



STANDARDS OF PRACTICE

Revised - June 2025

NSRRT publications contain practice parameters and standards that should be considered by all Nova Scotia Respiratory Therapists in the care of their patients and clients, as well as in the practice of the profession. NSRRT publications are developed in consultation with professional practice leaders and describe current professional expectations. It is essential to note that the NSRRT or other bodies may utilize these NSRRT publications in determining whether appropriate standards of practice and professional responsibilities have been maintained.

ACKNOWLEDGMENT

The NSRRT wishes to extend our sincere appreciation and acknowledgement to the dedicated teams at the College of Respiratory Therapists of Ontario (CRTO) and the Saskatchewan College of Respiratory Therapists (SCRT) involved in the original development of these Standards of Practice. Their collective expertise, thorough research and consultation with professional practice leaders have resulted in a robust document that clarifies the parameters of practice and standards in the profession and sets a benchmark for best practice in the field of respiratory therapy.

The information contained in this document is intended to describe the current professional expectations of respiratory therapists in the Canadian provinces listed below:

- CRTO
- MARRT
- NBART
- NLCAHP
- NSRRT
- SCRT

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About the Standards

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

* For the purpose of this document, all NSRRT Members are Respiratory Therapists (RTs) regardless of the class of certificate of registration they hold.

It is important to note that s.2 of the Regulated Health Professions Act, C13 2023 states that professional misconduct includes: "*Failing to maintain standards of practice.*"

Development and Revision of the Standards of Practice

These standards were originally drafted in 1996, revised in 2004, and again in 2010. In 2017, the CRTO and the Saskatchewan College of Respiratory Therapists (SCRT) collaborated on a redesigned version of the Standards, which was updated in 2019. In 2025, this document was reviewed and revised by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) with the goal of adopting these Standards of Practice across multiple Canadian jurisdictions.

Purpose of the Standards of Practice

The 'Standards of Practice' of a profession describe the requirements for professional practice. Many standards are written down and formally approved by the NSRRT. Other standards are unwritten expectations that define generally accepted practice adopted by Nova Scotia Respiratory Therapists. **Collectively, the standards, as well as relevant legislation (including regulations and bylaws), position statements, policies, and practice guidelines, establish a framework for the practice of Respiratory Therapy in Nova Scotia.**

Members of the NSRRT are professionally accountable to practice in accordance with these Standards. Standards of Practice can be revised at any time, and it is

each individual Member's responsibility to be aware of any changes relevant to their practice.

It is important to note that employers may have policies in place that relate to specific Standards. If an employer's policies are more restrictive than the NSRRT's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than those of the NSRRT, the RT must adhere to the NSRRT's requirements.

Standards of Practice serve a variety of purposes to different system partners, as outlined in Table 1.

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

How the Standards of Practice are Organized

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

Each Standard includes the following headings:

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

- **Resources:** includes a list of documents that provide additional information related to the standard.
- **Glossary:** includes a list of definitions of key terms used in the standards. Words are bolded the first time they appear in the Standard.

Assumptions

The Standards are based on the following assumptions:

- Respiratory Therapists are committed to:
 - providing safe, competent, collaborative, and ethical patient/client-centred care;
 - maintaining a high standard of professional practice through self-governance;
 - lifelong learning and the development of knowledge, skills, and abilities throughout their careers;
 - ongoing professional development;
 - the principles of accountability in all aspects of their professional practice; and
 - practising in a manner consistent with legislation/regulations.
- The Standards are intended to:
 - reflect the NSRRT's responsibility/commitment to the public;
 - collectively outline mandatory minimum performance requirements to which all members are expected to meet regardless of their experience, role or area of practice; and
 - be used in conjunction with other NSRRT documents (e.g., Ethical Guidelines, Position Statements, and Practice Guidelines) that together describe and guide professional practice.

STANDARD 1. Business Practices

Standard

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

Performance Requirements

Advertising and Marketing

RTs:

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

Fees and Billing

RTs:

- a. Prior to the initiation of care, clearly and accurately inform patients/clients of all required fees for products and services, ensuring that there are no hidden costs.
- b. Must ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and canceled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees, and third-party fee payments.
- c. Issue patients/clients a complete billing record of the products and services purchased in a **timely** fashion.

