



College of **Occupational
Therapists** of Manitoba

Quality Occupational Therapy – Accountable to Manitobans

Extending Occupational Therapy Interventions:
Working with Occupational Therapist Assistants
A Standard of Practice
2021

Updated November 2022

Note to Readers

Questions regarding the content or application of this document should be made to:

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COTM wishes to acknowledge the work of the College of Occupational Therapists of Ontario which contributed greatly to the development of the COTM standard.

A. PREAMBLE

The College of Occupational Therapists of Manitoba (COTM) regulates the practice of Manitoba occupational therapists. COTM is granted this authority under *The Occupational Therapists Act* with the duty to serve and protect the public interest.

A COTM standard sets forth principles to assist members in assessing situations which they encounter in practice and provides expected approaches. Standards are intended to support, not replace, the exercise of professional judgment by the therapist in particular situations.

A standard usually refers to a model or a combination of elements which is accepted as correct. In this sense, it becomes a measure used in legal cases (including discipline matters) to judge conduct.

COTM practice standards are prepared by COTM to assist occupational therapists in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* through:

- increasing member knowledge of responsibilities;
- describing expectations of practice;
- defining safe, ethical, competent practice; and
- guiding critical thinking for everyday practice.

This document replaces all previous versions of the COTM Assignment and Supervision Guideline.

Throughout the *Practice Standard* reference is made to the following documents. Please ensure you have the most recent versions.

The Occupational Therapists Act, 2005

[C.C.S.M. c. O5 \(gov.mb.ca\)](#)

Essential Competencies of Practice for Occupational Therapists in Canada, Third Edition 2011, Association of Canadian Occupational Therapy Regulatory Organizations

[ACOTRO Essential Competencies \(3rd Ed.\)](#)

Code of Ethics, 2010, College of Occupational Therapists of Manitoba

[COTM Code of Ethics](#)

Informed Consent in Occupational Therapy Practice, 2012, College of Occupational Therapists of Manitoba

[COTM Consent in OT Practice](#)

Practice Guideline on OT Assessment, 2012, College of Occupational Therapists of Manitoba

[COTM Practice Guideline on OT Assessment](#)

Position Statement regarding Occupational Therapist Assistants and Regulation in OT, 2018, Association of Canadian Occupational Therapy Regulatory Organizations

[ACOTRO Position Statement \(acotro-acore.org\)](#)

B. INTRODUCTION

This standard provides direction for the assignment of occupational therapy service components to individuals who are not members of COTM and are working under the direction of the assigning occupational therapist.

In the context of this standard, COTM is focusing on situations in which these individuals who, under the supervision of the occupational therapist, assist in the delivery of occupational therapy services. Because these individuals are not under the jurisdiction of COTM, this document addresses the responsibilities of the member occupational therapist in the assignment of service components and the expected processes when assigning those service components.

The standard also addresses typical practice situations encountered by occupational therapists where extending their impact is through working with others who are not under the supervision of the occupational therapist.

The Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition 2011 describe the expectations related to the OT practice process as follows:

UNIT 4 Utilizes an Occupational Therapy Practice Process to Enable Occupation

Occupational therapists use systematic approaches to enabling occupation for safe, ethical, and effective practice.

- 4.1 Clarifies role of occupation and enablement when initiating services.
- 4.2 Demonstrates a systematic client-centred approach to enabling occupation.
- 4.3 Ensures informed consent prior to and throughout service provision.
- 4.4 Assesses occupational performance and enablement needs of client.
- 4.5 Develops client-specific plan with client, inter-professional team members, and other stakeholders.**
- 4.6 Implements plan for occupational therapy services.
- 4.7 Monitors plan to modify in a timely and appropriate manner.

The following Essential Competencies provisions outline some additional practice expectations when working with support personnel and others.

UNIT 7 Manages Own Practice and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective practice.

- 7.1 Manages day-to-day practice processes.
- 7.2 Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.**
- 7.3 Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical, and effective.
- 7.4 Demonstrates commitment to client and provider safety.
- 7.5 Participates in quality improvement initiatives.
- 7.6 Advocates for the occupational potential, occupational performance, and occupational engagement of clients.

