

The following is an excerpt from the CASLPM General Regulation and constitutes the Standards of Practice for the professions of Audiology and Speech – Language Pathology.

Professional practice obligations

5.1 A member may engage in professional practice only if the member is legally permitted and competent to do so and only

- a. In an environment that is appropriate, safe and sanitary; and
- b. By effective and respectful communication with clients, including
 - i. Communication with a client about his or her care in a timely manner, and
 - ii. Having sufficient dialogue with the client about his or her condition, the nature of the treatment and the treatment options, including the risks, benefits and efficacy of the options, to enable informed decision-making on the part of the client.

Assessment of client needs

5.2(1) Before treating a client, a member must

- a. Perform an assessment of the client to determine the client's needs, including performing or reviewing any screening and other tests required; and
- b. Prepare a treatment plan for the client.

5.2(2) The results of the assessment and the treatment plan must be recorded or included in the client's record.

Treatment plans

5.3(1) A member must prepare a client's treatment plan

- a. By involving the client, any representative of the client, and any other person the client wishes to involve; and
- b. As circumstances require, by working collaboratively with other health care professionals and others who provide care to the client to provide comprehensive care and avoid duplication of services.

5.3(2) The treatment plan must

- a. Be based on the member's assessment of the client;
- b. Respond to the client's needs and goals for treatment; and
- c. Respect the client's culture, preferences and values

Collaborative care

5.4 When a member and one or more other health care providers are involved in the health care of the client, the member must

- a. Treat the other health care providers with respect;
- b. Recognize the knowledge, skills, competencies and roles of the other health care providers and communicate effectively and appropriately with them; and
- c. Explain to the client the member's role and responsibility in the client's care

Treatment of clients

5.5(1) A member must

- a. Base the treatment of a client on the client's treatment plan;
- b. Monitor and evaluate the effectiveness of treatment and the client's response to it, and modify or discontinue the treatment plan and treatment, as required;
- c. When necessary, involve or collaborate with other health care professionals and others providing care to the client;
- d. Refer the client to another health care professional when treatment or care is beyond the member's scope of professional practice or competence; and
- e. When necessary, provide the client and any other appropriate person with relevant information about self-management of treatment.

5.5 (2) The member must document in the client's record the treatment provided to the client and the client's response to the treatment

Ongoing evaluation

5.6 A member must

- a. discuss with his or her client, and any representative of the client, changes to treatment, and when required, prepare a revised treatment plan;
- b. as required, communicate the results of a client's evaluation with other health care professionals; and
- c. document, date, and sign the findings of any evaluation of the client, including changes to the treatment plan, and record the evaluation and changes to the treatment plan in the client's record.

Equipment

- 5.7 (1)** A member must ensure that equipment used in his or her professional practice is
- a. fit for the purpose for which it is used; and
 - b. maintained in good repair and in sound operating condition.

5.7 (2) A member is responsible for the proper decontamination, cleaning, disinfection and sterilization of multiple-use equipment before use or reuse.

Discontinuing treatment

- 5.8 (1)** A member must discontinue a client's treatment
- a. When the client's goals or expected outcomes are attained;
 - b. If the client declines continued treatment;
 - c. If the client is unable to continue receiving treatment; or
 - d. If the member determines that there is no therapeutic benefit to continuing treatment.

- 5.8(2)** A member may discontinue treatment if
- a. The client does not comply with the member's policies about attending appointments or payment of fees; or
 - b. The client is physically, sexually or verbally abusive to the member or to others

Client records

5.9 (1) A member must appropriately document the provision of client care in a record specific to each client.

5.9 (2) A client's record must be retained by the regulated member having last custody of it for at least 10 years after the date of the last entry on the record, and client records of minors must be retained for at least 10 years after the date the minor becomes 18 years old.

5.9 (3) If a client or his or her authorized representative requests that a copy of the client's records be transferred to another regulated member or to a health care professional, the member must ensure that the request is complied with as promptly as required in the circumstances but no later than 30 days after the member receives the request.

5.9 (4) A reasonable transfer fee may be approved by the council. A member may charge that fee in respect of approved transfers.

5.9 (5) The obligations under this section are in addition to any other requirements relating to client records under the Act, *The Personal Health Information Act*, and any other enactment, by-law, standard of practice, code of ethics and practice direction with which a member must comply.

Notice when closing or leaving practice

5.10(1) A member must give his or her clients and the college at least 30 days written notice of the member's intention to close or change the location of his or her practice, cease to engage in or take a leave of absence from his or her professional practice.

5.10(2) The notice must include information about where the client records are to be located and how copies of the records can be obtained from or transferred to another regulated member, health care professional, or trustee under *The Personal Health Information Act* in Manitoba.

5.10(3) The registrar may waive or vary the requirements under this section in exceptional or extenuating circumstances.

5.10(4) This section does not apply if the client records are maintained by a trustee who employed or engaged the regulated member in his or her professional practice.

5.10(5) This section does not apply if the member engages in professional practice as an employee or independent contractor and the client records are transferred to a regulated member, or another health care professional, who is either an employee of the same employer, or engaged by the same person, at the same practice location and with the same telephone number as that member.

Storing, accessing and disposing of client records

5.11(1) A member who closes or changes the location of his or her practice or ceases to engage in or takes a leave of absence from professional practice must

- a. ensure the secure storage of any client records for the remainder of the retention period required by subsection 5.9(2) and, as required ensure the destruction of the information in accordance with *The Personal Health Information Act*;
- b. either
 - i. ensure that clients will have a reasonable opportunity to obtain copies of their records as required under *The Personal Health Information Act*, or
 - ii. transfer the records to another regulated member, health care professional or a trustee under *The Personal Health Information Act*, as required by subsection 5.9(3) and under *The Personal Health Information Act*; and
- c. give the college
 - i. a copy of the notice provided to clients.
 - ii. information about how the notice was provided to clients, and
 - iii. a description of the arrangements that have been made for protecting, securely storing or disposing or accessing client records.

5.11(2) The obligations under this section are in addition to any other requirements relating to client records under the Act, *The Personal Health Information Act*, and any other enactment, by-law, standard of practice, code of ethics and practice direction with which a member must comply.

Use of support persons

5.12(1) In this section, “**support person**” means an individual who assists a member in professional practice.

5.12(2) A member who employs, engages or uses a support person must

- a. Be satisfied on reasonable grounds that the support person is competent to provide the assistance;
- b. Be satisfied on reasonable grounds that it is appropriate to use that person to provide the assistance; and
- c. Supervise the assistance provided.

5.12 (3) For the purpose of clause (2)a, a person is considered to be competent to provide the assistance, including performing a reserved act, if he or she has the requisite knowledge, skill and judgment to do so.

5.12(4) To avoid doubt, a support person may perform a reserved act but only if the performance is delegated in accordance with section 4.19.

Practice directions

5.13 Nothing in this Part limits or restricts the council from issuing practice directions under section 85 of the Act to enhance, explain, add to or guide members with respect to the subject matters described in this regulation or any other subject matter relevant to professional practice.