the procedure falls within the occupational therapy scope of practice. Eloi has appropriately participated in a training program to assure his competence to recommend dosages of NRT and is collaborating with the physician. As well, while he is recommending a dosage of NRT, he is not dispensing it. Facilitating smoking cessation falls within the occupational therapy scope of practice.

**Answer (a) is incorrect.** NRT is a non-prescription drug and therefore does not fall under the controlled act of prescribing or dispensing a drug.

**Answer (c) is incorrect.** While the College recommends that OTs do not accept delegation for the act of prescribing a drug, NRT as a non-prescription drug so does not fall under the controlled acts legislation.

**Answer (d) is partially correct.** Eloi may recommend dosages of NRT because it is a non-prescription drug. If NRT was a prescription drug, the OT would need a formal delegation even if working collaboratively with the physician. Furthermore, Eloi would need to carefully consider accepting the delegation because the College does not recommend that OTs be delegated this controlled act.

### SCENARIO 3 – CONTROLLED ACT 8, PRESCRIBING AND DISPENSING A DRUG

#### How should Brigitte proceed?

- a) Brigitte should dispense the stock medication because the client is at high risk of becoming psychotic. She is allowed to dispense medication under the exemption of rendering temporary assistance in an emergency.
- b) Brigitte should not provide the medication because she is not authorized to perform the controlled act of dispensing a drug. Instead, Brigitte should support the client in pursuing other options, such as going to the hospital where he can be assessed by the psychiatric emergency service and dispensed the appropriate medication.
- c) Brigitte should not provide the client with stock medication since dispensing is a controlled act, and she is not authorized to dispense a prescription drug.
- d) Brigitte should provide the client with stock medication because he has previously been given medication from this supply. The client is likely to give informed consent for receipt of the medication. The OT should then document that the client has given informed consent.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

**The best answer is (b).** The stock medications have not been dispensed, and OTs are not authorized to perform the controlled act of dispensing. Brigitte is only able to give medication that has been correctly dispensed to the client; that is, medication that is labelled with the client's name, medication name, dose, dosage instructions and prescribing doctor's name. Brigitte should support the client going to the hospital where he can be assessed by the psychiatric emergency service and dispensed the appropriate medication for the weekend.

**Answer (a) is incorrect.** While it may initially seem to be an emergency, there is a feasible alternative; Brigitte can support the client in going to the hospital where he can be assessed by the psychiatric emergency service and dispensed the appropriate medication for the weekend.

**Answer (c) is partially correct.** Brigitte should not provide the client with stock medication because OTs are not authorized to dispense a drug. However, the OT must manage the risk of the client becoming psychotic without his medication. Brigitte should support the client in seeking assistance from the hospital, where he can be assessed by the psychiatric emergency service and dispensed the appropriate medication for the weekend.

**Answer (d) is incorrect.** Even if it has been common practice at the facility to supply the client with medication from the supply, the OT is not authorized to dispense a drug.

### SCENARIO 4 – CONTROLLED ACT 5, ADMINISTERING A SUBSTANCE BY INJECTION OR INHALATION

**How should Wilma best manage this situation?**

- a) Wilma should reapply the client's oxygen mask. She does not require delegation to perform the controlled act of administering a substance by inhalation because she is rendering temporary assistance in an emergency. The client is having difficulty breathing which constitutes an emergency.
- b) Wilma should reapply the client's oxygen mask because it's an activity of daily living for the client, and the RHPA provides an exception for assisting a person with routine activities of daily living.
- c) Since there is a medical directive on the unit delegating the controlled act of administering a substance by inhalation to the OTs, Wilma can reapply the client's oxygen mask.
- d) Wilma can reapply the client's oxygen mask as long as the medical directive delegating the administering of a substance by inhalation includes her, and she has the requisite level of competence to accept delegation (i.e. the knowledge, skill and ability).

**The best answer is (d).** Working in a pulmonary rehabilitation setting, the OTs anticipated that their clients may risk oxygen de-saturation and proactively took steps to have the act delegated prior to finding themselves in such a situation. If Wilma is filling in for another OT on the unit, she must ensure that she is covered under the medical directive and that she has the competence to accept the delegation. In fact, when arranging for vacation relief it is important to proactively review the scope of the medical directive and consider the skill set of OTs providing vacation relief.

**Answer (a) is incorrect.** This is not an emergency situation as clients with emphysema typically have difficulty breathing with exertion. In addition, the client is in a hospital where a regulated health professional authorized to perform the controlled act can be called for assistance in a timely manner. Therefore, the OT would not be considered rendering temporary assistance in an emergency and would require delegation.

