



College of Medical
Laboratory Technologists
of Ontario

Practice Guidelines

Delegation Guidelines for Medical Laboratory Technologists

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Introduction

As one of Ontario's self-regulated health professions, medical laboratory technologists (MLTs) are governed by the *Regulated Health Professions Act, 1991* (RHPA). MLTs are expected to understand and comply with the professional, legal, and ethical requirements governing their practice including important concepts related to orders, directives, and delegation procedures.

This guideline is intended to provide MLTs with a better understanding of the concepts related to orders, directives, and delegation. It's important that MLTs understand their roles and responsibilities in each of these processes as they play an important role in MLT practice. Below you will find a definition for each of the topics discussed in this guideline.

Order		Delegation
Direct order	Medical directive	
A direction from a regulated health professional with legislative ordering authority to issue a request for a specific patient upon assessment. Other names include prescriptions, requisitions, order sets, etc. ¹	A direction given in advance by an ordering authorizer(s) to enable an MLT or other professional with the ability to decide to perform the ordered procedure under specific conditions without direct assessment. ¹	The process by which a regulated health professional enables another regulated or unregulated individual to perform a controlled act listed in the RHPA. ¹

Order

Orders refer to direct orders and medical directives. A direct order is a specific requirement or direction for a patient based on an authorized healthcare practitioner's assessment. Orders can include prescriptions, requisitions, order sets, a specialist consultation or referral, a doctor's note, etc. ¹ In complex situations involving multiple providers written orders are highly recommended instead of verbal orders.

There are certain health care professionals who are authorized to conduct ordering as part of their scope of practice. Legislative resources outlining ordering requirements include the RHPA, *Laboratory and Specimen Collection Centre Licensing Act, 1990*, *Public Hospitals Act, 1990*, and *Drug and Pharmacies Regulation Act, 1990*.



It is important for MLTs to understand which healthcare providers are authorized to order laboratory tests. These professionals are listed in the *Laboratory and Specimen Collection Centre Licensing Act, 1990* under Section 18. Professionals include midwives, pharmacists, physicians, dental surgeons, etc.² In some instances, practitioners are only authorized to order specific laboratory tests. A full list and details related to this section of the Act is included in Appendix A.

Medical directives are used to allow health professionals who do not have authority to order tests (like MLTs), the ability to perform tests under certain defined circumstances, such as reflex testing. For example, a physician (or other healthcare professional with the authority to order tests) under certain limited and well-defined circumstances, may use a medical directive to authorize additional testing to be completed automatically. MLTs performing reflex testing are not ordering tests but implementing the physician's or authorized professional's order under a medical directive.

Medical directives are always written and include parameters such as when it occurs, who has authorized it, contraindications, the procedure details, etc.¹ For MLTs, a medical directive may be used when a specific result requires further investigation. For example, a reflex test which is ordered from a medical directive may include antibody investigations for a positive antibody screen, a gram stain for a positive blood culture, susceptibility testing, viral whole genome sequencing, etc. Regardless of the order type, it is important that all health care professionals affected by an order participate in creating the conditions it is used in and its requirements.³

Delegation

The RHPA designates a set of medical procedures or tasks as “controlled acts.” Controlled acts can only be performed by health professionals in their practice under the following circumstances:

Controlled Acts

A list of 14 specific activities that are authorized to individual professions operating in their scope of practice as it is possible that serious harm may occur if someone without the knowledge, skill, or judgment were to perform the activity.

- If the controlled act is authorized to them;
- If the controlled act is delegated to them by a health professional who is authorized to perform it;
- If an exemption exists.⁴

A full list of the controlled acts is available under Section 27 of the RHPA.

The controlled acts vary according to category as well as the number of practitioners authorized to perform them. For example, only physicians and nurse practitioners are authorized to set a cast or a fracture, as it falls within their scope of practice.



Currently, MLTs have partial access to one controlled act that they are authorized to perform and delegate to others. This procedure is defined in the *Medical Laboratory Technology Act, 1991* as:

“In the course of engaging in the practice of medical laboratory technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples from veins or by skin pricking.”²

Delegation is a process whereby a regulated health professional, who is authorized to perform a controlled act, gives authority to an individual who is not authorized to perform the procedure. Delegation ensures that only qualified professionals are allowed to perform certain procedures while remaining accountable for their actions. There are situations in MLT practice where a controlled act may be delegated to an MLT. For example:

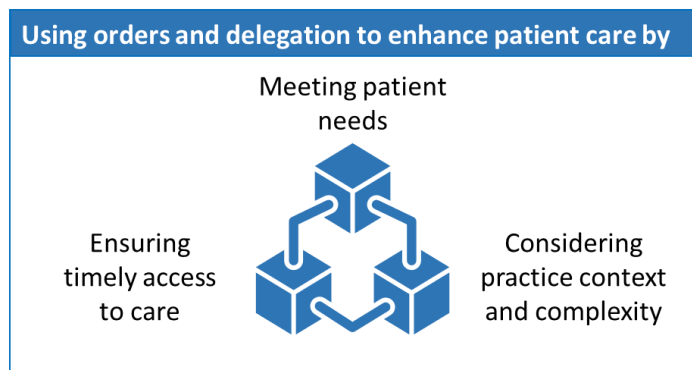
- an MLT releasing results directly to a patient (a physician delegates the authorized act of communicating a diagnosis to the MLT)
- a medical laboratory assistant or technician drawing blood in an unlicensed specimen collection centre (MLT delegates authorized act of taking blood samples from veins or by skin pricking to the medical laboratory assistant or technician).