C. ASSIGNMENT AND CONSULTATION

Occupational therapy interventions begin with an assessment. **Initiation and planning** of the assessment needs to consider the likely manner in which ongoing services will be carried out. This ensures that from the commencement there is a recognition of the structure and capacity of those (for example, the family, a community of volunteers, qualified OTA, trained support personnel, teacher and educational assistants, etc.) who may be involved in carrying out the recommendations flowing from the assessment. This also contemplates whether there will be an ongoing role of the occupational therapist, the OT and OT Assistant or other person under the OTs supervision (i.e. an assignment arrangement) or whether there will be no future OT involvement with others not under the OT's supervision carrying out the recommended program (i.e. a consultation arrangement).

In order to understand the scope of the standard it is critical to understand these two distinct ways in which the occupational therapist engages others in their work.

- 1.0 **Assignment:** The member has authority over the support personnel and the member is responsible for the ongoing supervision, implementation, and evaluation of the recommended occupational therapy service components.
- 2.0 **Consultation:** The member has no authority over the non-member and the way they implement the intervention(s) recommended by the member. The occupational therapist is responsible for the quality and appropriateness of the recommendations. The implementation of the recommendations provided by the occupational therapist as a consultant is therefore, not "occupational therapy."

Examples of an occupational therapist acting as a consultant are:

- An occupational therapist consults to a Personal Care Home (PCH) with a rehabilitation aide (RA) carrying out the recommended program. The RA reports to a supervisor in the PCH.
- An occupational therapist consults to other professionals and/or support staff on client transfer techniques.
- An occupational therapist recommends a home program that is carried out by a member of the client's family.
- An occupational therapist assesses a child in a school environment and then provides a program to the classroom teacher who, along with the Educational Assistant (EA), will carry out the program.
- An occupational therapist assesses a client on their designated unit and develops a program that is handed over to unit assistant staff who will carry out the program under the clinical supervision of the unit staff.

The College of Occupational Therapists of Ontario, in 2004, provided the following important caution related to consultation:

The occupational therapist needs to ensure clients and stakeholders understand when consultation is being provided versus tasks being assigned. Generally, the expected outcome of consultation is the provision of recommendations. It is understood that while occupational therapists are accountable for the recommendations they make, clients and/or stakeholders may or may not choose to act on those recommendations (COTO, 2004).

Table 1: Typical Scenarios to Illustrate Assignment vs Consultation

	Work of OT	Work of Other	Responsibility of OT	Who Supervises the Support Personnel?		
				Clinically	Employment	
1	Assesses client; develops OT intervention plan; assigns some components to OT Assistant or other support personnel; monitors plan through responding to issues and / or through initiating regular reviews; modifies plan as necessary. Fully accountable for the OT interventions.	Receives assignment of OT components from the OT. Carries out the plan with client. Initiates review with OT as needed and/or participates in regular reviews with OT. Documents program and client responses.	Quality of assessment. Direction for OTA / SP / RA. Ongoing review of client response and progress and need for modifications. (Further direction in the COTM Standard)	The OT who assigns the service components	Likely a manager	THIS IS ASSIGNMENT
2	Assesses client; develops needed intervention plan; communicates plan to others involved in client's care and specifically to individual(s) who will carry out the interventions.	Receives information and guidance as to how to carry out the interventions. Confirms the clinical supervision arrangements. Responsible to reengage the OT if client condition changes or questions arise.	Quality of assessment. Clarity of plan. Communication of plan to individual designated to carry out the plan, and to other staff as needed. Documentation of the plan. Only reengages when requested to do so by those clinically responsible for the client.	The professional staff who work closely with the RA / SP.	Likely a manager.	THIS IS NOT ASSIGNMENT THIS IS CONSULTATION The OT involvement is concluded with referral of intervention plan to another person or group of people to implement. This recognizes that the OT may still be working on the unit / in the facility with other clients but has no ongoing responsibility for this client's care.

	Work of OT	Work of Other	Responsibility of OT	Who Supervises the Support Personnel?	
3	Assesses client; develops needed intervention plan; communicates plan to others involved in client's care and specifically to individual(s) who will carry out the interventions.	This may be to someone who is not connected to OT's agency. (See description of consultation services in this document)	Quality of assessment. Clarity of plan. Communication of plan to the client and those who will carry out the interventions. Documentation of the plan. Only reengages when requested to do so by those responsible for the implementation of the plan.	There is no support personnel arrangement for which the OT has specific responsibility. Those provided with the program determine how it will be carried out. E.g. a teacher may utilize an Educational Assistant, personal care home staff may require the program to be carried out by a Rehabilitation Assistant.	THIS IS CONSULTATION No ongoing responsibility.

D. USE OF TITLE

A key area for attention is the title that is used by individuals who are working to extend the impact of occupational therapy. There may be significant confusion related to accountability without consideration of the assumptions that are made regarding what titles mean.

