ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standards of Practice

Practice expectations for registered occupational therapists in Alberta

Only two of the thirteen standards included in this document are **in effect as of Jun 16, 2023.**

Refer to the 2019 version of the Standards of Practice for the expectations for occupational therapy practice in Alberta (which are in effect until this full set of new standards can be adopted by ACOT Council).

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INTRODUCTION

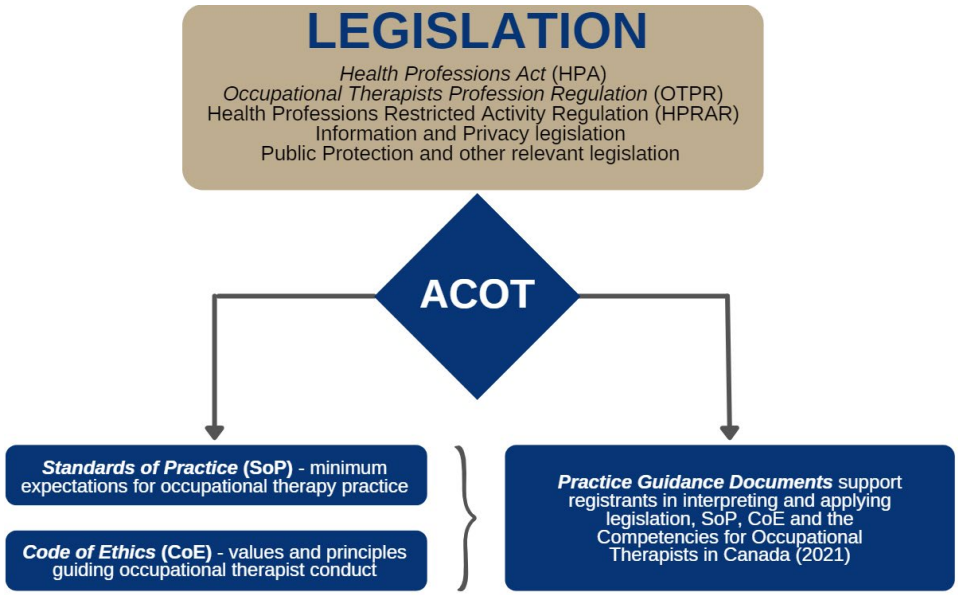
Background

Occupational therapists registered to practice in Alberta on the general, provisional or courtesy registers are regulated under the *Health Professions Act* (HPA) and the *Occupational Therapists Profession Regulation* (OTPR). Requirements to have standards of practice governing the practice of occupational therapy are found in the HPA. The Council of the Alberta College of Occupational Therapists (ACOT) is required to establish, maintain and enforce standards relating to the following:

- continuing competence [HPA s3(1)(c)]
- the practice of the regulated profession [HPA s3(1)(c)]
- the performance and supervision of restricted activities [HPA s1.6(1)(b)]
- specifically legislated requirements outlined in HPA s133.1 (preventing sexual abuse and sexual misconduct) and HPA s133.2 (preventing female genital mutilation)

Expectations for culturally safer, equity-focused practice are interwoven throughout this iteration of ACOT's Standards of Practice. This is consistent with ACOT's commitment to examine and address the ways in which systemic racism and other forms of oppression may manifest within the profession of occupational therapy. Racism and other forms of oppression affect clients, registrants of ACOT and the colleagues with whom occupational therapists' work. Racism and oppression are perpetuated within and by the systems where occupational therapy services are provided (i.e., health, education, social, justice).

The following graphic and table illustrate where the Standards of Practice are situated within the overall structure of legislated, regulatory and other guiding authorities for the practice of occupational therapy in Alberta.



Health Professions Act (HPA)	The act that governs the practice of the health professions currently regulated in Alberta. It sets out standard processes for colleges relating to registration, continuing competence, and complaints and discipline.
Occupational Therapists Profession Regulation (OTPR)	The regulation that governs the profession of occupational therapy in Alberta. It outlines more detailed provisions regarding register categories, requirements for registration application and renewal, and protected title.
Standards of Practice (SoP)	The set of regulatory requirements that define the minimum expectations for the practice of occupational therapy in Alberta that result in the provision of ethical, accountable and quality services.
Code of Ethics (CoE)	The set of values and principles that guide the conduct of occupational therapists in Alberta.
Practice Guidance Documents	Practice guidance documents include Practice Guidelines, Practice FAQs and the Continuing Competence Program Manual. They are developed by ACOT to support registrants in the interpretation and application of relevant legislation, the Standards of Practice, Code of Ethics and the Competencies for Occupational Therapists in Canada (2021).
Competencies for Occupational Therapists in Canada - CAOT, ACOTRO, ACOTUP (2021)	A nationally adopted document that outlines the broad range of skills and abilities required of all occupational therapists at all stages of their career. Occupational therapists registered to practice in Canada are expected to use the competencies document to inform their practice and competence needs.

Purpose of the Standards of Practice

The Standards of Practice set out the minimum expectations and requirements for occupational therapy practice that apply to all registrants regardless of role, responsibilities, job title, practice area or practice setting, client population, years in practice or level of experience. How the Standards of Practice are applied and met may vary depending on context. Refer to the Practice Guidance Documents linked from the Supplemental Resources section for each Standard of Practice for examples of how to apply them in various practice situations.

- Registrants are expected to use their professional judgment in balancing best practice evidence, their practice context and each client's context when applying the Standards of Practice. A registrant must, when requested by ACOT, be able to demonstrate how their practice meets the performance expectations outlined for each standard. Failure to follow the Standards of Practice may be found to constitute unprofessional conduct.

- ACOT, within its legislated mandate of serving and protecting the public interest, uses the Standards of Practice to inform registrants of the minimum requirements of professional practice in Alberta. They are used in the Continuing Competence Program and for Competence Assessments. They are also used to frame responses to questions or concerns about practice and in addressing complaints of unprofessional conduct.

- Occupational therapy clients and the public may refer to the Standards of Practice to gain an understanding of what they can expect from an occupational therapist.

- Employers/managers of occupational therapists can use the Standards of Practice to guide development of program or position/job descriptions, roles and responsibilities and/or to evaluate employee performance.

- Educators and students use the Standards of Practice to inform curriculum content and student placement or entry-to-practice expectations.

- Other health professionals or service providers may use the Standards of Practice to provide insight into roles and responsibilities, overlapping or complementary areas of practice and/or to highlight opportunities for collaborative practice.

How the Standards of Practice are Organized

Each Standard of Practice includes the following:

- A Standard statement that summarizes the expected performance of a registrant.

- An Expected Outcome statement that describes what a client can expect from services when their occupational therapist is meeting the standard.

- Performance Expectations that outline the expected actions and behaviours of a registrant to show the standard has been met. The expectations are not all-inclusive nor are they listed in order of importance.

- Related Standards that support or complement the expectations outlined in a standard.

- Supplemental Resources that are either references for the content within a standard or provide links to additional resources and relevant legislation* related to each standard.

Acknowledgments

The Standards of Practice included in this document were coproduced in consultation and collaboration with registrants, members of the Standards of Practice and Code of Ethics Refresh Project working groups and steering committee, colleagues from other Alberta and national regulators and other key partners.

ACOT respectfully acknowledges the content taken and adapted from the Standards of Practice of other regulatory organizations in Alberta, Canada and worldwide.