- d. Support the establishment of processes to address fee discrepancies/errors in a timely manner.
- e. Retain accurate financial records related to sales of products and services.
- f. Must not offer discounts that may diminish the value of RT service offered by the profession
- g. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless the patient or client is unwilling or unable to pay and reasonable attempts have been made to arrange alternative services.
- h. May only charge block fees if first:
 - i. the patient/client is given the option of paying for each service as it is provided;
 - ii. a unit cost per service is specified; and
 - iii. the member agrees to refund the patient or client the unspent portion of the block fee.
- j. Must refrain from charging a fee or accepting payment from a patient/client for services which have been paid for by the Ministry of Health and/or any other agency.

Patient/Client Expected Outcome

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

Related Standards

- Communication
- Conflict of Interest
- Documentation & Information Management
- Professional Responsibilities
- Evidence-Informed Practice

Related Resources

- Nova Scotia Regulator of Respiratory Therapy. (2015). *Code of Ethical and Professional Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

Glossary

Business practices refer to “the methods, procedures, processes, or rules used by a company or individual RT to conduct its business activities”. It can include, but is not limited to, activities such as advertising, fees, and billing procedures”.¹

Competence refers to refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.²

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.³

Timely refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome”.⁴

Standard 2. Collaboration / Interprofessional Collaboration

Standard

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

Performance Requirements

RTs:

- a. Work collaboratively with patients/clients, healthcare team members, and **community partners** to set goals, promote shared decision-making, and facilitate patient/client-centred care.
- b. **Communicate** and interact with patients/clients, healthcare team members, and others in a manner that demonstrates respect, dignity, and appreciation of individual differences and opinions.
- c. Refrain from maligning the reputation of any colleague.

¹ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

² Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

³ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

- d. Engage with other healthcare team members to seek information, clarify roles, obtain assistance when needed, and provide assistance as required, in order to meet patient/client healthcare needs.
- e. Educate patients/clients, healthcare team members, Members, and others regarding the role of RTs.
- f. Foster inter-professional collaboration and uphold public trust by cooperating with regulatory bodies of other professions in investigative processes.

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>
- Canadian Society of Respiratory Therapists. (2015/2016) *Standards of Practice*. Available at <https://www.csrt.com/wp-content/uploads/Standards-of-Practice-for-RTs.pdf>.
- Nova Scotia Regulator of Respiratory Therapy. (2015). *Code of Ethical and Professional Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <https://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2/>.

- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework/>.

Glossary

Collaborative practice refers to “the process of developing and maintaining effective interprofessional working relationships with learners, Members, patients/families, and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships.”¹

Communicate refers to the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.²

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

Competent refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.³

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

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.⁵

¹ Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb2010.pdf

² Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

³ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

⁴ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

⁵ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

Standard 3. Communication

Standard

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

Performance Requirements

RTs:

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

Patient/Client Expected Outcome

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

Related Standards

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

- Professional Boundaries/Therapeutic & Professional Relationships

Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- Nova Scotia College of Respiratory Therapists. (2017). NSRRT Social Media Guideline. Available at: https://nscrt.com/images/NSCRT_Social_Media_Guideline.pdf
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2015). Code of Ethical and Professional Conduct. Available at: <https://nscrt.com/professional-practice/code-of-ethics>
- *Personal Health Information Protection Act*, S.O. 2004, c. 3, Sched. A (Can.). Available at: <https://www.ontario.ca/laws/statute/04p03>.

Glossary

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

Communicate refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.⁶

Competent refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.⁷

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated)”.⁸

⁶ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

⁷ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

⁸ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.⁹

Professional/Professionalism refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field. It is essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.¹⁰

Timely refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome”.¹¹

Standard 4. Competence/Ongoing Competence

Standard

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

Performance Requirements

RTs:

- a. Possess the competence pertinent to the role and responsibilities of their areas of practice.
- b. Must refrain from performing activities/procedures for which they are not competent and that are beyond their knowledge, skill, and judgment/abilities.
- c. Keep their knowledge and skills current and upgrade competence in response to the development of new technologies and methods of delivering care.
- d. Practice within the **professional scope of practice, personal scope of practice** and scope of employment.
- e. Recognize and acknowledge limitations in their competence and seek additional knowledge, guidance, or assistance from others as **appropriate**.
- f. Assume responsibility for their personal and professional development.