The Occupational Therapists Act outlines the following key provisions related to title:

Representation as an occupational therapist;

3(1) No person except an occupational therapist shall

(a) represent or hold out, expressly or by implication, that he or she is an occupational therapist or is entitled to engage in the practice of occupational therapy as an occupational therapist; or

(b) use any sign, display, title or advertisement implying that he or she is an occupational therapist.

65(1) No person shall knowingly employ or continue to employ a person to perform the practice of occupational therapy unless the person is an occupational therapist registered under this Act.

COTM members are encouraged to review the *COTM Use of Title Fact Sheet* which addresses limitations on the use of the term Occupational Therapist and expands on the above legislative provisions.

The ACOTRO Position Statement regarding Occupational Therapist Assistants and Regulation in OT, September 2018, is another key reference. This document provides regulatory guidance and stresses the difference between job titles and professional related designations.

It is essential that occupational therapists in Manitoba recognize that COTM offers a caution that although the ACOTRO document refers to Occupational Therapist Assistants, many of the concepts will apply to the work that COTM members will do with a variety of individuals who extend their work, such as Educational Assistants (EA), Rehabilitation Assistants (RA), Support Personnel (SP), etc.

It is essential that the job title "Occupational Therapist Assistant - OTA" is only used if the individual is indeed working under the ongoing supervision of occupational therapists and not carrying out OT-developed intervention programs that are handed over to others (teachers and educational assistants, personal care home staff and rehabilitation assistants, families, community support workers, etc.). (See the description of Consultation in an earlier section).

Alternatively, there will be times when working with a Rehabilitation Assistant, that an occupational therapist will feel it critical to maintain oversight of the client's program. The program remains an OT intervention. This contrasts with an OT-developed program or intervention which the OT will hands over to others. The Rehabilitation Assistant is now carrying out the recommended interventions under the supervision of others (such as unit nursing staff). The RA will receive clinical guidance from these persons and will be accountable to them for reporting concerns. The OT is no longer involved.

In all cases the occupational therapist is responsible to ensure that the support personnel, the client, and those involved with the client's care are clear as to the manner in which future service

is provided: who is carrying out the day-to-day intervention, to whom that person is clinically responsible, who is maintaining documentation and what should be done if the program or intervention is not progressing as anticipated.

In summary, the job title “Occupational Therapist Assistant” or a similar title can only be used if this person’s work with clients is clinically supervised by an Occupational Therapist. Conversely, when working with Rehabilitation Assistants who may be carrying out a variety of interventions on behalf of occupational therapists, physiotherapists, or others, the occupational therapist may need to maintain clinical oversight for certain occupational therapy programs assigned to the Rehabilitation Assistant if the complexity of the intervention warrants this ongoing oversight.

A final caution – do not use a position title as an alternative to clear communication about the role of the person who is extending the work of the occupational therapist whether it be through assignment or consultation. It is essential that an explicit description of your role and that of support personnel and relevant others is communicated formally in the occupational therapist documentation and to the client.

F. PRACTICE EXPECTATIONS

In applying the following practice expectations when assigning service components, the following needs to be considered:

- The following **standards** describe the minimum expectations for OTs.
- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the Standard has been met.
- It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.
- There may be some situations where the OT determines that a performance indicator has less relevance due to client factors or environmental factors.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is expected that therapists will be able to provide justification for any variations from the standard.

Overview of the Standards for the Supervision of Occupational Therapist Assistants and other support personnel when assigning OT interventions. *

1. Accountability
2. Supervision and Communication
3. Consent
4. Documentation
5. Risk Management and Safety

(*For the purposes of the following information we are using the term, Occupational Therapist Assistant / OTA).

1. Accountability

Accountability speaks to the responsibility COTM members must take for their actions and decisions and those whose work they oversee. Accountability under task assignment is separate from employer-based, performance management of an Assistant.

Standard 1

The OT will be fully accountable for all occupational therapy service components assigned by them to the OTA.