Some of the wording and content used in the performance expectations in the Standards of Practice has been adapted from the Competencies for Occupational Therapists in Canada (2021) and Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy (2022).

Questions regarding ACOT's Standards of Practice and occupational therapy practice can be directed to info@acot.ca or by calling 780.436.8381.

NOTE: The use of superscript **L** and **G** is an accessibility feature for persons using screen readers.

- Items which are hyperlinked are underlined in blue and labelled with an "L".
- Glossary terms are indicated in **bold** with a "G" the first time they appear in each standard.

* The pieces of legislation listed in the Supplemental Resources section for each Standard of Practice are not inclusive of all of the legislative and regulatory requirements that could be relevant to a registrant's practice situation. The provincial and federal legislation relevant to a registrant's practice situation depends on a where a registant works, their practice area, funding sources accessed for client services, client population, etc.

REFERENCES

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GLOSSARY OF TERMS

Adult Interdependent Partner is defined at section 3(1)[L] of the *Adult Interdependent Relationships* Act.

Boundaries are the framework within which the therapist-client relationship takes place. Each person's boundaries will be unique to their own experiences. Appropriate boundaries set the parameters within which occupational therapy services are delivered and contribute to a client's and registrant's experience of safety throughout service provision. Boundaries make clear the difference between therapeutic and personal relationships and help avoid potential misunderstanding of words and actions.

Capacity is an individual's ability to understand the information that is relevant to the making of a personal decision and to appreciate the reasonably foreseeable consequences of the decision or lack of decision.

Client is an individual or collective (i.e., family/care partners, group, organization, community, population, system or combination of these) who uses occupational therapy services. The term "client" is used throughout the Standards of Practice except in the Maintaining Appropriate Boundaries: Sexual Standard of Practice where the term **patient** is defined and used according to the requirements outlined in the *Health Professions Act* (HPA).

Collaborative (or collaboratively/collaboration) is the process of developing and maintaining effective relationships with clients and interprofessional colleagues through clear communication to enable optimal health, education or social outcomes. Elements of collaborative practice include respect, trust and shared decision making.[1] Through partnership and role clarification between members of an interprofessional team, collaborative practice helps ensure that the various providers' service plans coordinate and align rather than duplicate or conflict. In occupational therapy, "collaborative relationship-focused practice" is an approach that attends to the aspects and identities of both the therapist and the client(s) who use occupational therapy services while taking into consideration the multi-layered **contexts** in which people live and **occupational therapy services** occur."[1](p.100)

Competence - HPA section 1(1)(f) defines competence as "the combined knowledge, skills, attitudes and judgment required to provide professional services." For the purpose of the Standards of Practice, the following more comprehensive definition of competence is used: "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served"; it is "developmental, impermanent and context specific."[2] (p. 226)

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[1] Egan, M. and Restall, G. (2022) *Promoting Occupational Participation: Collaborative Relationship-Focused Occupational Therapy.* Ottawa: Canadian Association of Occupational Therapists.
[2] Epstein, R.M. & Hundert E.M. (2002). Defining and Assessing Professional Competence. *Journal of the American Medical Association*, *287*(2) p.226-235.

Competence Assessment(s) are the processes used by the **Competence Committee** and ACOT staff to further evaluate a registrant's competence to practice. Authority to create standards of practice for competence assessments is set out in HPA section 50(2)(b). Further direction on competence assessments is set out in HPA section 51(2) and section 51(3). Refer to the Competence Standard of Practice, the **Continuing Competence Program Manual** and Continuing Competence Program (CCP) Review and Evaluation Policies and Procedures for more information on ACOT's processes for competence assessments.

Competence Committee is the committee established by Council in accordance with the HPA which has the authority to establish the policies and procedures for ACOT's **Continuing Competence Program** (CCP) and **Competence Assessments**.

Context(s) refers to the wide variety of factors that can influence occupational therapy services. Context includes a registrant's or client's immediate environment and resources but also includes "history, geographic location, the natural and built environment, social and economic laws, legislation and policies, organizational policies and rules, social and cultural norms and expectations, social identities, secular and religious beliefs, prevailing societal attitudes and behaviours, networks and power relations within and among collectives (families, groups, communities and populations)."[1] (p. 306)

Continuing Competence Program (CCP) is the program established by Council whereby registrants report and reflect on their participation in learning activities undertaken to maintain and enhance their competence and the quality of their practice throughout their career.

Continuing Competence Program Manual is the supplemental policy document that consolidates the details of ACOT's CCP including what registrants must include in their CCP submission for it to be deemed satisfactory.

Equity-focused approaches, as used in the Standards of Practice and Code of Ethics, incorporate concepts of cultural safety[3] (p.3), culturally safer[4] practice (p.20) and collaborative relationship-focused practice[1] (Ch.5, pp-97-111). Equity is both a process (fair, inclusive and respectful treatment of all people) and a goal (equitable outcomes for all groups)[3] (p.3). As the effects of historical and current inequities based on a person's **personal characteristics and attributes** and **context(s**) continue to influence health outcomes , offering more or different types of/approaches to service may be necessary to achieve equitable outcomes.

Equity-focused approaches require occupational therapists to **critically reflect** and make conscious efforts to build trusting relationships with clients, address power imbalances within the therapist-client relationship and draw on each client's strengths. The aim of equity-focused approaches to occupational therapy service provision is to

[3] Alberta College of Occupational Therapists – ACOT (2021). Acting Against Racism and Intolerance Final Report.
[4] ACOTRO, ACOTUP, CAOT (2021) *Competencies for Occupational Therapists in Canada.*

acknowledge and address systems of inequity within a registrant's sphere of influence[4] (p.13-14) and create spaces for occupational therapy service provision where clients feel respected; "where there is no assault, challenge or denial of any aspect of [a client's] identity, of who they are and what they need."[3] (p.3)

Female genital mutilation is defined at section 1(1)(m.1)[L] of the HPA. For the purpose of these Standards of Practice, procurement of female genital mutilation does not include discussing with a client or connecting a client to resources regarding the procurement of gender affirming surgery.

Informed Consent is an agreement or permission to proceed with a service following a process of discussion and decision making leading to an informed choice. Consent provided may be **explicit** or **implied** from the circumstances and should be sought on an **ongoing** basis.

> **Explicit consent** is the direct, expressed agreement for a specific service. The term 'explicit consent' is often used interchangeably with 'express consent'.
>
> **Implied consent** is agreement for a specific service that is inferred from the words, behaviour, and/or surrounding circumstances which show willingness to receive services.
>
> **Ongoing consent** confirms consent to proceed or continue with services even if informed consent to services has been previously provided. It acknowledges a client's right to withdraw consent at any time. Ongoing consent is particularly important if a registrant has doubts about a client's wishes; there is a change in the client's personal or health status, service plan or mode of service delivery; or, the services involve touch, disrobing, or potential physical or psychological discomfort.

Needle acupuncture refers to the insertion of acupuncture needles below the level of the dermis with the intent to stimulate and balance the flow of energy (traditional Chinese principles) or to stimulate a neurophysiological response in the body (Western principles). A registrant authorized to perform needle acupuncture does so as a means of optimizing a client's health or ability to engage in daily activities.

Details regarding the authority for occupational therapists to perform needle acupuncture is set out in section 39 of the *Health Professions Restricted Activity Regulation* (HPRAR).