⁹ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

¹⁰ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

¹¹ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

- g. Assess their level of competence based on **evidence-informed** practices, identifying learning needs, and developing strategies to address the learning requirements.
- h. Comply with applicable regulatory requirements for professional development/continuing education (e.g., [NSRRT Continuing Competency Program “E-Volve” and associated policies](#)).
- i. Recognize when professional or personal difficulties are affecting their ability to provide safe and competent care and seek appropriate assistance.
- j. Must refrain from practising the profession while the member’s ability to do so is impaired by any substance, illness or other condition which the member knew or ought to have known would impair the member’s ability to practise.

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.crto.on.ca>.
- Nova Scotia Regulator of Respiratory Therapy. (2023). “E-Volve” Continuing Competency Program Manual. Available at: https://nsrrt.ca/images/Updated_2023_NSCRT_E-Volve_Registrant_Manual.pdf
- Nova Scotia Regulator of Respiratory Therapy. (2015). Code of Ethical and Professional Conduct. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.

- Nova Scotia Regulator of Respiratory Therapy (2025). *NSRRT Policy Manual – Section 5 Continuing Competency*. Available at https://nsrrt.ca/images/Continuing_Competency_Program_Policy_Manual_Rev_2025.pdf
- Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

Glossary

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

Competent refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.¹

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

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.³

Personal scope of practice refers to what is often a subset of the overall scope of practice of a profession (professional scope) and “means the roles, functions and accountabilities that an individual is educated and authorized”.⁴

Professional scope of practice is outlined in the *Respiratory Therapy Act* (RTA) and means: “*the provision of diagnostic, assessment, and therapeutic modalities to assist in the management of cardio-respiratory and related disorders, in collaboration with physicians and other health care professionals, to achieve optimal respiratory health, wellness and functional performance.*”⁵

¹ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

³ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

⁴ College of Respiratory Therapists of Ontario. (2023). *Interpretation of Authorized Acts Professional Practice Guideline*. Available at: <https://interpretation.crto.on.ca>.

⁵ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

Standard 5. Conflict of Interest

Standard

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

Performance Requirements

RTs:

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

Patient/Client Expected Outcome

Patients/clients can expect that RTs put the patient/client interest first and any actual, potential, or perceived conflicts of interest are avoided, and if they cannot be avoided, are disclosed and addressed.

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2015). *Code of Ethical Conduct and Professional Practice*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>

Glossary

Conflicts of interest “exists when an RT is in a position where their professional judgement, or duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship, commercial interest or financial benefit. A conflict of interest may be actual, potential, or perceived”.¹

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.²

Reasonable person refers to “an individual who is neutral and informed.”³

¹College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

² Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

³ College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Professional Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

Standard 6. Consent

Standard

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

Performance Requirements

RTs:

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

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

- College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca>.
- Nova Scotia Government. (2008). *Personal Directives Act*. Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/persdir.htm>
- Nova Scotia Government. (1989). *Medical Consent Act*. Available at: <https://www.canlii.org/en/ns/laws/stat/rsns-1989-c-279/latest/rsns-1989-c-279.html>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2015). *Code of Ethical and Professional Practice*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- Nova Scotia Government. (2013). *Consent, Capacity, and Substitute Decision-Makers*. Available at: <https://novascotia.ca/dhw/phia/documents/chapters/4-Consent-Capacity-and-Substitute-Decision-Makers.pdf>

Glossary

Capable refers to “mentally capable; a person is capable if they are able to understand the information that is relevant to making a decision about the treatment and are able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.”¹

Communicate refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.²

Incapable/incapacity “A person is incapable with respect to a treatment if the person is not able to understand the information that is relevant to making a decision about the treatment or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision”.³

¹ College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

² Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

³ Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A, s. 4. Available at: <https://www.ontario.ca/laws/statute/96h02>

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.¹

Patient/client care refers to all the services provided by Respiratory Therapists, including, but not limited to, assessment, treatment, and education interventions.²

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.³

Substitute decision-makers refer to “individuals who may give or withhold consent on behalf of an incapacitated patient/client (e.g., guardian, attorney for personal care, spouse, partner).”⁴

Standard 7. Documentation & Information Management

Standard

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

Performance Requirements

RTs:

- a. Document all patient/client contacts in a timely manner in the patient/client health record in the form and manner required by both the regulatory body and the employer.
- b. Must be clear in their documentation what care they provided themselves and what care was provided by others.

