

Madawaska Valley

Association For

Community Living

**POLICY: CONTROLLED ACTS**

**PAGES: 6**

**REVISED: AUGUST 3, 2023**

**REVIEWED: June 21, 2022**

**APPROVED: APRIL 16, 2013**

**NUMBER: 5-5**

**CATEGORY: SERVICE DELIVERY**

# Controlled Acts Policy

# Compliance with the Regulated Health Professions Acts (1991)

## **Purpose/Scope:**

MVACL is committed to ensuring that employees provide the highest quality care to the individuals they support. Under Ontario law, certain acts, referred to as “controlled acts,” may only be performed by authorized health­care professionals. However, under appropriate circumstances, these acts may be taught or delegated to unregulated workers.

## **Policy:**

1. MVACL complies with controlled act regulations set out in the Regulated Health Professions Act (RHPA).
2. Controlled acts will be identified and assessed for eligibility of exemption under the RHPA.
3. Controlled acts that qualify for exemption will be taught by a Registered Nurse, Registered Practical Nurse, Nurse Practitioner or other regulated health care professional authorized to perform the act.
4. Once taught, staff will be monitored continually to assess ongoing competency of skills.
5. Staff must be able to perform a controlled act on a regular basis in order to remain competent.
6. Informal monitoring for exempted controlled acts will be done by Direct Support Supervisors on a regular basis.
7. Formal monitoring for exempted controlled acts will be done by Direct Support Supervisors each quarter.
8. Teaching, monitoring and assessment of staff performing controlled acts will be documented and become part of the staff personnel file.
9. All controlled acts not eligible for exemption must be performed by a nurse.
10. The regulated professional is accountable for the decision to teach based on an assessment of agency policies, client needs, client stability, staff competency and the capacity of the agency to monitor.
11. A train the trainer model will be used. Direct Support Supervisors will be trained by the Health Care Professional and will be able to train Direct Support Professionals in the controlled act. Direct Support Supervisors will receive annual training by the Health Care Professional.
12. Unregulated staff are responsible for the safe performance of controlled acts and reporting when a client’s condition changes, or when they feel they need more training to act safely.
13. The agency is responsible for establishing policies that support safe and appropriate teaching and for providing training by a regulated professional.
14. Dispensing a medication (re-packaging a stock medication for someone else to administer) is a controlled act that cannot be considered for exemption, nor can it be delegated. Therefore:
	1. The person preparing the medication must be the person who administers the medication;
	2. Medication cannot be re-packaged. All medications must travel in its original container with original labels.

## **Applicable Legislation, Standards, Guidelines:**

* Regulated Health Professions Act (1991)
* Services for Persons with Developmental Disabilities Act, 2008
* College of Nurses of Ontario: Working with Unregulated Care Providers (2013)
* College of Nurses of Ontario: Authorizing Mechanisms (2014)
* If any policy statement conflicts with any of the above Acts, the statement contained in said Act will prevail.

## **Definitions:**

### Controlled Act

1. Controlled acts are set by the Health Professions Regulatory Advisory Council and outlined in the Regulated Health Professions Act, 1991 (RHPA).
2. Controlled acts are defined as acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them.
3. Only regulated professionals who are authorized to perform a particular controlled act can teach or delegate that controlled act to unregulated care providers as outlined in the RHPA.
4. The RHPA outlines certain exemptions in section 29 where persons may perform controlled acts if they are delegated ***or*** done in the course of:
	1. Rendering first aid
	2. Fulfilling the requirements of becoming a member of a health profession
	3. Treating a member of one`s own household
	4. **Assisting a person with his or her routine activities of living** (ADL) and the act is set out in paragraph 5 or 6 of subsection 27 (2)
5. A controlled act remains controlled even when it is considered an Act of Daily Living. The Act of Daily Living title only releases the controlled act from the need to be delegated.
6. There are 13 controlled acts listed in section 27, subsection 2 of the RHPA.
7. Performing a prescribed procedure below the dermis (skin) or a mucous membrane (paragraph 2);
8. Administering a substance by injection or inhalation (paragraph 5);
9. Putting an instrument, hand or finger (paragraph 6)
* i. beyond the external ear canal,
* ii. beyond the point in the nasal passages where they normally narrow,
* iii. beyond the larynx,
* iv. beyond the opening of the urethra,
* v. beyond the labia majora,
* vi. beyond the anal verge, or
* vii. into an artificial opening into the body.