Occupational therapy service(s) include the activities and actions undertaken by an occupational therapist or person(s) they are responsible for supervising, throughout the process of service provision. As set out in section 3 of Schedule 15 of the HPA, in their practice, occupational therapists do one or more of the following:

"(a) in collaboration with their clients, develop and implement programs to meet everyday needs in self care, leisure and productivity,
(b) assess, analyze, modify and adapt the activities in which their clients engage to

optimize health and functional independence,
(c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and
(d) provide restricted activities authorized by the regulations."

The Occupational Therapy Expertise domain in the Competencies for Occupational Therapists in Canada (2021) also offers description of what occupational therapists do in practice - "the unique expertise of occupational therapists is to analyze what people do and what they want to or need to do, and help them do it. Occupational therapists co-create approaches to service with their clients. They are mindful of people's rights, needs, preferences, values, abilities and environments. They work with clients to support their health and well-being."[4] (p. 10)

Oppression refers to the obvious and subtle ways that systems, dominant groups or individuals unjustly discriminate against others to maintain status, **privilege** and power. Forms of oppression include but are not limited to ableism, ageism, anti-fat bias, cis-genderism, classism, colourism, ethnocentrism, faithism, heterosexism, racism, sanism, sexism, sizeism, etc. Individuals can experience more than one form of oppression which can create interconnected barriers and compounding forms of discrimination.[3]

Patient, for the purposes of the **sexual abuse** and **sexual misconduct** provisions in the HPA, an individual is a patient when an occupational therapist-client relationship is formed. This occurs when a registrant has engaged in one or more of the following activities:

- Received consent from the individual to proceed with **occupational therapy service** planning,
- Worked with the individual to design and deliver a plan for service,
- Contributed to a health or occupational therapy service record for the individual, or
- Charged or received payment for occupational therapy services provided from the individual or third party on behalf of the individual.

For the purposes of the sexual abuse and sexual misconduct provisions in the HPA, a person receiving occupational therapy services from a registrant is not considered a patient if the registrant is their **spouse** or **adult interdependent partner** or if they are in an ongoing pre-existing sexual relationship with the registrant.

Personal characteristics and attributes refer to the aspects of a person's identity including but not limited to the protected grounds listed in Alberta's *Human Rights Act*. Personal characteristics and attributes include race, ethnicity, skin colour, language spoken, religion or spirituality, gender identity or expression, sexual orientation, variabilities in physical and mental health, ability or disability, age, marital status, family status, education, socioeconomic status, etc.

Privilege is the unquestioned or unearned economic, political, social, material or

cultural advantages that people enjoy when they are members of more dominant groups in a society; often at the expense of members of an oppressed group[1] (p.311). Differences in social position and power shape personal identity and privilege in society. Awareness of one's degree of privilege and/or experiences of **oppression** based on **personal characteristics and attributes** and **context(s)** (also known as positionality) is a crucial first step in the provision of equity-focused services.[4] See the *Coin Model of Privilege and Critical Allyship* to learn more about examining identity, privilege and positionality, **oppression** and systems of inequality.[5]

Racism is a behaviour or ideology that directly or indirectly asserts that one group is inherently superior to others. It can be openly displayed in racial jokes and slurs or hate crimes, but it can be more deeply rooted in attitudes, values and stereotypical beliefs. In some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved over time. Racism operates at the individual, systemic and societal level.[3]

Reflective practice is the structured and purposeful examination of a registrant's own knowledge, skills and practice and personal experience throughout one's career. Reflection is part of practice reasoning – the critical thinking and decision-making processes that guide quality and ethical practice.[6]

> **Reflection on practice** is a retrospective analysis of a practice situation as a means of determining what went well and/or what could have gone better. It is a way of generating ideas for alternate approaches and strategies to incorporate when facing similar practice situations in the future.
>
> **Reflection in practice** is the analysis of a practice situation while it is occurring. It involves analysis and determination of an alternate approach or strategy in the moment.
>
> **Critical reflection** goes beyond reflecting in and on practice. It requires the registrant to examine and challenge the ways in which their personal and societal assumptions and existing social systems and structures of power keep inequities and injustices in place.[1]

Restricted activities are high risk activities performed as part of providing a health service that require specific competencies and skills to be carried out safely. Activities that are considered restricted activities in Alberta are listed in the HPA Part 0.1. Restricted activities are not linked to any specific health profession and a number of regulated health professionals may perform a particular restricted activity.

The restricted activities that occupational therapists are permitted to perform and

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[5] Nixon, S.A (2019). The Coin Model of Privilege and Critical Allyship: Implications for Health. *BMC Public Health 19*:1637.

[6] Schön, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. London: Temple Smith.

supervise are listed in section 38 of the *Health Professions Restricted Activity Regulation* (HPRAR). Occupational therapists must only perform or supervise a restricted activity if: a. the restricted activity aligns with occupational therapy practice; b. they are competent to perform it; and c. they are performing the restricted activity in accordance with ACOT's Standards of Practice and Code of Ethics.

Restricted psychosocial intervention refers to the restricted activity as defined at section 1.3(1)(q) of the HPA and section 38(g) of the *Health Professions Restricted Activity Regulation* (HPRAR).[7]

Registrant is an individual who is registered with ACOT on the general, provisional or courtesy register. The term registrant is synonymous with the term regulated member which is the term used in the HPA.

Risk(s) is the possibility (actual or perceived) of something unwanted happening that can cause physical or psychological harm. A registrant's or client's perceptions or experiences of risk in the workplace or in the service provision process are dynamic and can be influenced by their **personal characteristics and attributes**, **context,** past/current experiences of trauma, **racism** or other forms of **oppression,** and/or their **capacity** to perceive or understand the harm that risks could pose.

Risk management refers to the strategies used to avoid or minimize the harm that a risk can pose. Risk identification and mitigation approaches help to prevent harm. In situations when harm cannot be avoided, managed risk or harm reduction approaches may be appropriate.

Sexual abuse is "the threatened, attempted or actual conduct of a registrant towards a patient that is of a **sexual nature**". Specific types of conduct that are considered sexual abuse are listed in section 1(1)(nn.1)[L] of the HPA.

Sexual conduct refers to any conduct, behavior or remarks of a **sexual nature** and includes but is not limited to conduct that constitutes **sexual abuse** or **sexual misconduct**.

Sexual misconduct is defined at section 1(1)(nn.2)[L] of the HPA as "any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse."

Sexual nature is defined at section 1(1)(nn.3)[L] of the HPA. Factors that may be considered when determining if a registrant's conduct, behaviour or remarks are of a sexual nature are listed in performance expectation 4 of the Maintaining Appropriate Boundaries: Sexual Standard of Practice.

Spouse means a person who is married.

[7] Government of Alberta (2014). Psychosocial interventions: an interpretive guide to the restricted activity.

Substitute decision maker is someone who is authorized to make decisions on behalf of or in partnership with a client when that client lacks the **capacity** to make the decision for themselves.

Supervised Person(s) is a person who is working under the supervision of a registrant. A supervised person may be a non-regulated person, an occupational therapy student or a provisional registrant.

Supervision is the dynamic and evolving process involving a supervisor overseeing and directing what the supervised person does and how they do it.