**Answer (b) is incorrect on the available facts.** An RHPA exception allows a regulated health professional, such as an OT, to perform some controlled acts without delegation as long as they are routine activities of daily living. This exception does not apply in this scenario because the client's condition is unstable, given that he is in a hospital and is having difficulty breathing when at complete rest. His oxygen levels are likely being monitored as part of his health care, and therefore his use of oxygen would not be considered an activity of daily living. This view is reinforced by the fact that a medical directive has been developed on the point. To reapply the client's oxygen mask, delegation of the controlled act is required.

**Answer (c) is incorrect.** As part of the process of delegating a controlled act, the medical directive, must name Wilma in it and her competence assured before she accepts the act.

#### SCENARIO 5 – CONTROLLED ACT 10, PRESCRIBING A HEARING AID

**How can Lily best handle this situation?**

- a) Lily should refer Hamid back to the audiologist who initially assessed him or obtain a delegation from the audiologist to recommend the FM system. The audiologist would also be able to prescribe hearing aids, if needed.
- b) Lily should contact Hamid's parents to discuss the value of referring their son back to the audiologist to reassess his hearing status and need for hearing aids. Lily can proceed with the FM system but may want to consider collaborating interprofessionally with the audiologist.
- c) Lily should go ahead and prescribe the FM system independently.
- d) Lily should leave the remediation of Hamid's hearing through the use of devices to the audiologist because it is not within the occupational therapy scope of practice. Instead, she should focus on occupational therapy solutions, such as placing Hamid's desk nearer to the teacher and employing attention strategies.

**The best answer is (b).** An FM system that transmits sound waves from one person to another is not considered a hearing aid. Therefore, recommending this device is not a controlled act, and Lily can prescribe it. Lily should contact Hamid's parents to discuss the value of referring their son back to the audiologist to have his hearing reassessed. This referral would also allow Lily to collaborate interprofessionally on the FM system.

**Answer (a) is incorrect.** Lily does not need a delegation to recommend this alternative hearing device. An FM system is not considered a hearing aid.

## CONTROLLED ACTS AND SCOPE OF PRACTICE

**Answer (c) is partially correct.** The FM system is not considered a hearing aid so falls in the public domain, and Lily can prescribe it. As part of her occupational therapy intervention, though, Lily should also consider Hamid's needs in a comprehensive manner. Hamid's hearing may have declined over the year, and an audiology re-assessment would determine Hamid's hearing status and result in further recommendations to enhance Hamid's overall functioning in the classroom.

**Answer (d) is incorrect.** OTs are permitted to recommend a hearing device that is not a hearing aid. Other strategies for managing Hamid's limitations should be explored.

### SCENARIO 6 – CONTROLLED ACT 5, ADMINISTERING A SUBSTANCE BY INJECTION OR INHALATION

**How should Rinaldo proceed?**

- a) Rinaldo should not assist Mr. MacIntosh with the injection. Administering a substance by injection is a controlled act, and Rinaldo is not authorized to perform it without delegation. When initially assessing Mr. MacIntosh, Rinaldo should have proactively obtained delegation of the controlled act in case the client required an insulin injection.
- b) Rinaldo can assist the client. An exception in the RHPA allows non-authorized persons to perform this controlled act if it is an activity of daily living.
- c) Rinaldo can assist the client because it is an emergency situation. If he does not assist with the injection, Mr. MacIntosh could go into diabetic shock.
- d) Rinaldo cannot perform this controlled act. However, he must take steps to ensure Mr. MacIntosh's safety. He could, for example, call the CCAC case manager, ensure that Mrs. MacIntosh returns home in time, or assist his client in going to his family doctor or a walk-in medical clinic.

**The best answer is (b).** Although administering a substance by injection is a controlled act that requires delegation, an RHPA exception allows a regulated health professional, such as an OT, to perform some controlled acts without delegation if they are routine activities of daily living. The client requires assistance with injecting insulin in his home on a regular basis, making it a routine activity of daily living. Based on his previous training in giving injections, Rinaldo has the competence. However, since he trained during SARS, he should consider whether he is still competent to administer a substance by injection.

**Answer (a) is not the best option.** Mr. MacIntosh was referred for occupational therapy services to address his arthritis. While Rinaldo probably became aware of Mr. MacIntosh's diabetes during the assessment, it is unlikely he would seek delegation to assist him with injections because it was being managed appropriately and was not the focus of the occupational therapy.

**Answer (c) is incorrect.** At the time Mr. MacIntosh requested assistance with the injection, he was not in imminent danger so the exception clause does not apply.

**Answer (d) is correct but not the best answer.** Taking steps to ensure Mr. MacIntosh's safety would be an appropriate course of action if Rinaldo did not feel competent to perform the act.

