

Access to a sink to wash my hands is located outside my treatment room. While the patient is getting on the table, I leave the treatment room and wash my hands. When I return to the treatment room I use hand sanitizer before proceeding with treatment – is this ok?

Yes, an RMT may use a sink located outside the treatment room.

If an RMT is washing their hands outside the treatment room it is important to be aware of surfaces and items (such as door handles) that are touched on return to the treatment room. Hand sanitizer should be available in the treatment room for the RMT's use before proceeding with treatment, ensuring proper hand hygiene.

I provide mobile massage and don't always have control of my practice environment. What happens if I can't comply with parts of the standard?

An RMT's practice environment when delivering mobile massage can be considered as limited to the actual area where the RMT provides treatment. An RMT must use their professional judgment to determine if they are able to meet each requirement. Section 12 of the standard specifies which sections *must* be met by mobile practitioners, and acknowledges that other requirements may be outside of the RMT's control.

I often treat patients in long term care settings where there's very little room to move around a hospital bed. The standard requires that there's "adequate space...for the safe movement of the patient and the RMT" – the patient doesn't move a lot and I can move around the bed as needed. Is this acceptable?

Yes.

An RMT must use their professional judgement when determining if a treatment area in a mobile setting provides for safe movement of a patient. In determining if the treatment area has adequate space an RMT should consider:

- the location of the patient upon RMTs arrival,
- where the treatment is taking place,
- required position changes during treatment,
- the patient's physical ability to move and adjust positions as required, and
- safety for the patient should an emergency occur.

I live in a rural setting where power outages happen regularly. I use candles as back-up, and have a wood stove on low for heating. Flashlights are available for my patients' use (e.g., going to the washroom) if there's a power outage. I think it's safe. Do you agree?

RMTs need to consider adequate lighting to navigate safe exit from the treatment room during a power outage. In the current context which includes COVID-19, masks impact peripheral vision and one's comfort level moving around in a small treatment room. The massage table is often in the centre of the room. Is candlelight adequate for safe movement? Do you plan to evacuate if a power outage occurs, or use candlelight and flashlights for the remainder of the treatment? If the power outage continues, do you plan to use candle-light for ongoing appointments until the power returns?

Have you checked your insurance? What would happen if your patient falls, or is hurt under low light/candlelight conditions? Each situation is different, but it's not clear that candlelight is safe enough. Further, what experience does candlelight convey? Is it appropriate to a health professional? It may be acceptable in an emergency, but you note that power outages are a regular occurrence. Have you considered purchasing a small generator to provide safe lighting in case of a power outage?

What is "appropriate training of staff in fire and evacuation procedures", as required by the standard? Is there a course we have to do?

Emergency planning for events like fire and earthquake is important for the safety of staff and patients should an emergency occur. In some cases, emergency planning may involve communication with other businesses sharing the same office building.

WorkSafeBC has the following resource for how to prepare an emergency response plan.

- [Emergency Response Planning: 12 Tips for an Effective Emergency Response Plan](#)

The College does not require completion of a course.

What is an "up-to-date and comprehensive first aid kit"? What level of first aid kit do I need? Can I build my own or do I have to buy one from the SFA/CPR-C providers?

First aid kits need to be checked regularly to ensure contents are not outdated and any used items are replaced. (The same is true of fire extinguishers and other safety measures in your practice environment.)

WorkSafeBC and SFA/CPR-C providers have resources and information available on what a first aid kit should contain and what type/level of first aid kit is appropriate for an RMT's practice environment.

- **WorkSafeBC – First aid requirements**

I use a tablet for charting. Do I have to obtain and document verbal consent from my patient every treatment in order to use the tablet for charting in the treatment room during intake and assessment?

If the patient has given verbal consent to the RMT's use of a tablet for charting purposes, the RMT does not have to repeat the consent process on subsequent visits. However, an RMT may wish to confirm with the patient their continued consent.

If the RMT is to use the tablet for any other permitted purpose, then the RMT would have to obtain verbal consent (recorded by the RMT in the patient health record) as to why the tablet will be used in addition to charting.

I often use my smartphone to video-record a patient's gait as a way of recording pain reduction or change over the course of treatment. I know I have to store patient records for 16 years, but I don't include the videos with the patient record (I use paper charting). The video is for the patient and me to review and discuss progress. Are these videos part of the patient health care record? Can I store them separately from the paper charting?

A video documenting initial and subsequent assessments of a patient, like gait, posture or range of motion, would form part of the patient's health care record.

Patient health care records can be stored in different ways – electronic and/or paper. Where parts of a patient's health care record are stored in two different locations an RMT must ensure compliance with CCHPBC Bylaws and PIPA for both locations.

Why does the practice environment standard talk about consent? I remember learning about the Consent Standard of Practice (Link to:

Consent Standard of Practice page) in the Boundaries & Consent course.

Consent is discussed in Section 11 of the Practice Environment Standard. RMTs must obtain patient consent to use an electronic recording device. The Consent Standard of Practice applies only to consent for delivery of massage therapy. It does not apply to consent for collection, use or disclosure of a patient's personal information or the use of an electronic recording device.

The [**Personal Information Protection Act \(PIPA\)**](#) sets out rules that apply to the protection of patients' personal information, and the obligations of RMTs to maintain patient confidentiality and privacy. RMTs who choose to use electronic recording devices in the treatment room must be aware of PIPA requirements.

Why doesn't the College provide information to RMTs about PIPA?

Provincial privacy law – the *Personal Information Protection Act (PIPA)* – is set by the BC government and enforced by the Office of the Information and Privacy Commissioner for BC.

The College is only able to provide guidance to RMTs with respect to their professional and ethical obligations set by Bylaws and standards.

Are there resources you can provide to help me better understand PIPA?

The [**Office of the Information and Privacy Commissioner**](#) publishes guidance documents to inform and promote compliance with BC's access and privacy laws. Updated materials are posted on an ongoing basis.

Resources (not a complete list) include:

- [A Guide to BC's Personal Information Protection Act for Businesses and Organizations \(PDF\)](#)
- [BC Physician Privacy Toolkit A guide for physicians in private practice \(PDF\)](#)
- [Developing a Privacy Policy Under PIPA \(PDF\)](#)
- [Protecting Personal Information Away from the Office \(PDF\)](#)
- [Obtaining Meaningful Consent \(PDF\)](#)
- [Mobile Devices: Tips for Security and Privacy \(PDF\)](#)
- [Cloud Computing for Private Organizations \(Small and Medium-Sized Enterprises\) \(PDF\)](#)
- [Using Overt Video Surveillance \(PDF\)](#)