

Directives/Standing Orders

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Introduction

Directives and standing orders are physician, nurse practitioner or dental surgeon orders developed to outline the procedures, treatments or interventions that may be implemented by designated staff members for certain groups of clients under specific conditions and circumstances. At the Simcoe Muskoka District Health Unit (SMDHU), Directives and Standing Orders are signed as follows:

Vaccine Preventable Diseases program (VPD) – program manager, AMOH's and MOH

Sexual Health program (SH) - program manager, medical consultant, AMOH's and MOH

Oral Health program (OH) - program manager and dental consultant.

Chronic Disease Prevention (CDP) – Tobacco – program manager, AMOH's and MOH

Purpose

The SMDHU is required to deliver a variety of health programs and services to the residents of Simcoe Muskoka. In order to facilitate the delivery of those services, directives and standing orders are developed to enable appropriate utilization of healthcare providers employed by the agency.

Legislative Authority

The programs and services that the SMDHU is authorized and required to provide are outlined in the *Health Protection and Promotion Act and the Ontario Public Health Standards* (2008). Program standards outline requirements in the areas of Chronic Diseases and Injury Prevention, Family Health, Infectious Diseases, Environmental Health, and Emergency Preparedness. The following is a list of the legislation and other documents used in the development of directives and standing orders for the agency.

College of Dental Hygienist of Ontario, *The Use of Orders in a Dental Office, 2005*

College of Nurses of Ontario (June 2009). *Directives*

Colleges of Nurses of Ontario (July 2009). *Authorizing Mechanisms*

Colleges of Nurses of Ontario (June 2009). *Legislation and Regulation: RHPA: Scope of Practice, Controlled Acts Model*

College of Physicians and Surgeons of Ontario (2004). #4-03 - Delegation of Controlled Acts
Dentistry Act, 1991, S.O., c.24

Health Care Consent Act (1996)

Health Protection and Promotion Act (1990)

Ontario Public Health Standards (2008)

Nursing Act (1991)

Regulated Health Professions Act (1991)

Policy Definitions and Interpretation

Directives - physician or nurse practitioner orders delegating a controlled act under the RHPA that are not client specific.

Standing orders - dental surgeon orders delegating a controlled act under the RHPA that are not client specific.

Policy

Directives or standing orders will be provided as necessary to support professional practice in the implementation of the health unit mandate, utilizing the prescribed template.

The development of directives or standing orders, along with associated protocols and guidelines is the responsibility of the program manager/supervisor. The senior discipline leadership designate will review and endorse the final draft.

Directives and standing orders are brought to the Medical Officer of Health, Associate Medical Officers of Health, the Dental or Medical Consultant for approval as applicable by program area.

The staff member implementing a directive or standing order is responsible for obtaining the client's informed consent in accordance with Policy LG0101, (Consent for Treatment)

Directives or Standing Orders are required in these situations

1. When a procedure falls within one of the 13 Controlled Acts authorized to physicians, nurse practitioners or dental surgeons, but not authorized to the staff who are expected to implement the procedure. This refers to a delegated controlled act, for example:
 - Prescribing or dispensing drugs
2. When a procedure falls within one of the Controlled Acts authorized to a regulated group of health care professionals to perform, but an authorization is required in order to initiate the act. An example of this type of directive is:
 - Administering a substance by injection
3. When a procedure does not fall within any controlled act but is part of a medical plan of care. For example, a standing order in the chart indicates that upon receipt of lab confirmed yeast infection the PHN can offer treatment to the client.
4. When a procedure, treatment or intervention is not included within the Regulated Health Professions Act (1991) but is included in another piece of legislation, for example:
 - Ordering x-rays under the *Healing Arts Radiation Protection Act*

Procedures

1. The program manager/supervisor will initiate directive/standing order development with staff input as deemed appropriate and consult with the senior discipline leadership designate and/or AMOH/MOH as required.

2. Directives and standing orders will be reviewed annually at a minimum, by a lead from each program designated by the program manager.
3. The senior discipline leadership designate will review the final draft of all new directives and the annual revisions to existing directives prior to them being forwarded to the Medical Officer of Health and Associate Medical Officers of Health for final approval.
4. Directives and standing orders are forwarded to the Medical Officer of Health, Associate Medical Officers of Health, and as applicable by program area the Dental or Medical Consultant for approval. They may be approved, returned for revision or approved subject to minor revisions.
5. When a directive or standing order is approved it will be signed by the Medical Officer of Health, Associate Medical Officers of Health, the Program Manager, and as applicable by program area, the Medical Consultant or Dental Consultant.
6. Orientation of new staff will include review of policies, procedures and program directives or standing orders.
7. Introduction of new directives or standing orders will involve an educational component for staff prior to authorization.
8. Ongoing staff education is a requirement for continued authorization. While provision of this education is the responsibility of the program manager/supervisor, there exists a shared responsibility on the part of management and staff to address ongoing educational needs related to implementation of directives and standing orders.
9. The program manager/supervisor is responsible for initiating, updating and maintaining a list of staff authorized to perform directives or standing orders. The current original list is retained in the office of the MOH.
10. A permanent written copy of each directive and standing order is to be kept in the office of the Medical Officer of Health. Copies are to be kept in binders in each clinical site as well as electronically on the Intranet site.

