

## RESTRICTED ACTIVITIES

*A Glossary of Terms can be found at the end of this document. Glossary terms are indicated in bold with a “G” throughout this document.*

### Standard

A **registrant<sup>G</sup>** or anyone under a registrant’s **supervision<sup>G</sup>**, performs **restricted activities<sup>G</sup>** in accordance with relevant provincial legislation, regulatory requirements, ACOT’s standards of practice and code of ethics.

### Expected Outcome

A **client<sup>G</sup>** can expect their occupational therapist, or anyone under the occupational therapist’s supervision, is **competent<sup>G</sup>** to perform the restricted activities that are used in the delivery of **occupational therapy services<sup>G</sup>**.

### Performance Expectations

#### *Authorized Restricted Activities*

1. A registrant may only perform restricted activities that
  - (a) are authorized to be performed in s17 and s18 of the *Occupational Therapists Profession Regulation (OTPR)* (also listed in in the Glossary of Terms under Restricted activities),
  - (b) are appropriate to the practice of occupational therapy as described in Schedule 15 of the *Health Professions Act (HPA)* (also listed in the Glossary of Terms under occupational therapy services),
  - (c) they are competent, authorized or supervised to perform,
  - (d) are supported in their use through the findings of a client **assessment<sup>G</sup>** and **evidence-informed<sup>G</sup>** rationale, and
  - (e) are appropriate to the registrant’s area of practice/practice context.
2. For the special authorization restricted activity of **needle acupuncture<sup>G</sup>** (s18 OTPR), a registrant must provide evidence of having successfully completed, with a passing grade, formal acupuncture training with instructional, theoretical and practical components taught by a qualified acupuncture practitioner through an acupuncture program approved by Council.
  - (a) This evidence must be submitted to the Registrar for review and confirmation of approval must be received prior to use of needle acupuncture in practice. Authorization to perform the restricted activity of needle acupuncture will be listed on the registrant’s practice

permit and the public registry.

(b) The registrant is expected to notify ACOT if they are no longer competent to perform needle acupuncture so that the authorization to perform needle acupuncture can be removed from the registrant's practice permit and the public registry.

3. An **occupational therapy student<sup>G</sup>** or a **non-regulated person<sup>G</sup>** is permitted to perform the restricted activities referred to in **s17 of the OTPR** (but **not s18** – needle acupuncture) with the consent of and under the supervision of a registrant according to any other requirement set out in this Standard of Practice.

### *Performing Restricted Activities*

A registrant shall:

4. Assess and document the risks and benefits associated with use of a restricted activity in occupational therapy service delivery prior to performing or supervising the restricted activity, and
  - (a) explain the rationale for the restricted activity to the client;
  - (b) communicate the risks and benefits to the client and obtain and document **informed consent<sup>G</sup>** to proceed;
  - (c) employ appropriate risk mitigation strategies and adjust service plans as required to address risks and enhance benefits.
5. Monitor the client's response to the restricted activity and adjust use of the restricted activity as required.
6. Ensure strategies are in place to address any critical or unexpected occurrences associated with the use of the restricted activity.

### *Supervision of Restricted Activities*

7. In addition to any other requirement set out in this Standard of Practice, a registrant who supervises a person performing a restricted activity is responsible for the restricted activity performed and must:
  - (a) be competent to perform the restricted activity in question without supervision;
  - (b) be satisfied with the knowledge, skill and judgment of the supervised person performing the restricted activity;
  - (c) ensure it is safe and appropriate for the supervised person to perform the restricted activity with the particular client;
  - (d) obtain and document informed consent for the restricted activity to be performed under supervision, unless consent is not possible because of emergency;
  - (e) determine, provide and document the degree and frequency of supervision required to ensure ongoing safety and effectiveness of the restricted activity.

8. For occupational therapy students, the supervising registrant must be able to observe and promptly intervene to stop or change the actions of the student who is under supervision. The supervising registrant shall either be
- (a) present in the room or via videoconference (if appropriate to the restricted activity) and available to provide **direct supervision**<sup>G</sup> of the restricted activity being performed, or
  - (b) not present in the room but is available for consultation (onsite or via telephone or videoconference) if the supervising registrant has determined through direct supervision, that the student is able to safely and effectively perform the restricted activity with **indirect supervision**<sup>G</sup>. In this case, the supervising registrant is responsible for reviewing the activity performed by the student.
9. For other non-regulated persons, once the supervising registrant has determined that the non-regulated person is able to safely and effectively perform the restricted activity, the supervising registrant shall either be
- (a) on-site and available for consultation and to assist while the non-regulated person is performing the restricted activity; or
  - (b) not on-site but available for consultation (via telephone or videoconference) if the supervising registrant is of the opinion that the non-regulated person does not require the supervising registrant to be on-site for consultation as described in 10(a). In this case, the supervising registrant is responsible for reviewing the activity performed by the non-regulated person.
10. A registrant may supervise other ACOT registrants or other regulated health professionals who require supervised practice to attain or maintain competence in performing a restricted activity if:
- (a) the supervised regulated health professional is also authorized by regulation to perform the restricted activity and is doing so in accordance with the requirements of their own regulatory college.
  - (b) The supervising registrant is doing so in accordance with the requirements set out in this Standard of Practice.