> **Direct supervision** occurs when the supervisor is either physically present on-site or via real-time videoconferencing (if appropriate) to observe the assigned activity being performed and is available to provide immediate feedback, redirection and modelling as necessary to the supervised person.
>
> **Indirect supervision** occurs when the supervisor is aware of but not necessarily physically or **virtually** present when an assigned activity is being performed. Performance is monitored and evaluated through indirect means such as follow-up discussions with the supervised person, the client or client team members; or review of audio/video recordings or the supervised person's documentation.

Timely refers to a predetermined timeframe for communication, documentation or other actions to occur. The extent of time permissible is influenced by client expectations as well as requirements of referral sources, funders, contracting organizations and/or employer policies.

Virtual (or virtually) is the use of any form of technology that enables communication between and/or service provision to individuals in different physical locations. It includes but is not limited to telephone calls, synchronous or asynchronous video applications, email, and text or other messaging applications.

ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

ACCOUNTABILITY AND PROFESSIONAL RESPONSIBILITY-In effect as of June 16, 2023

Standard

A **registrant**[G] practices in accordance with legislative and regulatory requirements relevant to the practice of occupational therapy in Alberta.

Expected Outcome

A **client**[G] can expect their occupational therapist to hold an active practice permit and to provide **occupational therapy services**[G] in accordance with the requirements for occupational therapy practice in Alberta.

Performance Expectations

A registrant

1. Maintains current registration with the Alberta College of Occupational Therapists (ACOT) in accordance with the requirements outlined in the *Health Professions Act* (HPA), the *Occupational Therapists Profession Regulation* (OTPR), ACOT bylaws and applicable registration policies.

   (a) This includes taking responsibility for determining and documenting if registration in another jurisdiction (within Canada or internationally) is required or not when providing services either

      i. from that jurisdiction to clients physically located in that (or another) jurisdiction; or

      ii. **virtually**[G] from Alberta to a client physically located in another jurisdiction.

2. Practices in accordance with legislation relevant to their practice situation and ACOT's Standards of Practice, Code of Ethics, and practice guidance documents.

3. Takes reasonable steps to ensure employer or contracting organization policies, procedures or processes do not prevent the registrant from meeting the expectations outlined in ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

4. In situations of self-employment, has processes in place for themselves and any persons they are responsible for supervising, which are consistent with legislation relevant to their practice situation and ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

5. Is responsible and accountable for the occupational therapy services provided by themselves and any person(s) they are responsible for supervising.

6. Uses protected titles in accordance with the HPA and the OTPR and reports unauthorized use of protected titles to ACOT.

7. Remains knowledgeable of the Competencies for Occupational Therapists in Canada (2021)[L] to inform their practice and professional development.

8. Does not engage in behaviour that constitutes

   (a) the procurement or performance of **female genital mutilation**[G] of a client as defined by the HPA;

   (b) **sexual abuse**[G] or **sexual misconduct**[G] as defined by the HPA and ACOT's Maintaining Appropriate Boundaries: Sexual Standard of Practice.

9. Reports to the complaints director of the relevant college, in accordance with section 127.2 of the HPA, if the registrant has reasonable grounds to believe that the conduct of another regulated health professional constitutes sexual abuse, sexual misconduct or the procurement or performance of female genital mutilation.

10. Complies with all legal duties to report including, without limitation, any reporting requirements concerning the abuse of children or persons in care, communicable diseases and adverse events.

11. Reports to the Registrar without delay

    (a) any finding of professional negligence or malpractice;

    (b) if the registrant is found guilty of unprofessional conduct by another regulatory body; or

    (c) if the registrant is charged with or convicted of an offence under the *Criminal Code*.

Related Standards

All

Supplemental Resources

About *Protection of Persons in Care* [L]

Answers to Frequently Asked Questions About: *Practice Across Jurisdictions* L
Answers to Frequently Asked Questions About: *Representing Title and Credentials* L
Child, Youth and Family Enhancement Act L (CYFEA)
Competencies for Occupational Therapists in Canada (2021) – Domain E: Professional Responsibility
Criminal Code (R.S.C., 1985, c. C-46) L
Health Professions Act L
Occupational Therapists Profession Regulation L
Practice Guideline: Considerations for Virtual Practice L
Practice Guideline: Legal and Ethical Duty to Report (to be developed)
Practice Guideline: Information Privacy and Disclosure Legislation L
Practice Guideline: Legislative and Regulatory Considerations for Private Practice L
Practice Guideline: Use of Protected Title L

ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

COMMITMENT TO EQUITY IN PRACTICE - Not in effect

Standard

A **registrant**[G] understands and incorporates **equity-focused approaches**[G] in **occupational therapy service**[G] provision.

Expected Outcome

A **client**[G] can expect their occupational therapist and occupational therapy services to be respectful of the client's **personal characteristics and attributes**[G], **context**[G], worldviews, or experiences of trauma and/or **oppression**[G].

Performance Expectations

To demonstrate their commitment to equity-focused practice a registrant

1. Builds knowledge and understanding through ongoing education about the following

   (a) The historical and current injustices, oppression and **racism**[G] experienced by First Nations, Inuit, and Métis peoples in Canada as a result of colonization and settlement; and

   (b) The various forms and systems of oppression, discrimination and inequities that impact an individual's or community's access to and experiences in health, education, social and justice systems.

2. Undertakes ongoing **critical reflection**[G], training, mentorship and/or experiential learning to gain self-awareness of any personal biases, attitudes, assumptions, stereotypes, prejudices and positions of power and **privilege**[G] embedded in one's own knowledge and practice. This includes but is not limited to the following

   (a) Considering how the registrant's personal worldview and professional identity; degree of privilege; experiences of trauma and/or oppression; and/or positions of power influence the therapist-client relationship and a client's experience of service provision;

   (b) Having awareness of other worldviews and ways of knowing, being and doing beyond the registrant's own;

   (c) Coming to the therapist-client relationship with respect, humility and openness to

collaborate[G] and build trusting relationships rather than presenting as an authority or expert.

3. Engages clients in determining what an equity-focused approach to service delivery would look like for them and incorporates those preferences into the plan for service delivery.

4. When engaging in the practice of occupational therapy, acknowledges and actively works to remedy situations that are racist, oppressive or otherwise discriminatory through personal action and/or by seeking out appropriate supports, resources and/or paths of recourse.

Related Standards

Accountability and Professional Responsibility
Communication and Collaboration
Service Provision

Supplemental Resources

Anti-Racism in Occupational Therapy: A Conversation Starter (Alberta Health Services, 2021)
Competencies for Occupational Therapists in Canada (2021) – Domain C: Culture, Equity and Justice
Practice Standard: Indigenous Cultural Safety, Humility, and Anti-Racism [L] (College of Occupational Therapists of British Columbia, 2022)
Practice Guideline: Considerations for Working in and with Indigenous Peoples and Communities (to be developed)

COMMUNICATION AND COLLABORATION - Not in effect

Standard

A **registrant**[G] communicates in a respectful and transparent manner that fosters **collaborative**[G] practice.

Expected Outcome

A **client**[G] can expect that communication with an occupational therapist is respectful and contributes to shared understanding of the client's **occupational therapy service**[G] plan.

Performance Expectations

A registrant

1. Incorporates **equity-focused approaches**[G] into communication and professional interactions.

2. Builds and sustains **collaborative**[G] relationships by identifying persons with whom communication is important and communicates in a **timely**[G] manner which promotes open exchange of information, mutual understanding, and coordination of services as appropriate.

