



FAQ

Professional Standard: Practice Environment

Introduction

The [Professional Standard: Practice Environment](#) sets out the *minimum* expectations that licensees must meet for professionalism and ethical conduct to ensure that patients receive care in a safe, clean, legally compliant, and privacy-respecting environment. This Professional Standard outlines licensees' responsibilities to: comply with all jurisdictional, regulatory, and privacy obligations; maintain hygienic and safe practice settings; continuously assess and manage risks of contamination and infectious disease transmission; and ensure that care, whether provided individually or in group settings, is delivered in the patient's best interests with the appropriate safeguards for privacy, safety, and Informed Consent.

Below are frequently asked questions by licensees.

Q: If a licensee has a mobile practice, does the Professional Standard apply to them?

Yes. The Professional Standard: Practice Environment defines a "Practice Environment" as:

***practice environment:** the physical environment where a licensee delivers treatment and provides care to patients, as well as to the objects and equipment within that environment. Depending on the location, size and layout of the practice environment, it may include spaces such as waiting rooms, entry areas, exercise areas, staff rooms, washrooms and treatment rooms, as well as other locations such as residential care facilities, hospitals, and sporting or other public events.*

Licensees with mobile practices who treat patients in any of the environments included in the definition above, including private residences, must meet the same requirements for professional practice as those offering health care services in clinics.



Q: Principle 1.2 references the *Personal Information Protection Act (PIPA)*. Where can I find resources to help me better understand the requirements under *PIPA*?

Professional Standard: Practice Environment, Principle 1.2 states licensees must:

1.2 Adhere to applicable privacy legislation (including the Personal Information Protection Act) in the practice environment, including with respect to storage of patient health care records, surveillance camera, and imaging, videotaping or audio recording of patients for therapeutic purposes.

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

Q: The Professional Standard references “best practices” in infection prevention and control (IPAC). What are some resources that can help licensees better understand IPAC?

Professional Standard: Practice Environment, Principle 1.3 states licensees must:

1.3 Adhere to all applicable legislation, regulations, and public health directives related to infection prevention and control (IPAC) best practices.

There are several reliable resources available to licensees in BC that support best practices in IPAC.

1. BC Centre for Disease Control (BCCDC)
 - [Community-Based Health Care](#)
 - [Infection Control in the Physician's Office](#) (2004)
2. Health Canada
 - [Healthcare infection prevention and control guidelines](#)
3. Provincial Infection Control Network of British Columbia (PICNET)
 - [Infection Prevention and Control Practices](#)
4. WorkSafe BC
 - [Controlling Exposure: Protecting Workers from Infectious Disease](#)



Q: If a licensee uses a tablet for record keeping purposes in the treatment room, are they required to obtain and document verbal consent from patients at every visit when using the tablet for the same purpose?

If the patient has provided verbal consent to a licensee's use of a tablet for record keeping purposes, they do not need to repeat the consent process on subsequent visits. However, as best practice, licensees should ensure ongoing consent and confirm their continued use of the tablet with the patient.

Professional Standard: Practice Environment, Principle 2.9 states licensees must:

2.9 Ensure the use of an electronic recording device when providing care to a patient is only used for the permitted purposes of intake, assessment, treatment, charting or education, as well as voice recording, and:

2.9.1 Explain the proposed use of the electronic recording device, and confirm that the electronic recording device will not be used for any other purpose.

2.9.2 Obtain and document verbal consent to use the electronic recording device for the stated purpose.

2.9.3 Ensure that the electronic recording device is not positioned in a manner that would enable video, photographic or audio recording of the patient without the patient's knowledge and consent.