¹ College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

³ Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

⁴ College of Respiratory Therapists of Ontario. (2022). *Conflict of Interest. Clinical Practice Guideline*. Available at: <https://conflict.crto.on.ca/>

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

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2020). *NSRRT Documentation Guideline*. Available at: https://nsrrt.ca/images/202002_Documentation_Guideline.pdf

- Nova Scotia Regulator of Respiratory Therapy. (2017). *NSRRT Social Media Guideline*. Available at: https://nsrrt.ca/images/NSRRT_Social_Media_Guideline.pdf
- Nova Scotia Regulator of Respiratory Therapy. (2024). *NSRRT Transfer of Accountability Guideline*. Available at: https://nsrrt.ca/images/APPROVED_Transfer_of_Accountability_Guideline_20240131.pdf

Glossary

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

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.¹

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.²

Timely refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible outcome.”³

Standard 8. Evidence Informed Practice

Standard

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

Performance Requirements

RTs:

¹ College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

² Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

³ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

- a. Utilize current evidence related to patient/client care.
- b. Evaluate current evidence using critical thinking and professional judgment to determine the relevance to patient/client care.
- c. Incorporate relevant evidence into decision-making related to patient/client care.
- d. Advocate for the integration of current evidence, knowledge, best practices, and clinical guidelines into their clinical practice.
- e. Assess the impact of their clinical interventions on patient/client care and make adjustments accordingly.
- f. Must refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis.

Patient/Client Expected Outcome

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

Related Standards

- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Related Resources

- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework/>
- Nova Scotia Regulator of Respiratory Therapy. (2008) *NSRRT Code of Ethical Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>

Glossary

Evidence-informed refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data.”¹

¹ College of Respiratory Therapists of Ontario (2021). A Commitment to Ethical Practice. Available at <https://ethics.crto.on.ca/>

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services.”²

Standard 9. Infection Prevention & Control

Standard

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

Performance Requirements

RTs:

- a. Adhere to established standard procedures/practices and apply additional precautions when required.
- b. Adhere to all current, applicable practice guidelines and policies for infection prevention and control.
- c. To the best of their knowledge, use equipment that has been appropriately cleaned, disinfected, and/or sterilized.
- d. Transport and dispose of supplies and equipment as per current infection prevention and control standards.
- e. Adhere to public health directives and all employer policies related to infection prevention and control.

Patient/Client Expected Outcome

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

Related Standards

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

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

Related Resources

- Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf.
- College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.crto.on.ca>.
- Health Canada. (2025). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>
- Infection Prevention and Control Canada. (2025). *Guidelines and Standards*. Available at: <https://ipac-canada.org/resource-centre/infection-control-resources/guidelines-standards/>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Government. (1996). *Occupational Health and Safety Act*. Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/occupational%20health%20and%20safety.pdf>

Glossary

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

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”¹

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services.”²

¹ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

Standard 10. Patient/Client Assessment & Therapeutic Procedures

Standard

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

Performance Requirements

RTs:

- a. Treat all patients/clients with sensitivity and compassion, considering their unique needs and goals when providing care.
- b. Respect the autonomy of clients to make decisions regarding their own care, including their right to refuse or withdraw from treatment at any time.
- c. Use knowledge, skill, critical thinking, and **professional** judgment to:
 - i. apply assessment procedures to evaluate patients'/clients' status;
 - ii. identify patient/client priorities, establish goals, develop, and implement a care plan of **appropriate** therapeutic procedures;
 - iii. safely implement therapeutic procedures; and
 - iv. monitor patients'/clients' outcomes to evaluate the effectiveness of therapeutic procedures and adjust interventions accordingly.
- d. Implement discharge plans to coordinate required care and promote patient/client safety.
- e. Notify, discuss, and document discussions with the appropriate **healthcare team** member if the RT feels the ordered assessment or therapeutic procedure is inappropriate for that patient/client.
- f. Refuse to perform a procedure/task when it is not in the patient/client's best interest, document the refusal and propose necessary alternative actions.
- g. Use a collaborative approach to patient care and safety.
- h. Institute immediate supportive measures and notify relevant healthcare team members in the event of deterioration of the patient's/client's condition.
- i. Provide care, including products and services, to patients/clients without discrimination on any basis, and respect the rights and dignity of all individuals.
- j. Must refrain from recommending, dispensing, or selling medical gases or equipment for an improper purpose.
- k. Must refrain from administering medication for an improper purpose.
- l. Utilize diagnostic adjuncts, such as AI-assisted tools, only to support the delivery of care and not as a replacement for clinical judgment.
- m. Maintain an awareness of potential biases in diagnostic tools and strive to

ensure equitable and accurate assessments for all patient/client populations.