## Glossary of Terms

**Assessment** refers to exploring in collaboration with a client, their needs, wants and goals for accessing, initiating and sustaining valued occupations within meaningful relationships and contexts. Client assessments are to be relevant for clients from varied backgrounds and contexts and incorporate the client's perspectives and opportunities throughout occupational therapy service delivery.<sup>2</sup>

**Client** (or Patient) is the individual, family, group, organization, community, population, system or combination of these who takes part in occupational therapy services. In some circumstances, a client/patient may be represented by a substitute decision-maker.

**Competent** (or Competence) refers to having the combined knowledge, skills, attitudes and judgement required to provide professional services. HPA s1(1)(f).

**Continuing Competence Program** is the program established by Council whereby registrants report and reflect on their participation in the continuous learning activities undertaken to maintain and enhance their competence and practice.

**Evidence informed** refers to using the best available information combined with the client's perspective and the professional judgment of the registrant in decision making.

**Informed consent** occurs when a client or substitute decision-maker gives consent to a proposed service following a process of discussion and decision-making, leading to an informed choice. In order to be valid, the client/substitute decision-maker must have capacity to give consent and must be informed. The consent must also be given voluntarily and be specific to the proposed service and service provider.

**Needle acupuncture** As set out in s18 of the OTPR (Special authorization restricted activities), for the purposes of needle acupuncture, registrants may also perform the restricted activity of

- (a) cutting a body tissue, or
- (b) performing other invasive procedures on body tissue

below the dermis or mucous membrane.

Needle acupuncture refers to the insertion of acupuncture needles below the level of the dermis into specific points in the body with the intent to stimulate and balance the flow of energy (traditional Chinese principles) and/or to stimulate a neurophysiological response in the body (western principles). A registrant authorized to perform acupuncture does so as a means of optimizing a client's health or ability to engage in daily activities.

**Non-regulated person** refers to an individual who, following academic and/or on-the-job training, performs activities that are assigned and supervised by an ACOT registrant. Non-regulated persons may have a variety of working titles including but not limited to, support personnel, therapy/therapist assistant or therapy aide. They may also be students in therapy assistant training programs.

**Occupational therapy services:** As set out in s3 of Schedule 15 of the HPA

In their practice, occupational therapists do one or more of the following:

- (a) in collaboration with their clients, develop and implement programs to meet everyday needs in self care, leisure and productivity,
- (b) assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence,
- (c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and
- (d) provide restricted activities authorized by the regulations.

Note: The understanding of occupational therapy practice has evolved since Schedule 15 of the HPA was proclaimed in 2000. As per the Occupational Therapy Expertise domain in the Competencies for Occupational Therapists in Canada (2021)<sup>1</sup>, "The unique expertise of occupational therapists is to analyze what people do and what they want to or need to do, and help them do it. Occupational therapists co-create approaches with their clients. They are mindful of people's rights, needs, preference, values, abilities and environments. They work with

clients to support their health and well-being.”

**Occupational therapy student** refers to a student enrolled in an occupational therapy program approved by Council.

**Registrant** refers to an individual who is registered with ACOT on the general, provisional or courtesy register.

**Restricted activities** are high risk activities performed as part of providing a health service that require specific competencies and skills to be carried out safely. Restricted activities, which are listed in **Schedule 7.1 of the Government Organization Act**, are not linked to any specific health profession and a number of regulated health professionals may perform a particular restricted activity.

As set out in **s17 of the OTPR**, registrants are permitted to perform the following restricted activities if they are competent to do so, and the restricted activity aligns with the practice of occupational therapy:

- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue for the purpose of administering injections and providing wound debridement and care;*
- (b) to insert or remove instruments, devices or fingers
  - (i) beyond the cartilaginous portion of the ear canal,*
  - (ii) beyond the point in the nasal passages where they normally narrow,*
  - (iii) beyond the pharynx,*
  - (iv) beyond the opening of the urethra,*
  - (v) beyond the labia majora,*
  - (vi) beyond the anal verge; or*
  - (vii) into an artificial opening in the body;**
- (c) to set or reset a fracture of a bone for the purpose of splinting hands, arms, feet or legs, applying fracture braces and performing cranioplasty;*
- (d) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;*
- (e) to administer diagnostic imaging contrast agents;*
- (f) to fit an orthodontic or periodontal appliance for the purpose of fitting a mouth stick or mouth splint;*
- (g) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
  - (i) judgment,**

(ii) *behaviour,*

(iii) *capacity to recognize reality, or*

(iv) *ability to meet the ordinary demands of life.*

**Supervision** refers to the dynamic and evolving process involving a supervisor watching and directing what the supervised person does and how they do it.

**Direct supervision** refers to the supervisor being either physically present on-site or virtually present via real-time videoconferencing (if appropriate) to observe the assigned activity being performed and provide immediate feedback, redirection and modelling as necessary to the supervised person.

**Indirect supervision** refers to the supervisor being aware but not necessarily physically or virtually present when an assigned activity is being performed. Performance is monitored and evaluated through indirect means such as review of audio/video recordings, written records/chart notes, and/or through discussion with the supervised person, clients, family members/caregivers, team members or others as required.

### **Related Standards**

Competence (Draft SoP ready)

Consent (to be developed, may also be titled Informed Consent)

?Quality and Safety (or Safety and Risk Management – to be developed)

Supervision (to be developed)

### **Supplemental Resources**

<sup>1</sup> [Competencies for Occupational Therapists in Canada](#) (ACOTRO, ACOTUP, CAOT 2021)

*Health Professions Act*

*Occupational Therapists Profession Regulation*

<sup>2</sup> Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy (Egan & Restall 2022)

*Restricted Activities Authorization Regulation* (to be developed by government)

Restricted Activities Competency Profiles (to be developed)