Performance Indicators	
The OT will:	
1.1	Be competent to perform all occupational therapy service components assigned to the OTA;
1.2	Ensure the quality and safety of client care will not be compromised when assigning occupational therapy components to an OTA giving consideration to the level of risk, client's status, related environmental factors, and the OTA's level of competency ³ ; Note: Refer to Assignment to OTA Decision Tree - Appendix A

1.3	<p>Not assign the following activities to an OTA:</p> <ul style="list-style-type: none"> a) Initiation of occupational therapy service; b) Aspects of assessment requiring clinical judgement by the OT; c) Interpretation of assessment findings; d) Planning of intervention and goal identification and / or modification of an intervention beyond the limits established by the supervising OT; e) Intervention where ongoing analysis and synthesis is necessary to closely monitor and guide client progress; f) Communication (written or verbal) of occupational therapy recommendations, opinions or findings requiring clinical judgement; g) Decision to discharge and related discharge planning; h) Occupational therapy components that the OT is not competent to direct.
1.4	<p>Clearly outline the occupational therapy service components to be assigned and monitor the treatment approaches used by the OTA to ensure the OTA is following through with the assigned tasks;</p>
1.5	<p>Ensure the OTA has the required knowledge, skill, and judgement to perform the assigned occupational therapy components in a safe, effective and ethical manner, for example: on-the-job training, observation, supervision and support to perform the assigned occupational therapy service components safely; or ensure the hiring institution is aware of the requisite knowledge, skill, and judgement required to carry out the assigned occupational therapy components;</p>
1.6	<p>Monitor client progress and modify occupational therapy service components assigned to the OTA as necessary;</p>
1.7	<p>Be accountable for the communication of occupational therapy opinions or recommendations to the client or substitute decision maker (SDM), team members, or others;</p>
1.8	<p>Comply with any legislation and/or organizational policies regarding the use of OTAs.</p>

2. Supervision and Communication

OTs are expected to establish a supervision and communication plan with the OTA to ensure the expected outcomes of service are achieved. The degree of supervision provided by the OT is dependent on several factors: the practice setting, the specific client factors, the nature of the components assigned to the OTA, the environment, the OT's level of knowledge, skill, and judgement, and the OTA's level of competence. The OT must know the OTA's level of competence, through observation, training, or employment required qualifications and skills.

There are many methods for supervising and communicating with the OTA, including but not limited to: observation of interventions, informal and formal meetings, and clinical record review.

Standard 2

The OT will supervise the OTA in the delivery of the occupational therapy service components assigned to the OTA.

Performance Indicators	
The OT will:	
2.1	Establish a supervision and communication plan for how and when the OT will review the client's care plan and the assigned components with the OTA with consideration of: <ul style="list-style-type: none">• the client's condition and therapy goals;• the risks associated with the components assigned;• the OTA's knowledge, skill and abilities;• the practice setting requirements.
2.2	Ensure the OTA acknowledges the supervision and communication plan including: <ul style="list-style-type: none">• Roles and responsibilities of the OT and OTA;• Expectations for how, when and under what circumstances the OTA will report to the OT regarding the assigned components;• Activities that will be assigned to the OTA;• The method(s) of supervision (record review; observation, formal and informal meetings, etc.);• Any activities that the OTA can carry out in the event the OT is unavailable to provide direct supervision;• Any limits imposed on the OTA's ability to progress the assigned components of the OT plan.
2.3	Ensure an alternate OT or other health care professional is available and able to assist the OTA in the event of an emergency or unexpected occurrence when the supervising OT is temporarily not available or during short term absences, in situations where the client is stable and there is no anticipated change to the plan.
2.4	Transfer supervision of the OTA to another OT when the OT is expected to be absent for a prolonged period or has resigned from the position; OR Discontinue assignment to the OTA where there is no OT to provide supervision or oversee the occupational therapy plan of care.

3. Consent

OTs are expected to use a consent process for a number of aspects of practice related to assessment, collection and use of health information, and assignment of service components to other individuals. The consent process for all aspects of practice needs to be relevant to the client's context.

Standard 3

*The OT will obtain informed consent when assigning occupational therapy components to an OTA in compliance with the **COTM Consent Guideline**.*

Performance Indicators	
The OT will:	
3.1	Obtain informed consent from the client or substitute decision maker (SDM) by providing detailed and specific information to enable the client's understanding of the role and activities that the OTA will perform related to occupational therapy services; Note: Refer to the <i>COTM Consent Guideline</i> .
3.2	Ensure the OTA acknowledges the requirement to confirm agreement from the client to participate in occupational therapy based on consent previously obtained for the plan of care;
3.3	Communicate any fees associated with OTA services when obtaining client consent for the involvement of the OTA.
3.4	Provide contact information to the client or SDM so they know how to reach the OT if necessary.

4. Documentation

Documentation is an essential component of occupational therapy practice to support continuity of interventions and to facilitate coordinated communication with others involved in services to the client.