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2021) *NSRRT Statement Regarding Racism in Nova Scotia*. Available at: https://nsrrt.ca/images/NSRRT_Statement_Regarding_Racism_in_Nova_Scotia.pdf

Glossary

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

Competent refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care.”¹

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

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services.”³

Professional/Professionalism refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field that are essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.⁴

Standard 11. Privacy/Confidentiality

Standard

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

Performance Requirements

RTs:

- a. Access patient/client personal information only as required for the provision of care.
- b. Share patient/client information with other **healthcare team** members only when necessary for the provision of care and quality improvement activities, seeking patient/client consent when required.
- c. When using electronic communication tools (e.g., social media, audiovisual recordings), take precautions to ensure that conversations and sharing of information via other mediums regarding patients/clients' information, including names, addresses, and other identifying details, is not shared with those who are not directly involved in their care.

¹ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

³ Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

⁴ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>.

- d. Protect against theft, loss or unauthorized use or disclosure of confidential patient/client personal information (e.g., passwords, encryption, systems for backup and storage, and processes for sharing/transferring information).
- e. Maintain privacy and ensure confidentiality relating to patient/client personal health information except where sharing of information is done pursuant to the following:
 - i. with the informed consent of the patient/client,
 - ii. if required by law (e.g., as part of an investigation or reporting of suspected child abuse), and
 - iii. to disclose a risk of harm as authorized under applicable legislation related to personal health information protection.

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- Government of Nova Scotia. (2010). *Personal Health Information Act*. Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/personal%20health%20information.pdf>
- Government of Canada. (2000). *The Personal Information Protection and Electronic Documents Act*. Available at: <https://laws-lois.justice.gc.ca/eng/acts/p-8.6>.
- Nova Scotia Regulator of Respiratory Therapy. (2020). *NSRRT Documentation Guideline*. Available at: https://nsrrt.ca/images/202002_Documentation_Guideline.pdf
- Nova Scotia Regulator of Respiratory Therapy. (2017) *NSRRT Social Media Guideline*. Available at: https://nsrrt.ca/images/NSRRT_Social_Media_Guideline.pdf

Glossary

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”¹

¹ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.²

Standard 12. Professional Boundaries / Therapeutic & Professional Relationships

Standard

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

Performance Requirements

RTs:

- a. Must refrain from abusing a patient/client verbally, emotionally, psychologically, electronically, physically, or sexually, or taking advantage of a patient/ client as a result of the member’s position.
- b. Must refrain from abusing or taking advantage of a person with whom the member has a professional relationship or, in relation to whom the member is in a position of authority or trust.
- c. Recognize how a power imbalance can impact **therapeutic** and **professional relationships**, and demonstrate integrity in all interactions, including abstaining from entering into personal relationships where professional boundaries could be compromised.
- d. Must not make comments, enter into situations, and/or demonstrate behaviour that could be interpreted as abusive, harassing, discriminatory, disrespectful or of a sexual nature (e.g., suggestive/provocative gestures) and must take action to prevent similar behaviour in others by reporting to the appropriate authority.
- e. Refrain from maligning the reputation of any colleague.
- f. **Communicate** clearly with patients/clients to explain assessment and therapeutic procedures that could be interpreted as compromising professional boundaries (e.g., touching, positioning) and obtain ongoing voluntary **informed consent**.
- g. Communicate electronically and through social media in a manner that respects therapeutic and professional relationships.

²Nova Scotia Government. Regulated Health Professions Act (2023). Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

- h. Understand the effect and impact of **abuse** on patients/clients and integrate principles of **sensitive practice** into care.

Treat all patients and clients equitably without discrimination on any basis, while recognizing their individual needs and levels of physical or cognitive ability.

