Guidance

Draping: All Professions

August 31, 2026

CCHPBC licensees must practise within their scope of practice (see Scope of Practice Explanatory Statements), personal competence, and adhere to all Professional Standards and relevant Clinical Practice Standards when providing care including implementing draping practices in accordance with this guidance document.

Professional Standard: Scope of Practice, Principles 1.1 and 1.2 state licensees must:

1.1 *Maintain awareness of their scope of practice, including by reviewing and staying current with the Regulation, College standards, directives and guidance documents*

1.2 *Only provide care within their scope of practice, as defined by the Regulation (including limits and conditions set out in the Regulation), College standards, directives or guidance documents*

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Definitions

draping: refers to the processes, techniques and materials used to cover a patient's body during assessment or treatment using linens such as sheets, towels, or other non transparent materials. Draping may also refer to a patient's retained clothing. The primary purpose is to protect privacy and maintain modesty by ensuring that only the specific area being assessed or treated is exposed at any given time, while the rest of the body remains covered and secure. The term may also refer to the materials themselves used for this purpose.

express consent: consent which is given by a person, verbally or in writing. It is clear, intentional, and leaves no room for inferences. Examples include signing a consent form and verbal agreement.

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Public Safety & Protection

Licensees are accountable for providing safe, ethical, and appropriate care while maintaining patient dignity and privacy. Draping practices must consider both patient preference and clinical requirements necessary to ensure safe and effective assessment and/or treatment. Where a patient's preference regarding clothing retention or draping limits the ability of a licensee to appropriately assess, treat, or monitor a condition, the licensee must collaborate with the patient to find a suitable alternative or option for draping.

Patient Experience

Respect for patient dignity, autonomy, and comfort is foundational to safe and ethical draping practices. Licensees must prioritize a patient's preferences related to draping and clothing removal and recognize that these preferences may be shaped by a range of factors such as individual cultural background, previous health care experiences, health circumstances (such as temperature regulation), and trauma.

Draping must be performed in a manner that:

- preserves patient dignity, privacy and choice by exposing only those areas of the body that are necessary for assessment and/or treatment
- ensure that when draping is adjusted to address a new area of the body, all other areas remain appropriately covered, and
- is secure and provides a continuous visual and physical barrier to prevent exposure, including when the patient is repositioning (e.g. turning over)

Communication and Express Consent

Licensees must obtain express consent prior to patient disrobing and when draping is required and ensure appropriate documentation for the assessment and/or treatment is complete.

This includes clearly communicating to the patient:

- The purpose of the assessment and/or treatment
- What areas of the body will need to be exposed
- What the patient can expect during care
- Available draping and clothing options

Draping Materials

Licensees must ensure that:

- Clean draping materials of varying sizes are available to accommodate different body types
- Materials are appropriate to support patient comfort, choice, privacy, and safety

Maintaining Physical Boundaries

Draping and clothing act as physical boundaries set by the patient and serve as essential elements of physical privacy, supporting the maintenance of professional boundaries within the therapeutic relationship.

When assessment or treatment requires access beneath a patient's privacy draping or retained clothing, the licensee must first explain the purpose and clinical rationale for the access and obtain the patient's informed consent. Any adjustment of draping or retained clothing must be discussed with the patient and express consent obtained before proceeding.

Summary of Guidance

CCHPBC licensees must:

- Respect patient preferences regarding clothing and draping.
- Adapt draping practices to support patient comfort, dignity, and safety.
- Expose only the area necessary for assessment and/or treatment.

- Obtain express consent from the patient when disrobing and/or adjusting of draping is required.
- Re-establish express consent when access to a new area is required.
- Communicate with the patient throughout care, particularly during repositioning or when changes in draping are required.
- Maintain physical and professional boundaries throughout care.
- Ensure draping is secure and prevents exposure at all times.

Application to Professional Standards

- Professional Standard: Professional Boundaries and Prevention of Sexual Misconduct, Principles 4.2, 4.2.1, 4.2.2
- Professional Standard: Informed Consent, Principles 1.5, 1.5.1, 1.5.2, 1.5.3, 1.5.4
- Professional Standard: Communication and Professionalism, Principles 3, 3.1, 3.2, 3.4, 3.5
- Professional Standard: Integrated Person-Centred Care, Principles 1.2, 1.3, 1.4
- Professional Standard: Practice Environment, Principles 2.4, 2.4.1, 2.4.2
- Professional Standard: Implementing the Truth and Reconciliation Canada Calls to Action, Principle 3
- Professional Standard: Record-Keeping, Principles 1.2, 1.2.6, 1.2.7
- Professional Standard: Scope of Practice, Principles 1, 3.2