Standard 4

*The OT will ensure that occupational therapy service components assigned to the OTA are documented in accordance with the expectations of the occupational therapy service, organizational policies and the **COTM Guideline for Managing Client Information – Meeting Legislative Obligations.***

Performance Indicators	
The OT will:	
4.1	Document the assignment of the occupational therapy service components to the OTA including: <ul style="list-style-type: none">• The name and title of the OTA or The process for assigning occupational therapy components to OTAs (for example, an OTA roster, protocol for weekend coverage) including information regarding accountability for service; <ul style="list-style-type: none">• Service components assigned and any specific instructions or reference to a care protocol that the OTA will be following;• Frequency of OTA intervention.
4.2	Document that consent was obtained from the client or SDM for participation of the OTA in the delivery of occupational therapy service;
4.3	Review the OTA's documentation (if applicable to the practice setting), and document that this record review has occurred;
4.4	Ensure the name and title of the OTA(s) appear on invoices when billing for OTA services.

5. Risk Management and Safety

Risk management is the process of minimizing risk to an individual or organization by developing systems to identify and analyze potential hazards to prevent accidents, injuries, and other adverse events. OTs should take reasonable measures to recognize and minimize the risks to client safety and be responsive in managing adverse issues that may occur with assigning occupational therapy service components to an OTA.

Standard 5

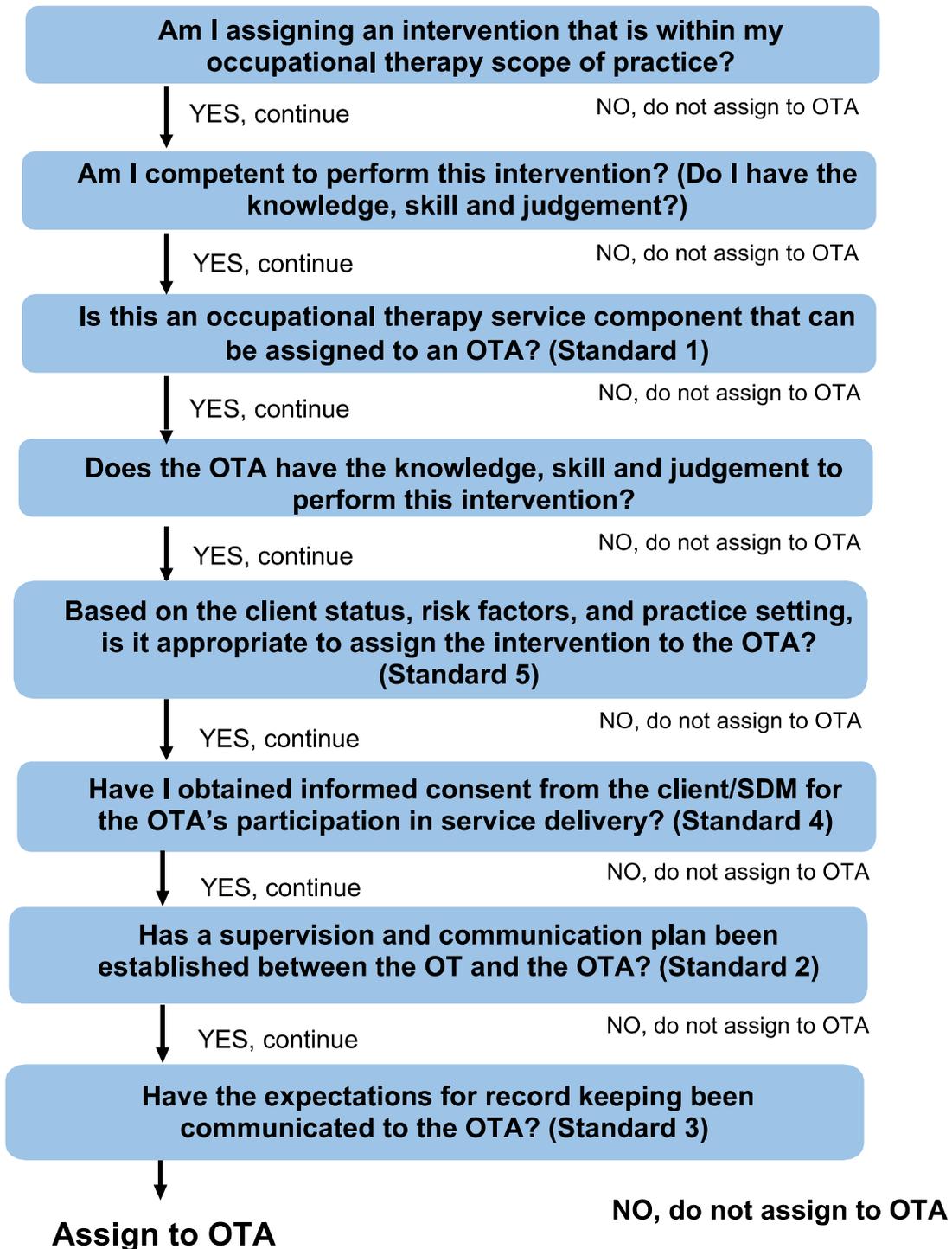
When assigning occupational therapy service components, the OT will evaluate risk and implement strategies to minimize any potential harm to the client, the OTA and others.