Patient/Client Expected Outcome

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

Related Standards

- Communication
- Consent
- Patient/Client Assessment & Therapeutic Procedures
- Privacy/Confidentiality
- Professional Responsibilities
- Sexual Misconduct and Sexual Abuse of Clients

Related Resources

- College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>. College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2008) *NSRRT Code of Ethical Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- Nova Scotia Regulator of Respiratory Therapy. (2024) *Sexual Misconduct and Sexual Abuse of Clients*. Available at: https://nsrrt.ca/images/20250107_Approved_Sexual_Misconduct_and_Sexual_Abuse_of_Clients_Standard.pdf
- Nova Scotia Regulator of Respiratory Therapy. (2017) *NSRRT Social Media Guideline*. Available at: https://nsrrt.ca/images/NSRRT_Social_Media_Guideline.pdf

Glossary

Abuse refers to “treating others in a harmful, injurious, or offensive way.”¹

Communicate refers to “the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods”.²

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

Informed consent means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral.⁴

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.⁵

Professional boundaries set the limitations around relationships between patients/clients, health care providers, students, and others to ensure the delivery of safe, ethical, patient/client-centred care. Professional boundaries are characterized by respectful, trusting, and ethical interactions with patients/clients that are free of abuse, sexual abuse, sexual assault, and sexual harassment.⁶

Professional relationships refer to “the connections/interactions of RTs with service providers, students, and others.”⁷

Sensitive practice refers to “delivering healthcare that respects the diverse backgrounds, beliefs and values of patients, and providing care with an understanding of how trauma affects health and behaviour”.⁸

¹ College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice* <https://abuse.crto.on.ca/definitions/#abuse>

² Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

³ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca>.

⁴ College of Respiratory Therapists of Ontario. (2022). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <https://responsibilities.crto.on.ca/>

⁵ Nova Scotia Government. Regulated Health Professions Act (2023). Available at:

<https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>

⁶ Adapted from College of Physical Therapists of Alberta. (2024). *Therapeutic Relationships Guide for Alberta Physiotherapists*. Available at: https://www.cpta.ab.ca/docs/87/Therapeutic_Relationships_Guide_2024.pdf

⁷ College of Respiratory Therapists of Ontario. (2023) *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca/>

⁸ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

Therapeutic relationships refer to “the connections/interactions of RTs with their patients/clients.”¹

Standard 13. Professional Responsibilities

Standard

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

Performance Requirements

Responsibilities to the NSRRT

RTs:

- a. Maintain current registration status with the NSRRT.
- b. Assume responsibility and accountability for their own actions and decisions.
- c. Self-report to the NSRRT any necessary information within 30 days of the effective date of the change. This includes notifying the NSRRT any updates to the information provided on their previous registration renewal form or application for registration, including changes to personal contact information, employment, and/or professional registration and conduct information.
- d. Self-report to the NSRRT, in accordance with regulatory requirements, the following:
 - i. If charged with or found guilty of an offence.
 - ii. Findings/proceedings of professional negligence or malpractice and information regarding professional registration and conduct.
 - iii. Any event, circumstance, condition or matter not disclosed by the above criteria that is relevant to the Member’s competence, conduct or physical or mental capacity that may affect the Member’s ability or suitability to practice as a Respiratory Therapist.
- e. Those who function as an employer must report to the NSRRT, in accordance with regulatory requirements, the following:
 - i. Whenever they terminate, suspend or impose restrictions on the employment of a Member for reasons of professional misconduct, incompetence or incapacity; and

¹ College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>

- ii. where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.
- f. Ensure that they have adequate personal and professional liability insurance coverage in accordance with NSRRT by-laws.
- g. Must not contravene, or fail to maintain, a standard of practice of the profession or a published standard of the NSRRT.
- h. Must not contravene, by act or omission, a term, condition or limitation imposed on the Member/Registrant's certificate of registration.
- i. Assume responsibility for their own individual ongoing competence and participate in the NSRRT's professional development/continuing education program.
- j. Are required to pay all costs as set out by the NSRRT for remediation courses/programs, etc.
- k. Ensure that all documents or records used in a professional capacity (e.g., **patient/client** records, business cards) include, at a minimum, their name and professional designation (e.g. RRT).
- l. Cooperate with NSRRT investigations or inquiries into the professional conduct, competence or capacity of any Member of a regulated health profession.
- m. Strictly comply with the terms and requirements of any order imposed by the NSRRT or any agreement that they enter into with the NSRRT.
- n. Must provide information about, or facilitate access to, the NSRRT when requested.

Responsibilities to the Profession and the Public

RTs:

- a. Comply with all current provincial and federal legislation for the protection of patients/clients, **healthcare team** members, the general public, and the environment.
- b. Report to the appropriate authority the following:
 - i. sexual abuse of a patient/client, student, other healthcare team member and/or
 - ii. verbal, emotional, psychological, or physical abuse of a patient/client, student, other members of the healthcare team, or:
 - iii. taking advantage of a patient/client or student as a result of the Member's position in the relationship.
- c. Are responsible and accountable for meeting all legal and ethical requirements of the profession (e.g., obtaining valid orders).