   (a) Maintains confidentiality and receives a client's **informed consent**[G] as required prior to communicating or sharing personal and/or health information with persons other than a client.

3. Identifies any barriers to communication and uses approaches and technologies suited to each person's needs and **context**[G].

4. Verifies understanding of the information being communicated and adjusts as necessary considering the recipient's communication preferences and styles.

5. Takes accountability for spoken, nonverbal and written communications (e.g., in meetings with clients and colleagues; in written reports, in documentation or other correspondence; on social media or in other public forums such as conferences).

6. Is aware of their own communication style(s) and how it is received by others whose communication style(s) may differ and takes responsibility to address breakdowns in communication promptly and respectfully.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice
Documentation and Record Retention
Informed Consent
Privacy and Confidentiality
Service Provision

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain B: Communication and Collaboration

COMPETENCE - Not in effect

Standard

A **registrant**[G] practices within their level of **competence**[G] and actively participates in **reflective practice**[G] and ongoing learning to maintain and enhance competence in practice.

Expected Outcome

A **client**[G] can expect that the **occupational therapy services**[G] they receive are provided by an occupational therapist who is competent to practice safely and effectively.

Performance Expectations

Competence in Practice

A registrant

1. Accurately represents and practices within their level of competence, incorporating the required knowledge, skills, attitudes and professional judgment when delivering occupational therapy services.

2. Engages in reflective practice.

3. Takes appropriate actions in situations where they are not competent or prepared to deliver a particular service, are new to a practice area, and/or when their ability to provide services safely or competently is affected by illness, injury or substance use.

   (a) Actions taken, which are to be communicated to the appropriate persons in a **timely**[G] manner, may include but are not limited to

      i. Requesting, seeking and participating in appropriate education, training, mentorship or supervision to acquire competence;

      ii. Consulting with another occupational therapist or service provider; or

      iii. Referring the client to another occupational therapist or service provider.

Continuing Competence

As a means of demonstrating continuing competence and enhancement of practice, a registrant on the general or provisional register:

4. Submits each year during registration renewal the **Continuing Competence Program (CCP)**[G] requirements established by Council and published in the **Continuing Competence Program Manual**[G] including

   (a) a self-assessment of the registrant's practice;

   (b) a self-directed learning plan including outcomes achieved from the learning plan activities; and

   (c) any additional requirements described in the Continuing Competence Program Manual (i.e., ACOT-directed training).

NOTE: CCP submission content and records provided by registrants will be housed in ACOT's online platform for a period of not less than ten (10) years.

Competence Assessments

5. A registrant may be requested to participate in **competence assessments**[G] as directed by the **Competence Committee**[G] (or delegate) including

   (a) Periodic review and evaluation of all or part of their CCP submission in accordance with criteria, policies and procedures developed by the Competence Committee and approved by Council;

   (b) Provision of additional evidence of having met CCP requirements if the details provided in the registrant's CCP submission do not satisfy the criteria approved by Council; or

   (c) Practice visits in accordance with the section 51(3) of the HPA and the criteria, policies and procedures developed by the Competence Committee and approved by Council.

6. If the result of a competence assessment is not satisfactory, the Competence Committee or Registrar may direct a registrant or a group of registrants to undertake any one or more of the following within a specified period of time

   (a) to complete specific CCP requirements;

   (b) to correct any problem identified in a CCP review and evaluation or practice visit;

   (c) to submit to periodic review and evaluation; or

   (d) to report to the Competence Committee (or delegate) on specified matters.

7. If a registrant fails to comply with the requirements set out in this Standard of Practice, or as required under section 51.1 of the HPA, the matter may be referred to the Complaints Director.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain D: Excellence in Practice
Continuing Competence Program Manual (to be developed)
Continuing Competence Program Individual-Level Review and Evaluation Policy and Procedures (2022)
Continuing Competence Practice Visits Policy and Procedures (2022)

DOCUMENTATION AND RECORD RETENTION - Not in effect

Standard

A **registrant**[G] maintains accurate, legible and complete client records that are prepared in a **timely**[G] manner and are stored, retained and shared in compliance with applicable legislation and regulatory requirements.

Expected Outcome

A **client**[G] can expect their **occupational therapy service**[G] records are accurate, legible, complete and protected from unintended disclosure.

Performance Expectations

Documentation

A registrant

1. Documents truthfully, respectfully and in a timely manner, keeping in mind how the information documented in a client record will be received by a client or others who read it.

2. Keeps records that are accurate, legible, complete with sufficient detailed to allow the client's service plan to be continued by another occupational therapist or colleague if necessary.

3. Records must include, with necessary modifications depending on the nature of the services being provided, details of the service provision process including documentation of the following

   (a) Details of the **informed**[G] and **ongoing consent**[G] discussion(s). Documentation of initial informed consent can be either

      i. received from a client or **substitute decision maker**[G] verbally with the details of the informed consent discussion documented in a client record, or

      ii. detailed in a consent form that is signed by the client or substitute decision maker after the informed consent discussion.

   (b) details of the service plan including the client's priorities and the goals for

service, the rationale for service plan, mode of service delivery (i.e., in-person or **virtual**[G]), anticipated timeframes for service delivery, participation of supervised persons in service provision and/or any modifications to the service plan based on monitoring and evaluation of services.

(c) any results/findings and recommendations from the methods, tools and processes used to identify client needs (i.e., formal or informal assessment); including rationale for any modifications to standardized test administration.

(d) date(s) and details relating to the service(s) provided including, as appropriate, the client's progress or response to service(s).

(e) reason and plans for service conclusion or transition of services.

(f) relevant correspondence with the client or other key persons by telephone, videoconferencing, email, text or other messaging applications including consent to communicate using these modalities.

(g) any fees charged for services rendered or products produced/provided.

(h) any requests for release of information including details of the request, whether records were released with or without client consent and, if records were released without client consent, the rationale for doing so.

(i) any other information a registrant deems is relevant to the service provision process.

Record Retention

A registrant

5. Maintains all documentation, correspondence and other records collected/stored in any form (e.g., paper, electronic, audio, photo, video, etc.) in compliance with applicable legislation, regulatory requirements, Standards of Practice, Code of Ethics, employer policies and the copyright permissions or licensing requirements of any standardized tools used as applicable.

6. Ensures that both paper and electronic records incorporate an audit trail that clearly captures any alterations made to a client record including who accessed the record, who made the change/addition and the date the change was made.

7. Backs-up electronic records to ensure access to client information in the event records are compromised.

8. Retains client records for at least eleven (11) years and three (3) months after the last date of service or in the case of a minor, for at least eleven (11) years and three (3) months after the client turns eighteen (18) years of age.

(a) Client records can be retained beyond this time period if it is reasonably known that information will be required for a valid reason such as notification of a pending legal proceeding.

9. Disposes of client records in a manner that maintains the security and confidentiality of client information.

   (a) Takes appropriate actions to prevent abandonment of client records (e.g., when retiring from, closing or transferring ownership of a private practice).

10. Provides a copy of records to the client upon the client's request and receives informed consent prior to sharing documentation with persons other than the client except where client consent to release records is not required by legislation.