Performance Indicators	
The OT will:	
5.1	Communicate to the OTA any risks associated with the assigned occupational therapy components and the strategies to manage the risks during occupational therapy service delivery;
5.2	Discuss the risks and benefits associated with assigning service components to the OTA with stakeholders as necessary to evaluate the safety and quality of client care. Stakeholders may include supervisors, employers, client / family, other team members, other agencies;
5.3	Promote a safe work environment; and ensure that there is a process to report and act on unsafe practices;
5.4	Address the OTA directly and/or report any concerns regarding OTA service delivery to their respective supervisor;
5.5	Discontinue assignment of occupational therapy service components if there is a risk to client or provider safety.

Assignment of OT Components to an OTA

OTs are accountable for the occupational therapy service components they assign to an OTA. Use this decision tree to assist you in determining if it is appropriate to assign specific tasks to an OTA. If you answer **NO** to any of these questions, **DO NOT** assign the component to the OTA.

Refer to the **Standards for Working with Occupational Therapist Assistants** for more detail.



DEFINITIONS

assignment: allocation of responsibility for the delivery of specific occupational therapy service components by the COTM member to a non-member.

direct supervision: the member must be physically present and observe the performance of the non-member.

member: an occupational therapist whose name is entered in the COTM register

non-member: an individual whose name is not entered in the COTM register.

occupational therapist (OT): a health professional who is duly qualified and registered to practise occupational therapy

occupational therapist assistant (OTA): the title adopted by profession in 2018 to refer to those who support the practice of occupational therapists. As a job title it can only refer to an individual who works under the supervision of an occupational therapist in the provision of occupational therapy services. As a title for a type of trained individual it should only refer to those who have completed formal training which focused on the provision of occupational therapy services.

professional accountability: is integral to professional practice, and is fundamentally concerned with weighing up the interests of clients in often complex situations, whilst using professional knowledge, judgement and skills, based on evidence to make decisions. Registered practitioners are required to make judgements in a wide variety of circumstances and are accountable for all actions taken in the course of one's professional duties. As an accountable practitioner one may be called to account for practice as well as for omissions.

rehabilitation assistant (RA): for the purposes of this document, any service provider who is not a qualified occupational therapist or student occupational therapist yet who is knowledgeable in the field of rehabilitation and possibly occupational therapy through experience, education, and/or training and is directly involved in the provision of occupational therapy services under the supervision of an occupational therapist **or** is carrying out interventions that have been recommended by the occupational therapist but are no longer under the care and control of the occupational therapist. This term, when used as a job title, recognizes that the person may be supporting service components under the direction of occupational therapists and physiotherapists and / or speech language pathologist. Some examples of training programs that prepare a person to act in the Rehabilitation Assistant role include: Occupational Therapist Assistant, Rehabilitation Assistant, Health Care Assistant.

service components: refers to the occupational therapy intervention plan

supervision: the member must be in regular contact with the non-member to observe and provide feedback, guidance and direction on the non-member's performance of the assigned service components.

support personnel (SP): for the purposes of this document, this is a generic term to refer to any service provider who is not a qualified occupational therapist or student occupational therapist, yet who is knowledgeable in the field of rehabilitation and occupational therapy through experience, education, and/or training and is directly involved in the provision of occupational therapy services under the supervision of an occupational therapist. This term is seldom used as a job title or title granted through completion of a formal training program title. Some examples include job titles such as Occupational Therapist Assistant, Rehabilitation Assistant, Occupational Therapists Aide. Some examples of training programs that prepare for a person to act in the support personnel role include: Occupational Therapist Assistant, Rehabilitation Assistant, Health Care Assistant.

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