- d. Demonstrate integrity, objectivity, and compassion in their relationships with patients/clients, healthcare team members, students, and others.
- e. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- f. Introduce themselves to patients/clients and other members of the healthcare team using their name and professional title.
- g. Must provide their NSRRT License Number, upon request in the course of practising the profession.
- h. Are responsible for educating other healthcare team members, including students regarding respiratory health and the role of RTs.
- i. Report to relevant authorities any unsafe practice, unprofessional conduct, or unethical conduct, or incapacity by other healthcare team members.
- j. Advocate for improvements that will enhance patient/client care, including participating in **quality improvement** programs.
- k. Participate in research activities as **appropriate**.
- l. Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.
- m. Render assistance to any person where an urgent need for healthcare exists.
- n. Must refrain from discontinuing, without reasonable cause, professional services that are needed unless,
 - the patient/client requests the discontinuation,
 - alternative services are arranged,
 - the patient/client is given a reasonable opportunity to arrange alternative services.
 - there are restrictions in the length of the type of service imposed by an agency,
 - there are discharge criteria imposed by an agency, or the Member reasonably believes that they may be verbally, emotionally, psychologically, electronically, physically, or sexually abused by the patient/client, and reasonable attempts have been made to arrange alternative services.
- o. If registered with another regulatory/licensing body, must adhere to the requirements in that jurisdiction (e.g., participation in quality assurance, mandatory reporting, etc.)
- p. Must adhere to the requirements of their employer (e.g., employment policies, procedures, code of conduct, etc.).

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2022). *Professional Liability Insurance Fact Sheet*. Available at <https://www.crto.on.ca/pdf/FactSheets/PLI.FS-340.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Terms, Conditions, and Limitations Fact Sheet*. Available at: <https://www.crto.on.ca/pdf/FactSheets/TCL.FS-315.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Mandatory Reporting by Employers/Facilities Fact Sheet*. Available at: https://www.crto.on.ca/pdf/FactSheets/Mandatory_Employer_Reports_fs.pdf
- College of Respiratory Therapists of Ontario. (2024). *Mandatory Reporting Obligations by Member Fact Sheets*. Available at: <https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2008) *NSRRT Code of Ethical Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>

Glossary

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

Healthcare team refers to “peers, colleagues, and other healthcare professionals (regulated and non-regulated).”¹

Offence(s) refers to a violation of statute or law (e.g., Criminal Code of Canada) as determined by a court. Members are required to report any charges or findings of guilt for offences that are relevant to their suitability to practice.²

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.³

Professional/Professionalism refers to the conduct, behaviours, and attitudes expected of individuals in the healthcare field. It is essential for maintaining trust between healthcare providers and patients, ensuring high-quality care, and upholding the integrity of the profession.⁴

Quality improvement refers to “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care), and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners, and educators — to make better and sustained improvements.”⁵

Standard 14. Safety & Risk Management

Standard

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

¹ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

² College of Respiratory Therapists of Ontario (2024). Mandatory Reporting by Members Fact Sheet. Available at: <https://www.crto.on.ca/pdf/FactSheets/MemberReports.FS-215.pdf>

³ College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

⁴ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

⁵ Health Quality Ontario. (2012). Quality Improvement Guide. Available at: <https://www.hqontario.ca/portals/0/documents/qi/qi-quality-improve-guide-2012-en.pdf>

Performance Requirements

RTs:

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

Patient/Client Expected Outcome

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

Related Standards

- Consent
- Documentation & Information Management

- Infection Prevention & Control
- Patient/Client Assessment & Therapeutic Procedures
- Professional Responsibilities

Related Resources

- Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf
- College of Respiratory Therapists of Ontario. (2023). Infection Prevention and Control. Available Clinical Best Practice Guideline at: <https://infection.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (2022). *Administering and Dispensing Medications Professional Practice Guidelines*. Available at <https://dispensing.crto.on.ca/>
- College of Respiratory Therapists of Ontario. (2023). *Infection Prevention & Control. Clinical Best Practice Guideline*. Available at: <https://infection.crto.on.ca>
- Health Canada. (2025). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Government. (1996). An Act Respecting Occupational Health and Safety. Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/occupational%20health%20and%20safety.pdf>
- Nova Scotia Regulator of Respiratory Therapy. (2008) *NSRRT Code of Ethical Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>
- Transport Canada. (2025). *Transportation of Dangerous Goods*. Available at: <https://tc.canada.ca/en/dangerous-goods/transportation-dangerous-goods-canada>.