## TRUE OR FALSE QUESTIONS

- 1) An OT recently completed a course in using a transcutaneous electrical nerve stimulation (TENS) unit. Today, the OT has a client who would benefit from a TENS treatment. Before proceeding, the OT needs to receive delegation because the treatment involves the controlled act of applying a form of energy.

**False.** The OT can use the TENS unit without delegation because its use is not legislated by the RHPA. If the OT has the knowledge, skill and ability to use TENS competently, the OT can proceed without delegation.

- 2) An OT working with a client who has arthritis assesses that the client will benefit from therapeutic ultrasound. The OT has the knowledge, skill and ability to use therapeutic ultrasound for this diagnostic category. Prior to proceeding with therapeutic ultrasound, the OT must receive delegation because the treatment constitutes applying a form of energy, which is a controlled act.

**False.** Delegation is only required when the ultrasound is being used for diagnostic purposes. Ultrasound can be applied therapeutically without delegation. The OT can use therapeutic ultrasound without delegation.

- 3) An OT in community mental health is working with a client who is now eight months pregnant. The client has an anxiety disorder, and the OT is instructing her in breathing exercises to help her relax. During a therapy session, the client's water breaks. The emergency medical response (EMR) team is called, and the client asks the OT to assist her with breathing exercises to help her relax until the ambulance arrives. The OT may not assist the client with breathing exercises because managing labour is a controlled act that cannot be delegated to OTs.

**False.** The client is asking the OT to assist her with breathing exercises to facilitate relaxation for the purpose of stress management, not for the controlled act of managing labour. Moreover, given that the client's water broke, and she is alone while waiting for an ambulance, within the context of using breathing exercises to manage labour, the OT would be considered rendering temporary assistance in an emergency, an exception to the requirement of delegation for a controlled act. On all accounts, it is therefore appropriate for the OT to proceed in assisting the client with breathing exercises to promote relaxation until EMR arrives.

- 4) An OT practising in an in-patient stroke rehabilitation unit assesses a client and notes he has dressing apraxia. The OT can tell the client he has dressing apraxia.

**True.** Communicating dressing apraxia to the client is considered communicating a dysfunction, not a disease or disorder. Therefore, the OT does not require delegation for the controlled act of communicating a diagnosis. It is important for the OT to provide the client with an explanation of the nature of his problem, including a label or name for the identified dysfunction.

- 5) A client arrives in the emergency department with a boxer's (D5 metacarpal) fracture. Through a medical directive, the emergency room physicians have delegated this splinting to the emergency room OT. The OT relies on the support of the occupational therapist assistant (OTA),

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given caseload demands. While fabricating the splint for the client, the OT is paged to attend to an urgent client issue. The OT can assign the completion of the splint and the fitting to the OTA, who has experience assisting the OT with this procedure.

**False:** An OT cannot delegate a controlled act that he or she has been delegated. This is called sub-delegation, and neither the RHPA nor the College approve of the process.

- 6) The OT is treating a client who sustained a scaphoid (wrist) fracture and determines that performing carpal joint mobilizations may help increase the client's range of motion and reduce the pain. The OT has competence in this area so can perform this joint manipulation.

**True.** Manipulation of the carpal joints does not fall under the controlled act of moving the joints of the spine. As long as the OT is competent to perform this joint mobilization, the OT can proceed without delegation.

- 7) An OT practising in a long-term care home notices that the hearing aids of an elderly client are sitting on her bedside table. With the client's permission, the OT may insert the hearing aids in the woman's ears.

**True.** In-the-ear hearing aids do not go beyond the external ear canal, so are not considered within the controlled act of inserting an instrument, hand or finger into a body opening. It would also be a routine activity of living.

## APPENDIX F: REFLECTION PAGE

Reflect on the PREP module on controlled acts and scope of practice and use this form to assess your learning needs.

You will be required to submit this Reflection Page to the College when you are asked to participate in the Quality Assurance Program's Competency Review and Evaluation process.

### Instructions

1. Review your answers on the Response Sheet.
2. Record your answers from your Response Sheet in the chart below.
3. Review the best answers and rationale provided by the College.
4. Record the College's best answers in the chart below.
5. Note any discrepancies between your answers and the best answers. Compare your assumptions to the College's rationale. (If you recorded your reasoning in the margins of your module, it is not necessary to copy this information. Instead, refer to these notes in the space provided.)
6. Identify any gaps in your understanding in the Learning Need column.

Consider these learning needs as you create your Professional Development Plan for the coming year.

Scenario	My answer	Best answer	Comments	Learning need (Yes/No)
1				
2				
3				
4				
5				
6				
True/False	My answer	Best answer	Comments	Learning need (Yes/No)
1				
2				
3				
4				
5				
6				
7				

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