### Routine Acts of Daily Living:

1. Acts of daily living (ADL) are controlled acts that are performed as part of a well-established routine with predictable outcomes. They must be prescribed by a qualified professional and fall within paragraph 5 or 6 of subsection 27 (2) in the RHPA.
2. Examples of controlled acts that can be considered an ADL:
	* Catheterization
	* Inhaler
	* Enemas
	* Suppositories
	* Injections
3. Example of controlled acts that cannot be considered an ADL and must be delegated:
	* Cleansing and dressing an open wound
	* Re-inserting a g-tube
4. Example of Controlled acts that cannot be considered an ADL and cannot be delegated in any circumstance:
	* Dispensing a medication (packaging and labelling a stock medication)

## **Procedures:**

### Controlled Act Assessment

1. Controlled acts for each client will be identified and recorded on their Orientation Sheets and protocols will be developed.
2. The individuals’ primary health care practitioner, or a contracted nurse, will complete the client assessment form to determine if the controlled act qualifies for exemption.
3. The agency will determine if it is appropriate for their staff to perform the controlled act once proper training is provided.

### Training:

1. General theory teaching will be provided by a nurse or other qualified professional.
2. The agency will arrange for training via webinar, online, in-house, or at a 3rd party venue.
3. Training will consist of theory based training as well as practical hands-on training.
4. All staff participating in controlled acts must complete a skills assessment.
5. Records of training will be kept in the staff members’ personnel file and be made available to MCSS compliance inspectors.
6. Staff will follow the following schedule for refresher training:
	1. Injections – every 6 months
	2. Inhalers – every year
	3. Suppositories and enemas – every year
	4. Catheterizations – every 6 months
	5. G-Tube feeding and ostomy care – every year
7. Refresher training will consist of theory only unless practical hands-on training is deemed necessary by a supervisor or individuals’ health care practitioner.
8. If a staff member has not had the opportunity to perform a controlled act in 6 months, retraining is required to maintain competency of skills.

### Determining Competency:

1. The agency will make the final decision if a staff member is competent to perform a controlled act and if it is appropriate to do so.
2. Before a staff member is able to perform a controlled act, the following must take place:
	1. The staff member must complete a general training course on controlled acts and understand his/her responsibilities and program guidelines;
	2. The staff member must successfully complete both the theory training and practical skills training on the specific controlled act;
	3. The staff member must complete all official evaluations and present the results to his/her {manager/supervisor/program director};
	4. The staff member must demonstrate that he/she is willing to comply with agency policies surrounding controlled acts and be willing to seek support when needed.

### Monitoring:

1. A client’s condition will be constantly monitored for change.
2. When a change in health status occurs, a health care professional must re-evaluate the appropriateness of unregulated workers performing the controlled act and if it can still be considered an Act of Daily Living.
3. When a controlled act is delegated by a nurse, the agency will arrange for the Direct Support Supervisor to monitor the staff performing that controlled act for the duration that the act is needed.
4. The purpose of the monitoring program is to identify issues that may potentially affect a client’s health status.
5. All controlled acts that are performed as part of an individual’s daily routine will be monitored in the following fashion:
	1. Informal monitoring of staff performing controlled acts will happen on a {daily/weekly/monthly} basis as supervisors check in verbally with staff and clients.
	2. Each staff member performing controlled acts will be physically observed for proper procedures every 6 months by the Direct Support Supervisor.
	3. Staff members performing controlled acts will record the following each time the controlled act is performed in the individual’s {daily progress notes/charts}”
		1. The date and time the procedure was performed;
		2. How the procedure was tolerated;
		3. Effects of the procedure;
		4. Any complications;
		5. Change in individual’s condition.

## **Related Policies:**

Medication Administration

## **Related How To:**

Each controlled act should have a related procedure guideline (provided once training is complete).

## **Related Forms:**

### Agency Assessment Checklist

1. Individual Controlled Act Assessment Form

### Performance Evaluation Checklist

### Employee Competency Checklist