Glossary

Communicate refers to the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups using verbal, non-verbal, written, or visual methods.¹

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

Patient Safety Incidents refer to an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.³

Patients/clients refer to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.⁴

Timely refers to actions, interventions, or responses that are carried out within an appropriate or necessary timeframe to achieve the best possible health outcome.⁵

Standard 15. Supervision

Standard

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

Performance Requirements

Respiratory Therapists Providing Supervision

RTs:

- a. Provide an environment that is conducive to learning and provide support and appropriate feedback as required.

¹ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

³ Canadian Patient Safety Institute. (2020). *The Safety Competencies*. Available at: https://www.healthcareexcellence.ca/media/115mbc4z/cpsi-safetycompetencies_en_digital-final-ua.pdf

⁴ Adapted from College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

⁵ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

- b. Only provide supervision for those tasks for which the supervising individual has the competency to perform and that fall within their professional scope of practice and/or scope of employment.
- c. Assess and monitor the skills of those working under their supervision (including, but not limited to, RT students, Graduate Respiratory Therapists (GRTs), and other healthcare team members requiring supervision) in accordance with legislative, regulatory, and employer requirements to ensure safe patient/client care.
- d. Ensure that the level of supervision provided is appropriate for those working under their supervision.
- e. Comply with relevant regulatory requirements related to supervision.
- f. Intervene as required to support safe, competent, ethical patient/client care.
- g. Educate and supervise students and non-regulated healthcare professionals where necessary; delegate appropriately, recognizing shared responsibility.
- h. Must not supervise others in the performance of any intervention that is part of a controlled act not authorized to RTs.

Respiratory Therapists Under Supervision

RTs:

- Only receive supervision for those tasks which the supervising individual has the competency to perform and that fall within the supervising individual's professional scope of practice and scope of employment.
- Comply with relevant regulatory requirements related to supervision.
- Ensure that their employer and those supervising the RT are fully aware of their supervision requirements.
- Adhere to the supervision requirements included as part of any Restrictions or Conditions imposed on their certificate of registration.

Patient/Client Expected Outcome

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

Related Standards

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

Related Resources

- College of Respiratory Therapists of Ontario. (2022). *Supervision Policy*. Available at: <https://www.crto.on.ca/pdf/Policies/Policy.PP-110.pdf>.
- College of Respiratory Therapists of Ontario. (2023). *Abuse Awareness and Prevention. Professional Practice Guideline*. Available at: <https://abuse.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2021). *Respiratory Therapists Providing Education. Professional Practice Guideline*. Available at: <https://education.crto.on.ca>.
- College of Respiratory Therapists of Ontario. (2017). *Working with Non-Regulated Health Care Providers (Website)*. Available at: <http://www.crto.on.ca/members/professional-practice/understanding-non-regulated-healthcare-providers-2>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2016). *National Competency Framework for the Profession of Respiratory Therapy. Part 1. National Standards for Entry-to-Practice*. Available at: <https://nartrb.ca/download/ncf-part-i-entry-to-practice-2016>.
- National Alliance of Respiratory Therapy Regulatory Bodies. (2024). *National Competency Framework*. Available at: <https://nartrb.ca/national-competency-profileframework>.
- Nova Scotia Regulator of Respiratory Therapy. (2008) *NSRRT Code of Ethical Conduct*. Available at: <https://nsrrt.ca/professional-practice/code-of-ethics>

Glossary

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

Competent refers to “the ability to consistently and effectively apply the requisite knowledge, skills, clinical judgment, and professional behaviour to provide safe, ethical, and effective patient care”.¹

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

Patient/client refers to “individual, group, community or population who is the recipient of respiratory therapy services and, where the context requires, includes a substitute decision-maker for the recipient of respiratory therapy services”.³

¹ Open AI. (2025). ChatGPT (May 14 version) [Large language model]. <https://chatgpt.com>

² College of Respiratory Therapists of Ontario. (2021). *A Commitment to Ethical Practice*. Available at: <https://ethics.crto.on.ca/>

³ Nova Scotia Government. *Regulated Health Professional Act*. (2023) Available at: <https://nslegislature.ca/sites/default/files/legc/statutes/regulated%20health%20professions.pdf>