Related Standards

Informed Consent
Privacy and Confidentiality
Service Provision

Supplemental Resources

Limitations Act L
Practice Guideline: Information Privacy and Disclosure Legislation L
Practice Guideline: Standards for Documentation L

ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

INFORMED CONSENT - Not in effect

Standard

A **registrant**[G] respects a client's autonomy and provides the information required to support a **client**[G] in making an informed choice about proceeding or continuing with **occupational therapy services**[G].

Expected Outcome

A client can expect to understand their occupational therapy service options and the plan for service and be given opportunities to discuss, question, refuse or withdraw consent for service at any time.

Performance Expectations

A registrant

1. Obtains **informed consent**[G] prior to providing an occupational therapy service.

   (a) Informed consent must be **explicit consent**[G] except, when in the registrant's professional judgment, **implied consent**[G] is appropriate and sufficient.

2. Obtains informed consent from a **substitute decision maker**[G] if a client lacks **capacity**[G] to consent.

3. At each point of the service provision process where informed consent is sought, provides the information needed for a client or their substitute decision maker to make an informed choice to proceed or continue with occupational therapy services. This includes but is not limited to

   (a) Incorporating **equity-focused approaches**[G] to the informed consent discussion, adjusting as needed for a client's worldviews, or experiences of trauma and/or **oppression**[G];

   (b) Explaining service options, risks, benefits, potential outcomes and possible consequences of refusing services; involvement of other service providers; permission to communicate with others; limits of confidentiality; etc.;

   (c) Providing opportunities to ask questions and receive answers about proposed services and repeating or adapting the information if required; and

(d) Respecting a client's wishes to seek further information or involve others when making a decision to proceed with services.

4. Ensures that consent is given voluntarily, without coercion, and without fraud or misrepresentation.

5. Ensures a client's **ongoing consent**[G] throughout the service provision process.

6. Respects a client's decision to accept, decline or end services at any time.

7. In situations where a client lacks capacity, and a substitute decision maker has not yet been appointed or cannot be reached, proceeds with services without informed consent only if the registrant has reasonable grounds to believe a delay in obtaining consent would place the client at risk of serious physical or psychological harm.

Related Standards

Accountability and Professional Responsibility
Documentation and Record Retention
Privacy and Confidentiality
Service Provision

Supplemental Resources

About Capacity Assessment [L] in Alberta
Foster and Kinship Care[L] in Alberta
Practice Guideline: Informed Consent [L]
Reflecting on Indigenous access to informed consent [L]

MAINTAINING APPROPRIATE BOUNDARIES: PROFESSIONAL - Not in effect

Standard

A **registrant**[G] maintains appropriate boundaries between professional and personal relationships and avoids or manages conflicts of interest.

Expected Outcome

A **client**[G] can expect that their relationship with an occupational therapist is respectful and appropriate **boundaries**[G] are maintained.

Performance Expectations

In addition to complying with the Maintaining Appropriate Boundaries: Sexual Standard of Practice, a registrant

1. Understands the impact of power imbalances in favour of the registrant in the therapist-client relationship.

2. Assumes responsibility for establishing, maintaining and communicating boundaries with clients that are appropriate for the practice situation.

3. Identifies, discloses and manages situations of real, potential or perceived conflicts of interest that cannot be avoided and documents steps taken to manage any conflicts of interest that are identified.

4. Takes reasonable efforts to refrain from providing services to an individual with whom they have a close personal relationship or with whom appropriate boundaries, judgment or objectivity cannot be established or maintained.

   (a) In situations where this conflict of interest cannot be avoided (e.g., where no other professional with the specific skills is available), a registrant must disclose and document the conflict of interest and document the steps taken to manage the conflict of interest.

5. Identifies situations where the potential for a therapist-client boundary crossing exists and takes steps to ensure that the therapist-client relationship is not compromised.

6. Concludes or transitions services to another occupational therapist or service provider when appropriate boundaries cannot be maintained or re-established.

Related Standards

Accountability and Professional Responsibility
Maintaining Appropriate Boundaries: Sexual

Supplemental Resources

Practice Guideline: Identifying, Disclosing and Managing Conflicts of Interest (to be developed)

MAINTAINING APPROPRIATE BOUNDARIES: SEXUAL - Not in effect

Standard

A **registrant**[G] does not engage in **sexual conduct**[G] with patients, as set out in the performance expectations of this Standard.

Expected Outcome

A patient can expect **occupational therapy services**[G] will be free from actions or remarks of a **sexual nature**[G].

Performance Expectations

Sexual Conduct with Patients

1. A registrant must never engage in **sexual abuse**[G] or **sexual misconduct**[G] with a patient. The consequences are as follows:

   (a) If a registrant is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on sexual abuse, then the Hearing Tribunal must cancel the registrant's registration and practice permit. The registrant is never permitted to apply for reinstatement.

   (b) If a registrant is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on sexual misconduct, then the Hearing Tribunal must at least suspend the registrant's practice permit for a period of time determined by the Hearing Tribunal to be appropriate. The Hearing Tribunal can impose more severe sanctions than a suspension. If a registrant's registration and practice permit are cancelled because of sexual misconduct, then the registrant cannot apply for reinstatement for at least 5 years.

2. All types of sexual conduct or sexual relationships with patients are prohibited even if the registrant believes the patient is consenting. The HPA does not recognize such alleged "consent" as a valid defence because of the inherent power imbalance that typically exists in the therapist-patient relationship.
3. If a registrant engages in sexual conduct with a patient that does not fall within the definition of sexual abuse or sexual misconduct, a Hearing Tribunal may still consider the conduct to be unprofessional conduct subjecting the registrant to sanctions.
4. A registrant must not engage in sexual conduct with a person with whom a patient has a significant interdependent relationship. Although such conduct is not

considered to be sexual abuse or sexual misconduct, a Hearing Tribunal may still consider it to be unprofessional conduct subjecting the registrant to sanctions.

5. For the purpose of this Standard, whether a registrant's conduct, behaviour or remarks are of a sexual nature must be determined in light of all the circumstances, from the perspective of a reasonable observer. Factors that may be considered include the following:

   (a) The nature of the conduct, behaviour or remarks;

   (b) The situation in which the conduct, behaviour or remarks occurred;

   (c) The patient's perception of what occurred;

   (d) The registrant's intent and purpose;

   (e) Whether the registrant's motive was sexual gratification;

   (f) Whether the conduct, behaviour or remark was appropriate to the service provided;

   (g) Whether the registrant was under a misguided or clearly mistaken belief in the necessity of care;

   (h) Whether care was taken to respect the privacy and integrity of the patient during the provision of the service (e.g., appropriate draping and presence of another person if appropriate);

   (i) Whether informed consent was provided for the provision of the service;

   (j) In the case of touching, whether it was accidental or incidental;

   (k) Whether the conduct, behaviour or remark was unrelated to service provision; or

   (l) Any other relevant factors.

   No single factor is determinative. Instead, each of the relevant factors should be considered as part of the analysis to assist in determining whether the sexual nature of the conduct, behaviour or remark is apparent to a reasonable observer.