The decision to delegate or not to delegate should always be made in the best interests of the patient and not in the interest, financial, or otherwise, of the individual giving or receiving a delegated procedure.

How does it work?

An order or delegation may be used when it is required through legislation or practice convention or circumstances.¹ Both mechanisms serve the patient's interest by providing them with access to a qualified individual who is able to perform a procedure or task as quickly as possible.⁵ Depending on a situation's needs, it may be straightforward in selecting whether an order or delegation is the best option.

A medical directive may be used when it is in the patient's interest for a specific procedure to be conducted without a direct assessment. When developing the boundaries and requirements of an order or medical directive, it is important to involve all parties. In the medical laboratory technology field, parties may include MLTs, medical directors, specialists, Laboratory Information System analysts, etc.





If the task required is classified as a controlled act, it must be delegated to another individual by an authorized professional. Delegation may also be an order; however, delegation provides legal authorization to an individual to perform the control act while the order outlines the actual test or activity.³ For example, an MLT could delegate drawing blood samples to another individual but in accordance with the *Medical Laboratory Technology Act, 1991* the samples can only be drawn as the result of an order from an authorized professional. Principles related to delegation include:

- 1** The delegator is responsible for making the decision to delegate. However, once delegated, both individuals are responsible and liable.
- 2** Giving and accepting delegation must be in accordance with the regulations, basic principles, and standards of practice for both colleges (if they are a regulated professional).
- 3** All parties are responsible for documenting the delegation and the conditions or boundaries under which the delegation occurs (i.e., how, when, where, who).
- 4** The patient must be informed of the qualifications of the individual performing the act and informed consent must be obtained before the act is conducted.
- 5** Both parties are responsible for ensuring there are mechanisms for follow-up and for assuring the ongoing competence of the individual accepting the delegation. Specific items related to this process include:
 - a. Explanation of how delegation is in the best interest of the patient
 - b. Confirmation of liability insurance coverage
 - c. Documented education, training, and monitoring of proficiency (initial and ongoing)
 - d. Documented proof that delegation conforms with regulatory agency's regulations, policies, and guidelines
 - e. Follow-up mechanisms for the patient and person accepting delegation
 - f. Signed declaration by the individual delegating and receiving the act that competence to perform the task safely and effectively was verified

Its important to note that sub-delegation of a controlled act is not permitted. If a controlled act is delegated to you, you cannot delegate it to someone else.¹ A professional's ability to develop, accept, or delegate activities may be outlined in various setting-specific documents or conditions.¹ These can include employer policies, job descriptions, union contracts, etc. ¹



Exceptions

There are instances where an order, medical directive, or delegation is not required. These situations are listed in the RHPA under Section 29 and include:

1. Rendering first aid or temporary assistance in an emergency,
2. Fulfilling the requirements to become a member of a health professions and the act is in their scope of practice and it is done under the supervision or direction of a registered professional,
3. Treating a person by prayer or spiritual means,
4. Treating a member of the person's household,
5. Assisting a person with their routine living activities (specifically controlled acts 5 & 6).⁴

A common example in medical laboratory science is demonstrated through blood specimen collections. Under Section 14 of the *Laboratory Specimen and Collection Centre Act, 1990* medical laboratory assistants or technicians working in a licensed specimen collection centre are authorized to conduct venipuncture without formal delegation.⁶

Conclusion

MLTs involved in providing or accepting orders or delegated acts are held professionally accountable for their actions. They must always exercise their skills and judgment to ensure tasks and activities are performed appropriately and safely to protect the public's right to high-quality health care. If you require further guidance or assistance, please contact CMLTO's Registrant Relations department by email at registrantrelations@cmlto.com.



References

1. Explaining Orders, Directives, and Delegation. Health Profession Regulators of Ontario (2022). Accessed on September 1, 2022, from: [Orders, Directives, Delegation - HPRO Guide \(regulatedhealthprofessions.on.ca\)](https://www.regulatedhealthprofessions.on.ca/Orders-Directives-Delegation-HPRO-Guide)
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3. Authoring Mechanisms – Practice Guidelines. College of Nurses (2022). Accessed on September 10, 2022, from: [41075 authorizingmech.pdf \(cno.org\)](https://www.cno.org/41075-authorizingmech.pdf)
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6. *Laboratory and Specimen Collection Centre Licensing Act, 1990* (2022). Accessed on September 18, 2022, from: <https://www.ontario.ca/laws/statute/90l01>



Laboratory and Specimen Collection Centre Licensing Act, 1990 under Section 18 states laboratory tests are performed when a requisition from the following practitioners is made:

- A member of the College of Physicians and Surgeons of Ontario;
- A member of the Royal College of Dental Surgeons of Ontario;
- A member of the College of Midwives in Ontario (only tests specified in Schedule 2);
- An aboriginal midwife (only tests specified in Schedule 2);
- A member of the College of Nurses of Ontario who holds an extended certificate of registration;
- A member of the College of Naturopaths of Ontario (only tests specified in Schedule 1);
- A member of the Ontario College of Pharmacists who is registered as a pharmacist under the *Pharmacy Act, 1991* but only for COVID-19 testing;
- A member of a health profession in a jurisdiction outside Ontario, if a person employed in a laboratory in that jurisdiction is permitted by law to perform a test in respect of a requisition made by the member;
- An insurer or agent within the meaning of the Insurance Act; or
- An individual who is authorized by Telehealth Ontario to make a requisition in respect of a test that is funded under the provincial colorectal cancer screening program.