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**Checklist: Written Instructions on How to Manage Adverse Outcomes When Performing a Rostered Activity**

[The Controlled Acts and Restricted Activities Standard](https://www.collegept.org/rules-and-resources/controlled-acts-and-restricted-activities) requires physiotherapists have written instructions that explain how to manage adverse outcomes. If you have rostered for more than one controlled act, you must have written instructions for each of the acts.

**IMPORTANT:** You must have your written instructions along with the completed checklist available for the assessor to review with you at your on-site assessment. The assessor will document if materials were complete and available at the time of assessment.

**Note:** Either hard copy or electronic copies of the checklist and your written instructions are acceptable.

|  |  |
| --- | --- |
| **Please fill in all of the sections below.** | |
| Your Name |  |
| Your Registration Number |  |

**I have rostered for the following controlled acts:**

1.

2.

3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Rostered Activity According to List Above** | **Controlled Act #1** | **Controlled Act #2** | **Controlled Act #3** |
| **Does your policy include the following information?** | **Yes/No** | **Yes/No** | **Yes/No** |
| A list and/or description of adverse outcomes that can be reasonably foreseen for the rostered activity |  |  |  |
| Signs and symptoms for each of the adverse outcomes for the rostered activity, or how to recognize an adverse outcome is occurring |  |  |  |
| A description of what actions will be taken, when and by whom, if an adverse outcome occurs |  |  |  |
| A statement or indication that information related to the adverse outcome will be documented |  |  |  |
| A description of what instructions or advice should be given to the patient regarding the event or the reoccurrence of each of the adverse outcomes |  |  |  |
| The written instructions are consistent with current accepted-practice that are appropriate for the setting and the activity. |  |  |  |

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| --- |
| **Provide any additional comments here** |
|  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_