Sexual Conduct with Former Patients

6. A patient is no longer a considered a patient one year (365 days) after the last date occupational services were provided, unless a registrant has provided a **restricted psychosocial intervention**[G], in which case the individual is always considered a patient and is never considered a former patient.
7. Sexual conduct with a former patient may be considered inappropriate after the one-year period has elapsed if there is more than a minimal risk of a continuing power imbalance between the registrant and the former patient. Factors that may be

considered to determine whether there is more than a minimal risk of a continuing power imbalance include the following:

(a) Whether the former patient understands the inherent power imbalance that typically exists in a therapist-patient relationship;

(b) The nature of the former patient's need for occupational therapy services;

(c) The type of occupational therapy services provided by the registrant;

(d) The length and intensity of the former therapist-patient relationship;

(e) The amount of time that has passed since the end of service provision, in light of the nature and extent of the therapist-patient relationship;

(f) Whether the former patient confided close personal or sexual information to the registrant while they were a patient;

(g) Whether this is a situation where the client has redirected feelings about someone else onto the registrant;

(h) The vulnerability of the former patient including consideration of whether the former patient is in a vulnerable position (e.g., experiencing diminished **capacity**[G] for decision making, economic disadvantage, addiction, houselessness, etc.);

(i) Whether the therapist-patient relationship was established while the former patient was a minor; or

(j) Any other relevant factor.

Sexual conduct with a former patient after the one-year period has elapsed is not considered to be sexual abuse or sexual misconduct. However, such conduct may be considered by a Hearing Tribunal to be unprofessional conduct, in which case a Hearing Tribunal may impose a range of sanctions including suspension or cancellation of the registrant's registration and practice permit.

Related Standards

Accountability and Professional Responsibility
Maintaining Appropriate Boundaries: Professional

Supplemental Resources

Health Professions Act [L]
Protecting Patients from Sexual Abuse and Sexual Misconduct Training Modules
Psychosocial interventions: an interpretive guide to the restricted activity (Government of Alberta, 2014)
Sexual Abuse and Sexual Misconduct Complaints (needs to be updated to reflect new SoP)

PRIVACY AND CONFIDENTIALITY - Not in effect

Standard

A **registrant**[G] upholds and protects a client's privacy and the confidentiality of information collected during the provision of **occupational therapy services**[G] by complying with applicable legislation and regulatory requirements.

Expected Outcome

A **client**[G] can expect that personal and health information will be kept private and confidential except with the client's consent or when their occupational therapist has a legal or ethical responsibility to disclose the information and where that disclosure is permitted by law.

Performance Expectations

A registrant

1. Is aware of and complies with information and privacy legislation applicable to their practice setting (e.g., health system, school system, private practice, etc.) and/or the client population served (e.g., children, persons under public guardianship, etc.).

2. Only accesses and collects client information that they have permission/consent to access and is relevant to occupational therapy service provision.

3. Limits disclosure of client information to persons who reasonably need to know and to the extent necessary to the circumstances.

   (a) Informs a client of the limits of confidentiality. Client information may be disclosed without client consent if

      i. access to information and privacy legislation permits release without client consent;

      ii. a legal duty to report obligation requires disclosure of information for client or public safety; or

      iii. a registrant has reasonable and probable grounds to believe that disclosure of information without client consent is necessary to respond to an emergency that threatens the life, health or security of a person or the public.

4. Uses appropriate safeguards to protect client information from unwarranted disclosure.

5. Ensures all applications used for communication with or about clients and/or for **virtual**[G] service delivery is done using secure, encrypted devices/applications.

6. Avoids engaging in conversations about clients or the services provided that can be overheard, read on public forums (e.g., social media) or that could otherwise compromise a client's privacy and confidentiality.

7. Reports breaches of a client's personal or health information to their employer and/or Alberta's Office of the Information and Privacy Commissioner as required or appropriate.

Related Standards

Accountability and Professional Responsibility
Informed Consent
Risk Management and Safety
Service Provision

Supplemental Resources

Child, Youth and Family Enhancement Act L (CYFEA)
Children First Act L (CFA)
Freedom of Information and Protection of Privacy Act L (FOIP)
Health Information Act L (HIA)
Personal Information Protection Act L (PIPA)
Personal Information Protection and Electronic Documents Act (PIPEDA)
About *Protection of Persons in Care* L
Office of the Information and Privacy Commissioner: How to Report a Privacy Breach L
Office of the Information and Privacy Commissioner: Privacy Management Programs L
Practice Guideline: Information Privacy and Disclosure Legislation L
Practice Guideline: Electronic Communications with Clients L

ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

RESTRICTED ACTIVITIES-In effect as of June 16, 2023

Standard

A **registrant**[G] performs and supervises **restricted activities**[G] in accordance with relevant legislation and regulatory requirements.

Expected Outcome

A **client**[G] can expect their occupational therapist is competent to perform or supervise the restricted activities that are used in **occupational therapy service**[G].

Performance Expectations

Authorized Restricted Activities

1. A registrant may only perform restricted activities that

   (a) occupational therapists are authorized to perform by section 38 and section 39 of the *Health Professions Restricted Activity Regulation* (HPRAR),

   (b) are appropriate to occupational therapy practice as described in Schedule 15 section 3 of the *Health Professions Act* (HPA),

   (c) they are competent to perform,

   (d) are appropriate to the registrant's area of practice/practice context and a client's needs, priorities and the goals for occupational therapy services, and

   (e) are performed in accordance with ACOT's Standards of Practice, Code of Ethics and practice guidance documents.

2. For the special authorization restricted activity of needle acupuncture (section 39 HPRAR), a registrant must provide evidence of having successfully completed advanced training approved by Council.

   (a) Advanced training must include a program of study that incorporates into the curriculum: theory, supervised practice, safety instruction, and a summative evaluation conducted by a qualified acupuncture practitioner which resulted in a passing grade.

   (b) This evidence must be submitted to the Registrar for review, and confirmation of

approval must be received prior to use of any acupuncture techniques in practice. Authorization to perform the restricted activity of needle acupuncture will be listed on the registrant's practice permit and the public registry.

(c) The registrant must notify ACOT if they are no longer competent to perform needle acupuncture so that the authorization to perform needle acupuncture can be removed from the registrant's practice permit and the public registry.

Supervision of Restricted Activities

3. An occupational therapy student or a non-regulated person is permitted to perform the restricted activities referred to in section 38 of the HPRAR (but not section 39 – needle acupuncture) with the consent of and under the supervision of a registrant.

4. For occupational therapy students the supervising registrant shall either be

   (a) present in the room or via videoconference (if appropriate to the restricted activity) and available to provide **direct supervision**[G] of the restricted activity being performed, or

   (b) not present in the room but is available for consultation (onsite or via telephone or videoconference) if the supervising registrant has determined through direct supervision, that the student is able to perform the restricted activity safely and effectively with **indirect supervision**[G]. In this case, the supervising registrant is responsible for reviewing the activity performed by the student.

5. For non-regulated persons, once the supervising registrant has determined that the restricted activity does not require ongoing professional judgment or reasoning and that the non-regulated person is able to perform the restricted activity safely and effectively, the supervising registrant shall either be

   (a) on-site and available for consultation and to assist while the non-regulated person is performing the restricted activity; or

   (b) not on-site but available for consultation (via telephone or videoconference) if the supervising registrant is of the opinion that the non-regulated person does not require the supervising registrant to be on-site for consultation as described in 5(a). In this case, the supervising registrant is responsible for reviewing the activity performed by the non-regulated person.