Responsibilities of the Medical Officer of Health / Associate Medical Officer of Health and Medical Consultant / Dental Surgeon

1. Knowing the risks of performing the intervention being ordered
2. Knowing the predictability of the outcomes associated with the intervention
3. Knowing the degree to which safe management of the possible outcomes requires physician/dental surgeon involvement or intervention
4. Ensuring that appropriate medical resources are available to intervene as required
5. Ensuring that informed consent has been obtained
6. In the case of directives or standing orders that involve delegation of Controlled Acts, the physician/dental surgeon must ensure mechanisms are in place for adequate preparation of staff who are to implement the directive/standing order through:

- Ensuring the development of an appropriate educational program and any associated educational material
- Ensuring that a quality control or management mechanism is in place

Responsibilities of the Program Manager/Supervisor

1. Overseeing the development of directives and standing orders
2. Ensuring review of directives or standing orders as part of the orientation of new staff
3. Authorization of staff - arrange for initial and ongoing education, and demonstration of competence as required by the directive or standing order
4. Ensure staff have the specific qualifications and certification required
5. Assess staff in a manner as required for the task being undertaken
6. If a quiz or paper document is used in the assessment process described in item #5, the original document is to be forwarded to HR for inclusion in the staff member's Personnel File
7. Ensure the availability of the resources and equipment required
8. Review and update directives/standing orders annually as a minimum
9. Maintain a list of authorized staff, forwarding updates to the office of the MOH

Responsibilities of the Senior Discipline Leadership Designate

1. Ensure that the directive and standing order is within the scope of practice of the staff who are to implement the directive/standing order
2. Ensure appropriate educational processes are in place for staff education

Responsibilities of the staff member implementing a directive/standing order

1. Clarifying that informed consent has been obtained
2. Assessing the client to determine whether the specific client conditions and any situational circumstances identified in the directive or order have been met
3. Knowing the risks to the client of implementing the directive or order
4. Possessing the knowledge, skill and judgment required to safely implement the directive or order
5. Knowing the predictability of the outcomes of the intervention
6. Determining whether management of the possible outcomes is within the scope of his/her practice; if so, whether he/she is competent to provide such management, and if not, whether the appropriate resources are available to assist as required.

7. Knowing how to contact the physician/dental surgeon or NP responsible for the care of the client if directives/orders require clarification.

Documentation

The staff member implementing a directive or standing order must document his or her actions on the client's chart in compliance with agency documentation standards as outlined in the Nursing Documentation Manual 2010/College of Dental Hygienists of Ontario, and with applicable program policies. This documentation is to include record of the assessment that led to the implementation of the directive or order, what was implemented and any follow-up evaluation. Reference must be made to the directive or standing order (eg. Azithromycin 1 Gm p.o. given as per Directive # 9).

Related Policies

LG0104 Delegation of Controlled Acts

IM0109 Documentation

LG0101 Consent for Treatment

Documentation standards as outlined in the agency Nursing Documentation Manual

Related Forms

N/A

Final Approval Signature: _____

Review/Revision History:

August 17, 2007 - Revised

July 28, 2010 – Revised

September 2010 – Policy Number Change – Previous Number B9.020

Appendix A

Information to be included in a Directive/Standing Order

1. Name and Number of the Directive/Standing Order
2. Procedure: this includes a brief description of the intervention being ordered
3. Involvement of a Delegated Controlled Act: identification of any specific controlled acts and a brief description of what this involves
4. Elements of Delegation: this must include identification of the risks involved, the responsibilities of the individual accepting delegation, responsibilities of the authorizing physician/dental surgeon and responsibilities of the program manager
5. Indications/Implementation: the specific population for whom the directive applies, the circumstances that must exist prior to implementation of the directive and a detailed description of the procedure to be followed
6. Contraindications
7. Quality Assurance: the date for annual review; procedures for initial and ongoing education; details of education, supervision and updating of staff; plans to ensure the availability of equipment or resources
8. References used in the development of directives and standing orders, relevant policies or guidelines, acts or regulations
9. Educational resources available
10. A description of the group of providers who are authorized to implement the directive or standing order, stating the qualifications required
11. A list of authorized staff (to be reviewed annually and updated as necessary by the program manager/supervisor)
12. Identification of those authorizing and approving the directive or standing order: name, date and signature of the program manager and authorizing physician(s) or dental surgeon.