Related Standards

Accountability and Professional Responsibility
Competence
Informed Consent
Risk Management and Safety
Service Provision
Supervision

Supplemental Resources

Health Professions Restricted Activity Regulation (awaiting proclamation and posting by King's printer)
Practice Guideline: Restricted Activities (to be developed)

ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standard of Practice

RISK MANAGEMENT AND SAFETY - Not in effect

Standard

A **registrant**[G] by identifies workplace and client safety risks and implements appropriate **risk management**[G] strategies to avoid or minimize harm.

Expected Outcome

A **client**[G] can expect **occupational therapy services**[G] to be delivered with appropriate measures in place to mitigate and/or manage **risks**[G] to the client's physical and psychological safety during service delivery.

Performance Expectations

A registrant:

1. Is aware of and complies with applicable legislation and regulatory requirements regarding client and workplace safety including but not limited to occupational health and safety legislation and any provincial and federal public health orders, notices and recommendations applicable to their practice.

2. Strives to create and maintain workspaces that promote client, colleague and personal physical and psychological wellness.

3. Identifies potential risks in practice and incorporates measures to mitigate and/or manage these risks. Examples of risks to mitigate or manage include but are not limited to

   (a) exposure to environmental hazards or infectious agents;

   (b) working alone and other workplace hazards;

   (c) threats physical or psychological safety;

   (d) risks relevant to the practice setting, mode of service delivery (in-person or **virtual**[G]) and/or client population served;

   (e) risks related to a client's service plan including but not limited to unexpected response to service or performance of **restricted activities**[G];

(f) breaches of privacy/confidentiality.

Related Standards

Accountability and Professional Responsibility
Commitment to Equity in Practice
Privacy and Confidentiality
Service Provision

Supplemental Resources

Healthcare Excellence Canada: Patient Safety and Incident Management Toolkit
Occupational Health and Safety (OHS) Resource Portal – Healthcare
Office of the Information and Privacy Commissioner: Privacy Management Programs
Practice Guideline: Infection Prevention and Control (to be developed)
Practice Guideline: Legislative and Regulatory Considerations for Private Practice
Reusable and Single Use Medical Device Standards (Alberta Health, 2019)

SERVICE PROVISION - Not in effect

Standard

A **registrant**[G] follows a process for **occupational therapy service**[G] provision that is **collaborative**[G] and incorporates **equity-focused approaches**[G].

Expected Outcome

A client can expect their occupational therapist to co-design, deliver and conclude a service plan that is responsive to the client's needs, priorities and preferences.

Performance Expectations

Request for Services

A registrant:

1. Gathers enough information about the referral/service request to determine whether to proceed, attending to the following and any other relevant factors

   (a) The parameters of the registrant's practice area and/or the operational parameters of the organization(s) within which the registrant provides services (e.g., practice setting, practice/program scope, caseloads, waitlists, urgency of client need, etc.);

   (b) The registrant's **competence**[G] and preparedness to provide the requested service(s);

   (c) Any conflict of interest with the service request;

   (d) The client's and referral source's expectations for services to be provided; or

   (e) Any contraindications to the service request.

Service Planning and Delivery

If proceeding with service delivery, a registrant, in collaboration with their client and colleagues as required or appropriate,

2. Designs service plans (e.g., selection of methods, tools or processes for needs identification; treatment/intervention approaches; treatment/intervention modalities; mode of service delivery – in-person or **virtual**[G]; desired outcomes for service;

expected timeframes, etc.).

(a) Service plans must reflect the application of current practice theories, best available evidence and equity-focused approaches.

3. Ensures the methods, tools and processes used to identify client needs (i.e., informal or formal assessment) are appropriate for the service request, the factors known about the client (**personal characteristics and attributes**[G], experiences of trauma and/or **oppression**[G], preferences and priorities) and the client's **context**[G].

   (a) If standardized tools are used, they must be administered according to established protocols unless, in the registrant's professional judgment, modifications to test administration are necessary.

4. Implements service plan activities or assigns activities or tasks to non-regulated persons as appropriate.

5. Monitors and evaluates the client's response to services and when/whether the goals of the service plan have been attained. Modifies approaches or implements alternatives as needed based on evaluation findings.

6. Recommends additional resources or refers clients to additional/alternate service providers when, in the registrant's professional judgment, such resources or services are required.

Service Conclusion

A registrant

7. Continues to provide occupational therapy services until

   (a) the service(s) permitted or outlined in the referral/service request is completed;

   (b) the client has achieved the predetermined outcomes;

   (c) the client has achieved maximum benefit or is no longer benefitting from the occupational therapy services as determined by the registrant;

   (d) the client ends the occupational therapy process;

   (e) a conflict of interest arises that cannot be managed;

   (f) the registrant is unable to maintain or re-establish appropriate **boundaries**[G] with the client; or

   (g) circumstances outside the control of the client or the registrant necessitate the end of service delivery.

8. Provides reasonable notice of service conclusion and develops a transition plan, as required or appropriate, to support the client when occupational therapy services are concluded.

Related Standards

Commitment to Equity in Practice
Communication and Collaboration
Competence
Documentation and Record Retention
Informed Consent
Risk Management and Safety
Supervision

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain A: Occupational Therapy Expertise

SUPERVISION - Not in effect

Standard

A **registrant**[G] demonstrates accountability for the services delivered by persons they are responsible for supervising.

Expected Outcome

A **client**[G] can expect that **occupational therapy services**[G] delivered by a **supervised person**[G] will be monitored and evaluated by the occupational therapist responsible for supervising the services.

Performance Expectations

A registrant

1. Remains accountable for the services provided under supervision.
2. Only supervises occupational therapy services (including **restricted activities**[G]) that the registrant is competent to supervise.
3. Ensures it is safe and appropriate for the supervised person to perform the services with a particular client having regard to the supervised person's competence to perform the supervised activities.
4. Does not assign occupational therapy services to non-regulated persons that require ongoing professional judgment or reasoning such as

   (a) interpretation of service requests/referrals or assessment findings;

   (b) co-design of a client's service plan;

   (c) services that require professional reasoning, continuous monitoring or in the moment analysis and decision making in case immediate modification of the service plan is required;

   (d) planning for service conclusion; or

   (e) any documentation that should be completed by the registrant.

5. Communicates to clients about the roles, responsibilities and accountability of supervised persons participating in the delivery of occupational therapy services and

obtains and documents the client's **informed consent**[G] for the services to be performed under supervision.

6. Establishes ongoing communication processes with supervised persons.

7. Determines, communicates and provides and the degree and frequency of **direct**[G] or **indirect supervision**[G] required to ensure ongoing safety and effectiveness of the service(s) provided.

8. As required and appropriate, develops, communicates and implements a plan for supervision coverage when the registrant is unavailable.

9. Monitors and evaluates the services provided by a supervised person including the client's response to services and whether a change in the service plan is required.

10. Monitors the supervised person's documentation to confirm it is done in accordance with the Documentation and Record Retention Standard of Practice and employer/contracting organization policies relating to documentation and privacy.

Related Standards

Accountability and Professional Responsibility
Communication
Documentation and Record Retention
Informed Consent
Restricted Activities
Risk Management and Safety
Service Provision

Supplemental Resources

Competencies for Occupational Therapists in Canada (2021) – Domain A: Occupational Therapy Expertise
Practice Guideline: Assignment of Occupational Therapy Services to Support Personnel (to be developed)